



**CITY OF PANAMA CITY
SPECIAL EVENTS PERMIT APPLICATION**

Check all that apply:

Parks: _____ Parade: _____ Marina: _____ Festival: _____

Run/Walk: XX Block Party: _____ Group Feeding: _____

1. Applicant's Name: Bay Education Foundation, Inc.
2. Address: 1311 Balboa Avenue, Panama City, FL 32401
3. Telephone Number Day: 767-4111 Evening: 896-3587
4. Name, Address, Telephone Number of Organization:
same as above
5. Authorized Head of Organization: Janet Kessler
6. Chairperson's Name: Janet Kessler
Address: 1311 Balboa Avenue, Panama City, FL 32401
7. Name of Event: Strides for Scholars
8. Purpose of Event: promoting wellness & exercise
9. Date(s) of Event: February 29, 2020
10. Event Times: Assembly: 7:00 am Start: 8:00 am End: 10:00 am
11. Assembly Location: 10th Street & Balboa
12. If more than one day, list other dates/times: n/a

13. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:

500+ runners/walkers

14. Approximate number of spectators expected: 100

15. Description of activities (Music group, political speaker, food, etc):

n/a

16. Description of public facilities to be used: n/a

17. Route (COPY OF MAP MUST BE ATTACHED):

attached hereto

18. Will the parade occupy all or part of the street? n/a

19. Length of parade or run in miles: 5k

20. Interval to be maintained between units in feet: n/a

21. Description of recording equipment, sound amplification devices, banners, signs, or attention getting devices:

portable speaker/micro phone

22. Will the event involve open flame, incendiary devices, or pyrotechnics? If yes, explain. (The Fire Department must be consulted)

n/a

23. Will alcoholic beverages be sold or served: no
(Map must clearly indicate egress from alcohol consumption area)

Type of alcohol served: Beer: _____ Wine: _____ Liquor: _____

Time Start: _____ Time End: n/a

**** NOTE: Organizer is responsible for obtaining any applicable State Alcohol, Beverage, Tobacco (ABT) licenses.**

24. Grey water plan: n/a

25. Clean up plan: volunteers will clean up route

26. I have read and agree to comply with the conditions set forth in the City of Panama City Special Events Handbook in accordance with Chapter 17 of the City of Panama City Municipal Code. JK Initials

27. Organizer assumes all responsibility for any and all damages sustained to park site and will reimburse City for any and all damages, including labor costs. I understand that I must abide by the Regulations as set forth in City of Panama City Ordinance 22.31-22.42 and the rules of the Department of Leisure Services. JK Initials
(Park Reservations ONLY!)

28. I understand that this application is not approved until it is signed off by the appropriate departments and is approved by the City Commission (if required). JK Initials

29. Permit fee: 100⁰⁰ Date paid: _____

Application shall be filed not less than sixty (60) days nor more than one hundred eighty (180) days before the date on which the event is to be conducted.

REQUIRED SIGNATURES

Applicant:

Leisure Services:

Public Works:

Marina:

Fire Department:

Police Department:

 Janet Kessler

 [Signature]
_____ #1499

INDEMNITY AND HOLD HARMLESS AGREEMENT

IN CONSIDERATION of the City of Panama City, Florida ("City") approving the use of the City's streets and other City properties by the Undersigned, the Undersigned agrees to indemnify and hold harmless the City, its agents, employees and assigns, from any and all claims, demands, damages, actions, causes of actions, or suits for injury or death to any person and damages to property of others, including the property of the City, arising out of or from the use of the City's streets and properties or from the sale, consumption or possession of alcoholic beverages by those attending or participating in the activities sponsored by the Undersigned, as well as any injury resulting from the previous negligence of the City regarding the construction and maintenance of its properties.

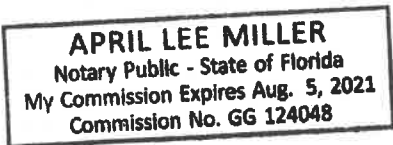
The Undersigned represents that (1) the Undersigned has read and understands the terms of the foregoing Indemnity and Hold Harmless Agreement, (2) that the Undersigned's execution of this instrument constitutes its free and voluntary act, (3) that the execution hereof is made without any representations of inducement or otherwise by those indemnified hereby; (4) that this Agreement has been properly approved by the Undersigned and if applicable in accordance with its organizational structure, and (5) that no other signature other than the one affixed to this document is necessary to make this indemnity and hold harmless agreement binding on the Undersigned or its organization.

