



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

Check all that apply:

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

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

1. Applicant's Name: Elizabeth Smith
2. Address: PO Box 1850 PC FL 32402
3. Telephone Number Day: 850 8327612 Evening: _____
4. Name, Address, Telephone Number of Organization:
Bay Co Chamber of Commerce
235 W. 5th St
850 785 5204
5. Authorized Head of Organization: Carol Roberts
6. Chairperson's Name: Andrew Rowell
Address: _____
7. Name of Event: Bay Co. Chamber of Commerce *Block Party + Bed Race*
8. Purpose of Event: Networking
9. Date(s) of Event: 4-9-2020
10. Event Times: Assembly: 12pm Start: 5pm End: 7pm
11. Assembly Location: 235 W 5th Street
12. If more than one day, list other dates/times: _____

13. Approximate number of persons, vehicles, animals, type of animals, description of vehicles: 250
-
-
-
14. Approximate number of spectators expected: 250
15. Description of activities (Music group, political speaker, food, etc):
MUSIC, food, networking
-
-
16. Description of public facilities to be used: 5 trash cans
-
-
17. Route (COPY OF MAP MUST BE ATTACHED): see attached
-
-
-
18. Will the parade occupy all or part of the street? N/A
19. Length of parade or run in miles: N/A
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:
Band, PA system
-
-
22. Will the event involve open flame, incendiary devices, or pyrotechnics? If yes, explain. (The Fire Department must be consulted)
Grills
-
-
-
23. Will alcoholic beverages be sold or served: yes served
(Map must clearly indicate egress from alcohol consumption area)

Type of alcohol served: Beer: Wine: Liquor: None

Time Start: 5PM Time End: 7PM

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

24. Grey water plan: _____

25. Clean up plan: staff

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. OS 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. _____ 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). OS Initials

29. Permit fee: _____ 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: Erabern Smith

Leisure Services: _____

Public Works: _____

Marina: _____

Fire Department: _____

Police Department: [Signature] #1989

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.

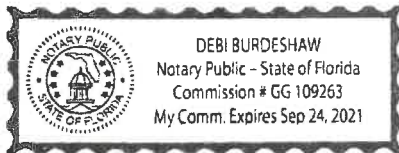
The Undersigned represents that (1) the Undersigned has read and understands the terms of the foregoing Indemnity and Hold Harmless Agreement, (2) that the Undersigned's execution of this instrument constitutes its free and voluntary act, (3) that the execution hereof is made without any representations 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 10th day of February 2020

Signed, sealed and delivered
in the presence of

Debi Burdeshaw
Print Name of Witness

Missy Bagwell
Print Name of Witness



Carol Roberts - Bay Co Chamber
Print Name of Organization or
Individual of Commerce

Carol Roberts
Signature

Carol Roberts
(Print Name)

Title: President / CEO
Print Name and Title if acting on Behalf of
Above Organization

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

The undersigned requests and acknowledges receipt of a fire hydrant meter to be set at N/A 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.

N/A

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: Bay Co. Chamber of Commerce
 2. Address: 235 W. 5th Street
 3. Telephone Number Day: 832-7612 Evening: _____
 4. Name, Address, Telephone Number of Organization:
Elizabeth Smith
235 W. 5th St
850 785 5204
 5. Authorized Head of Organization: Carol Roberts
 6. Chairperson's Name: Andrew Rowell
Address: PO Box 1850 PC FL 32402
 7. Date(s) of Event: 4/9/2020
 8. Name of Event: Bay Co. Chamber Block Party
 9. Purpose of Event: Networking
 10. Route (COPY OF MAP MUST BE ATTACHED):
Attached
 11. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:
250
 12. Date & Time of Event: Assembly 12pm Start: 5 End: 7
If more than one day, list other dates/times: _____
 13. Will the parade occupy all or part of the street? All — Part —
 14. Length of parade or run in miles: _____
 15. Assembly area/route: _____
 16. Interval to be maintained between units in feet: _____
 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: \$5.00 Date paid: _____, 20_____

