



**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: SECOND CHANCE OF NWFL, INC.
2. Address: P.O. BOX 285, PANAMA CITY, FL 32402
3. Telephone Number Day: 850-769-7779 Evening: 850-832-7718
4. Name, Address, Telephone Number of Organization:
SAME AS ABOVE

5. Authorized Head of Organization: SHERL MORDEN, PRESIDENT
6. Chairperson's Name: JON CUPP, EXECUTIVE DIRECTOR
Address: SAME AS ABOVE
7. Name of Event: BLESSING OF THE FLEET, FISH FRY, BURNING OF THE SOCKS
8. Purpose of Event FUND RAISING, COMMUNITY AWARENESS
9. Date(s) of Event: APRIL 25, 2020
10. Event Times: Assembly: 8:30 AM Start: 10:00 AM End: 4:00 PM
11. Assembly Location: ST. ANDREWS MARINA
12. If more than one day, list other dates/times: SET UP FRIDAY, APRIL 24, 2020 - 2:00 PM

13. Approximate number of persons, vehicles, animals, type of animals, description of vehicles:
ESTIMATE 500 AT THE MARINA.
LAST YEAR, WE SERVED 800 LBS. OF FRIED FISH
14. Approximate number of spectators expected: 450
15. Description of activities (Music group, political speaker, food, etc):
BAND, DANCERS, WELCOME SPEECH AND BLESSING,
VENDORS BOOTHS, CHILDRENS ACTIVITY AREA,
FISH FRY DINING AREA IN PAVILLION & ADJACENT TENT
16. Description of public facilities to be used: PORTA POTTLES, TRASH CANS,
ELECTRIC, TABLES & BENCHES AT PAVILLION, NEED PODIUM
& SPEAKERS MICROPHONE FOR GUEST (MAYOR), PRAYERS, ETC.
(WE WILL BRING EXTRA CHAIRS FOR COOKS)
17. Route (COPY OF MAP MUST BE ATTACHED):
N/A
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, MUSIC
BANNERS & SIGNS THANKING SPONSORS TO BE PLACED
AROUND THE MARINA & ALONG THE SEA WALL
22. Will the event involve open flame, incendiary devices, or pyrotechnics? If yes, explain. (The Fire Department must be consulted)
YES - 1 SMALL CONTAINER FOR SOCK BURNING
TENDED BY AN ASSIGNED INDIVIDUAL
COOKERS FOR COOKING FISH AND HUSH PUPPIES
23. Will alcoholic beverages be sold or served: NO
 (Map must clearly indicate egress from alcohol consumption area)

Type of alcohol served: ^{NA} Beer: _____ Wine: _____ Liquor: _____

Time Start: _____ Time End: _____

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

24. Grey water plan: N/A

25. Clean up plan: SECOND CHANCE VOLUNTEERS & STAFF WILL CLEAN THE AREA AND LEAVE IT AS IT WAS FOUND. THE CITY HANDLES REMOVAL OF THE TRASH CANS.

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. Sm 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. Sm Initials N/A
(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). Sm Initials



29. Permit fee: WAIVED Date paid: N/A
NON-PROFIT

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:

Sherie Madden,
Second Chance of NWFL, Inc

Leisure Services:

Public Works:

Marina:

Fire Department:

Police Department:

[Signature]
[Signature] #1999

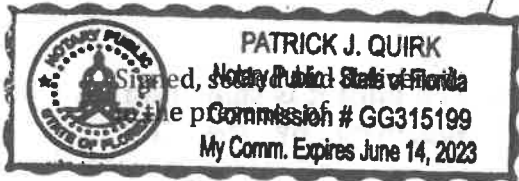
INDEMNITY AND HOLD HARMLESS AGREEMENT

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 23 day of JANUARY 2020



Patrick J Quirk
Print Name of Witness

PATRICK J QUIRK
Print Name of Witness

SECOND CHANCE OF NWFL, INC.

Print Name of Organization or Individual

Sherl Morden
Signature

SHERL MORDEN
(Print Name)

Title: PRESIDENT
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.