IN WITNESS WHEREOF, the Undersigned has hereunto set its hand and seal, this 11th day of December 2020

Signed, sealed and delivered
in the presence of

Sharon Churchwell
Print Name of Witness

Marianne Walker
Print Name of Witness



Bay Education Foundation
Print Name of Organization or
Individual

Janet Kessler
Signature

Janet Kessler
(Print Name)

Title: Executive Director
Print Name and Title if acting on Behalf of
Above Organization

**CITY OF PANAMA CITY, FLORIDA
TEMPORARY HYDRANT METER
SERVICE AGREEMENT**

n/a

The undersigned requests and acknowledges receipt of a fire hydrant meter to be set at _____
for a period not to exceed _____ days. (180 day maximum)

The undersigned accepts full responsibility of said meter and agrees to adhere to all rules and procedures set forth herein, including but not limited to the following:

- ◆ Hydrant meters shall be furnished, installed, relocated, and removed by Utilities Department personnel only. The meter shall remain the property of the City and shall be subject to the exclusive control of the Utilities Department. The City reserves the right to deny use of temporary hydrant meters, when in the sole judgment of the Utilities Department, such use is inconsistent with City policy or with the public health and welfare. Privately owned hydrant meters may be used only with prior approval of the Utilities Department and shall be subject to all other provisions of this agreement.
- ◆ Customers shall be supplied with temporary water service at regular commercial consumption rates upon written application by such customers, agents, or other responsible parties and upon payment of a required service deposit and a non-refundable connection fee. The deposit shall be held by the City as a guarantee for the loss or damage of its equipment and the payment for water used. Upon final determination of all applicable charges and the discontinuance of service, such charges shall be deducted from the deposit and the balance, if any, returned to the customer.
- ◆ All hydrant meters shall be read on a monthly basis by Utilities Department personnel. Service agreements shall be paid in full not less than every 30 days. Failure to comply with any provision of this service agreement shall result in the immediate termination of service and removal of the temporary meter. Disputed charges shall be subject to resolution through the same departmental policies /procedures as other permanent meter services.

- ◆ Customers shall be liable for all damages, repairs or replacements of the hydrant meter, meter assembly, fire hydrant, hydrant assembly, connections and other appurtenances, including the City water distribution system, normal wear and tear excepted.
- ◆ Upon the failure of a customer to pay all such applicable costs, the City shall assess such additional fees, penalties, or other remedies as may be provided according to the Code of Ordinances of the City.
- ◆ Customers shall install City approved backflow prevention devices at each hydrant meter connection as may be reasonably required to protect the public drinking water supply from cross-connections or contamination. The customer shall be responsible for the periodic inspection and testing of such backflow device to ensure that such device is in good working order.
- ◆ Customers shall abide by all applicable provisions of Chapter 24 of the Code or Ordinances of the City of Panama City entitled "Utilities" and such other rules and policies as may be required by the Utilities Department or the City to enforce such provisions.

Date	Company Name
Printed Name & Title	Address
Signature	Telephone #

For Office Use Only: Service Deposit: \$450.00 Connection Fee \$90.00

Work Order # _____ Meter No. _____ Beginning reading _____

Location _____ Hydrant # _____

Final reading _____ Date removed _____

This application was submitted to the City Commission for consideration and the following action was taken:

Approved
 Disapproved

Date of Action by Commission

PARADE PERMIT/STREET CLOSURE APPLICATION

NOTE: No devices to create holes in the sidewalks or asphalt roadways are allowed. Any markings made on pavement, sidewalks, or roadways shall be made with chalk.