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)

Approved

Field Services Commander

Disapproved

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 Commander's Comments:

Assigned to: _____

Plan of Action / After Action Required

The above application was submitted to the City Commission for consideration and the following action was taken:	
<input type="checkbox"/>	Approved _____
<input type="checkbox"/>	Disapproved _____

BUSINESS / ORGANIZATION EXTRA DUTY REQUEST

Date of Request: 4-9-2020
 Name of Business / Organization: Bay Co. Chamber of Commerce
 Address: 235 W. 5th Street
 Phone #: 832-7612 Fax #: _____
 Contact Person: Elizabeth Smith
 Dates and times needed: 4/9/2020 5pm - 7pm
 Type of Event: Block Party
 Nature of duties to be performed by officers: Crowd monitoring

Expected attendance: 250
 Anticipated problems: none
 Number of officers requested: 2
 Will officers be needed on a recurring basis? Yes No
 Method of payment: check

I understand that officers shall receive a minimum hourly fee of \$28.00 and will be paid for a minimum of 4 hours regardless of the length of the detail. I understand that if I decide to cancel the extra duty request, I must make notification to the Panama City Police Department by 5:00 P.M. the day prior to the event. If it is a weekend, I will notify the communications section at (850) 872-3100. If this requirement is not met, I understand that I will be expected to make compensation to the officer(s) for the first scheduled day of the extra duty request.

Signature: Elizabeth Smith Date: 4-14-2020
 Business / Organization Representative

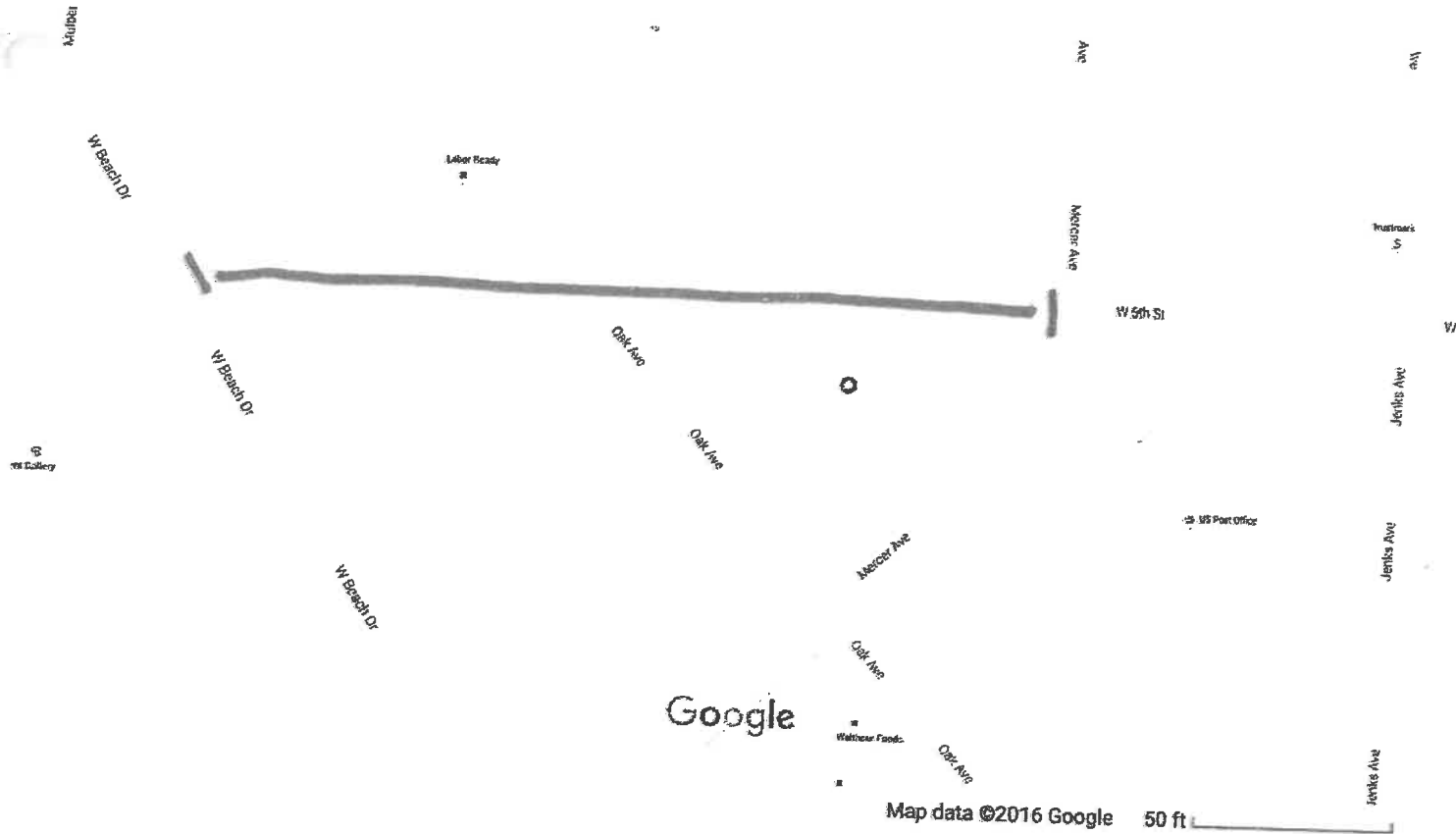
To Be Completed by Department Personnel

Uniform Presence: Uniformed Alternative Uniform Plain Clothes

Signature: _____ Date: _____ Approved Disapproved
 Supervisor of Extra Duty

Signature: _____ Date: _____ Approved Disapproved
 Chief of Police/Designee

Google Maps



Google



CERTIFICATE OF LIABILITY INSURANCE

BAYCO-4

OP ID: KP

DATE (MM/DD/YYYY)

02/24/2020

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 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 Hutt Insurance Agency, Inc. 3106 W. 23rd Street Panama City, FL 32405-1842 Hutt Insurance Agency, Inc.	CONTACT NAME: Trey Hutt
	PHONE (A/C No. Ext): 850-769-4888
	FAX (A/C No.): 850-763-4888
	E-MAIL ADDRESS: treyhutt@knology.net
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Century Surety Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED **Bay County Chamber of Commerce**
PO Box 1850
Panama City, FL 32401


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 SUBR INSD 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 <input checked="" type="checkbox"/> Hired & Non-Owned GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CCP877826	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder shown below is named as an additional insured.

CERTIFICATE HOLDER**CANCELLATION**

CITY-12 City of Panama City 501 Harrison Avenue Panama City, FL 32401	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 
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Permit Fees Remittance Sheet

<input checked="" type="checkbox"/> Permit Application Fee	\$ <u>100.-</u>
<input checked="" type="checkbox"/> Block Party	\$ <u>50.-</u>
<input checked="" type="checkbox"/> Security Deposit	\$ <u>250.-</u>
<input checked="" type="checkbox"/> Police / Security	\$ <u>175.-</u>
<input type="checkbox"/> Public works - Electrical Connections	\$ <u>N/A</u>
<input checked="" type="checkbox"/> Public Works - Trash Carts x 5	\$ <u>50.-</u>
<input checked="" type="checkbox"/> Utilities - Water	\$ <u>N/A</u>
Total	\$ <u>625.-</u> \$5720 +625
Proof of Liability Insurance received	Date <u>2-24-20</u>
DOT Permit (if required)	Date <u>N/A</u>
Panama City Fire Dept. Authorization Sheet (if required)	Date <u>N/A</u>

Payment received:

Organizer Signature

Witness Signature

Date 2-26-2020
Date 2-25-20