✓ Jan. 17, 2020
Date

Second Chance of NWFL Inc.
Company Name

SHERL MORDEN, President
Printed Name & Title

819 E. 11th St. Panama City, FL
Address 32401

Sherl Morden
Signature

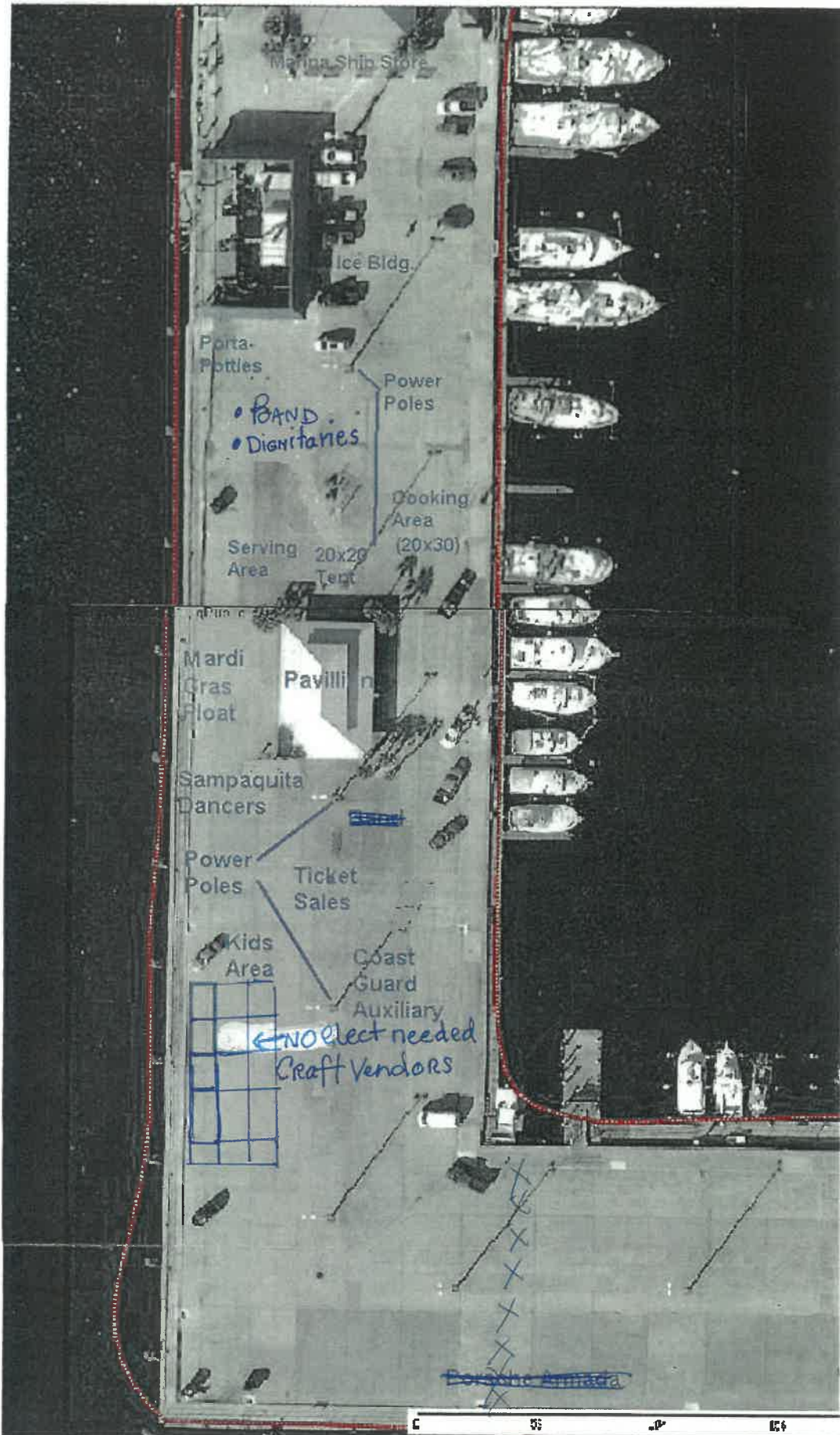
850.769-7779
Telephone #

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

Work Order # _____ Meter No. _____ Beginning reading _____

Location _____ Hydrant # _____

Final reading _____ Date removed _____



Blessing of the Fleet - 2020

St. Andrew Marina

April 25, 2020

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

Approved

Disapproved

Date of Action by Commission

Blessing of the Fleet

Permit Fees Remittance Sheet

<input type="checkbox"/> Permit Application Fee		\$ <u>N/C</u>	
<input type="checkbox"/> Block Party		\$ <u>N/C</u>	
<input type="checkbox"/> Security Deposit		\$ <u>N/C</u>	
<input type="checkbox"/> Police / Security		\$ <u>N/C</u>	
<input checked="" type="checkbox"/> Public works - Electrical Connections	(4)	\$ <u>N/C</u>	
<input checked="" type="checkbox"/> Public Works - Trash Carts	(10)	\$ <u>N/C</u>	10 - Trash Carts
<input type="checkbox"/> Utilities - Water		\$ <u>N/C</u>	
Total		\$ <u>0</u>	

Proof of Liability Insurance received

Date ✓

DOT Permit (if required)

Date N/C

Panama City Fire Dept. Authorization Sheet (if required)

Date N/C

Payment received:

Organizer Signature

M. Bernick

Date _____

Witness Signature

Date _____

* No Charge Per Ast. City Manager