1. Applicant's Name: 1 Bay Education Foundation / Janet Kessler
2. Address: 1 1311 Balboa Ave, PC, FL 32401
3. Telephone Number Day: 1 (850) 767-4111 Evening: 1 (850) 896-3587
4. Name, Address, Telephone Number of Organization:
1 Bay Education Foundation
1311 Balboa Avenue
Panama City, FL 32401
5. Authorized Head of Organization: 1 Janet Kessler, Executive Director
6. Chairperson's Name: 1 Janet Kessler
 Address: 1 1311 Balboa Ave, PC, FL 32401
7. Date(s) of Event: 1 February 29, 2020
8. Name of Event: 1 Strides for Scholars
9. Purpose of Event: 1 health/wellness 5K
10. Route (COPY OF MAP MUST BE
1 Attached
11. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:
1 500 P P CP P
12. Date & Time of Event: 2/29/20 Assembly 1 7:45 am Start: 1 8:00 am End: 1 10:00 am
 If more than one day, list other dates/times: 1 n/a 1 1
13. Will the parade occupy all or part of the street? All 1 Part IX
14. Length of parade or run in miles: 1 5K
15. Assembly area/route:
1 See attached
16. Interval to be maintained between units in feet: 1 n/a
17. If parade/street closure is to be held by someone other than the applicant, applicant shall file a letter with the Chief of Police from the person proposing authorization in order for the applicant to apply for a permit.
 Permit fee: 1 Date paid: 1, 201

Application shall be filed not less than sixty (60) days nor more than ninety (90) days before the date on which the event is to be conducted.

Parade Permit/Street Closure Application (Continued)

PCPD Form #27B

1 Capt JLS
Command Member

1 12/12/19
Date Received

APPLICANT PLEASE NOTE: All barricades required for the function to be supplied by the Applicant. Event sponsors should contact the Public Works Department at 872-3005 to coordinate assistance they may need with electrical hookups, refuse containers, etc.

Field Services Captain's Comments:

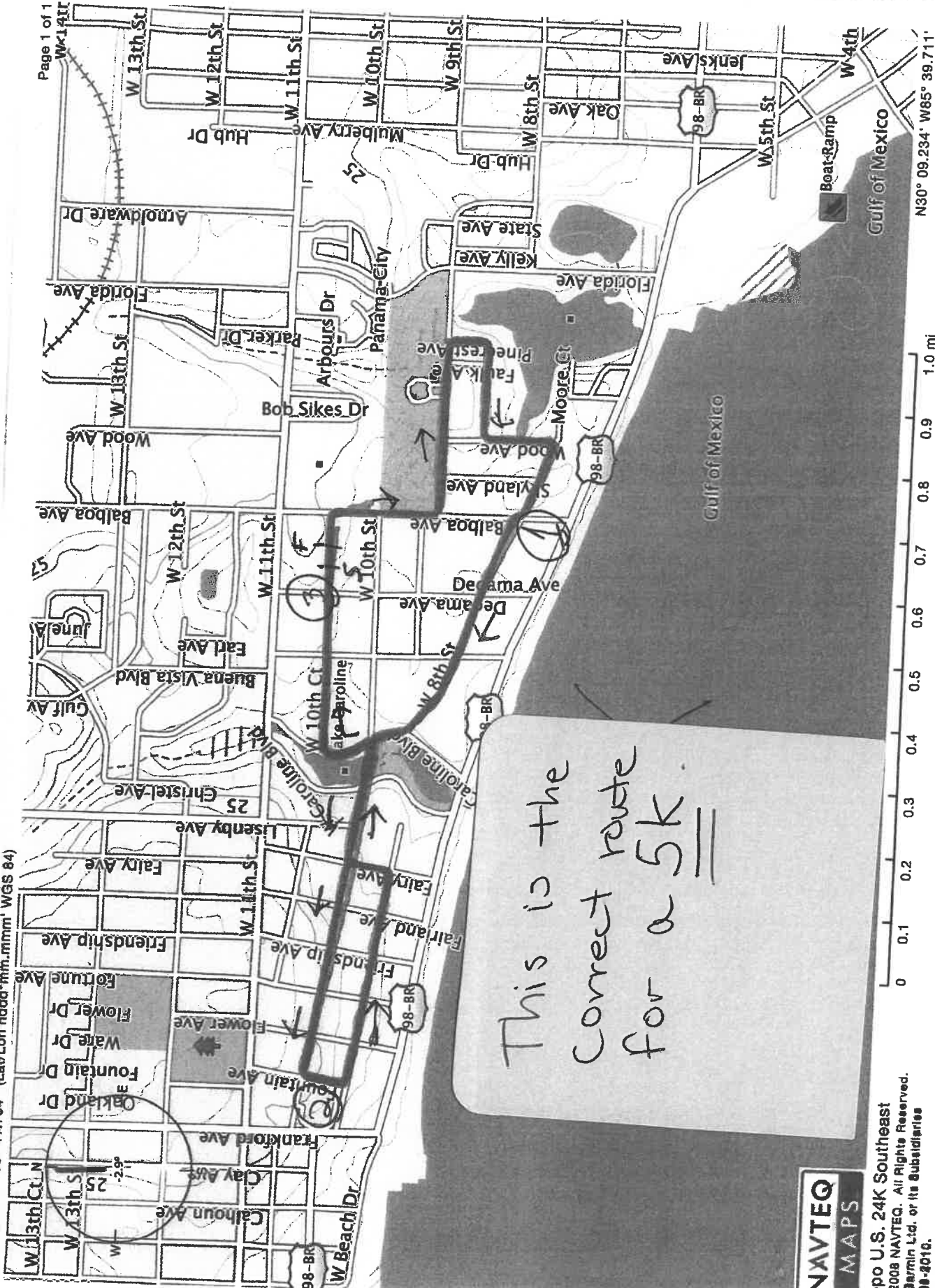
Assigned to: 1 Detail Culcaneae patrol

Plan of Action / After Action Required

1

The above application was submitted to the City Commission for consideration and the following action was taken:

Approved 1 _____
 Disapproved 1 _____



This is the
 correct route
 for a 5K

NAVTEQ
 MAPS

Topo U.S. 24K Southeast
 © 2008 NAVTEQ. All Rights Reserved.
 © Garmin Ltd. or its Subsidiaries
 1898-2010.

Strides for Scholars 5K

GARMIN

Memo

To: Chief Scott Ervin
Chief of Police

VIA Chain of Command

From: Missy Bagwell 850 691-4607

Date: 12/12/19

Re: Strides for Scholars 5K

Attached is a special event application for the Strides for Scholars 5K run, February 29, 2020 8-10am. They are requesting a modified Picturesque St. Andrews route that they have used in 8 previous runs. They are expecting 500+ runners.

STRIDES FOR SCHOLARS IS REQUESTING A MODIFIED ROUTE. THE REQUESTED MODIFICATION IS VERY MINOR AND WILL NOT CHANGE HOW IT WILL BE HANDLED, THIS MODIFICATION HAS BEEN USED THE PAST SEVERAL YEARS FOR THIS EVENT. THIS EVENT CAN BE HANDLED AS AN OFF DUTY DETAIL. NO D.O.T. PERMITS ARE REQUIRED. 10 OFFICERS FOR THE EVENT AT A COST OF \$560.00.

A REFUND OF \$440.00 WILL NEED TO BE MADE DUE TO OVERPAYMENT FOR OFFICERS.

ROAD CLOSURE APPLICATION IS ATTACHED.

12/19/19
CT3305

KEEP THIS PAGE WITH PACKET

Permit Fees Remittance Sheet

<input checked="" type="checkbox"/> Permit Application Fee	\$ <u>100⁰⁰</u>
<input type="checkbox"/> Block Party	\$ _____
<input checked="" type="checkbox"/> Security Deposit	\$ <u>250⁰⁰</u>
<input checked="" type="checkbox"/> Police / Security	\$ 1000⁰⁰ <u>\$ 560.00</u>
<input type="checkbox"/> Public works - Electrical Connections	\$ _____
<input type="checkbox"/> Public Works - Trash Carts	\$ _____
<input type="checkbox"/> Utilities - Water	\$ _____
Total	\$ <u>1350⁰⁰</u> CK# 16148

Proof of Liability Insurance received Date _____

DOT Permit (if required) Date _____

Panama City Fire Dept. Authorization Sheet (if required) Date _____

Payment received:

Jamit Kessen
Organizer Signature

Date 12-12-19

M. B. [Signature]
Witness Signature

Date 12-12-19



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/18/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Peoples First Insurance Services, LLC 1002 W. 23rd. St., SU 130 Panama City, FL 32405 Daniel McLeod Oliver 850-770-7047	CONTACT NAME: Daniel McLeod Oliver
	PHONE (A/C, No, Ext): 850-770-7047 FAX (A/C, No): 850-770-7126 E-MAIL ADDRESS: daniel.oliver@pfinsurance.com
INSURED Bay Education Foundation 1311 Balboa Ave. Panama City, FL 32401	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Mount Vernon Fire Ins. Co.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		X	CL2751787-SPECIAL EVENTS	08/24/2019	04/04/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ included COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is additional insured for 5K run February 29, 2020.

CERTIFICATE HOLDER CITY OF PANAMA CITY P.O. BOX 1880 PANAMA CITY, FL 32402-1880	CITYOFF	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE 