



501 Harrison Avenue • Panama City, Florida 32401 • (850) 872-3199 • www.pcgov.org

### Special Event Permit Application

Event Applicant Information	Event Name: <u>Bay High Homecoming</u>	Event Date: <u>October 29, 2020</u>	
	Event Venue/Location requested: <u>Parade from Civic Center down Harrison</u>		
	Organization/Applicant Name: <u>Student Government</u>		
	Address: <u>1200 Harrison Avenue Panama City, FL 32401</u>		
	Contact Name: <u>Sponsor: Megan Todd Student: Jazmira Guzman</u>		
	Office Phone: <u>(850) 767-4600</u>	Cell: <u>(850) 277-5940</u>	Email: <u>toddme@bay.k12.fl.us</u>
	Social Media/ Website: <u>bayhighhometoades.com</u>		
	Organization Classification: Private <input type="checkbox"/> Corporate <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> City Sponsored <input checked="" type="checkbox"/> City Partnered <input type="checkbox"/> CRA <input type="checkbox"/>		
	If Organization is a tax exempt, nonprofit entity, you must attach a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. <input checked="" type="checkbox"/>		
	Is your organization requesting a waiver of application fees and security deposits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, you must include a detailed letter on your organization's letterhead stating the reason for the request.		

Event Description	Carnival/Fair <input type="checkbox"/> Demonstration <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Festival <input type="checkbox"/> Fundraiser <input type="checkbox"/> Block Party <input type="checkbox"/> Outdoor/Farmer's Market <input type="checkbox"/> Marathon/Race/Walk <input type="checkbox"/> Parade/Procession <input checked="" type="checkbox"/> Wedding <input type="checkbox"/> Marina <input type="checkbox"/> Other <input type="checkbox"/>
	Describe Other:
Estimated number of spectators: <u>500</u>	
Will any fees be charged to the spectators? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If so, what fees and amount will be charged? <u>N/A</u>	
Event Set-up Start Date/Time: <u>1:15 pm CST 29 OCT 20</u> Event Break-down End Date/Time: <u>2:05 pm CST</u>	
Assembly Start Date/Time: <u>1:15 pm CST 29 OCT 20</u> Assembly End Date/Time: <u>3:00 pm CST</u>	
Parking must be planned and designated depending on the type and location of your event. Please indicate the areas you plan on utilizing for participant/attendee parking: <u>parking @ Civic Center + law offices across the street (EAST SIDE)</u>	
Do you have designated handicap parking? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Location: <u>along Harrison Avenue</u>	
Event Rain Date requested: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date: _____	
You may request to cancel your event which may render a partial refund, up to 48 hours before the date and time of the event. Cancellation requests made within those 48 hours of the event date/time will forfeit full security deposit.	
Please indicate the types of advertising (check all that apply): Local Radio <input checked="" type="checkbox"/> National Radio <input type="checkbox"/> Local TV <input checked="" type="checkbox"/> National TV <input type="checkbox"/> Cable TV <input checked="" type="checkbox"/> Local Newspaper <input checked="" type="checkbox"/> National Newspaper <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet Email <input checked="" type="checkbox"/> Billboards <input type="checkbox"/> Social Media Outlet <input checked="" type="checkbox"/>	



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Will sound amplifying equipment be used? YES  NO  Car Speakers

Identify the type of entertainment being requested: BAND  DISC-JOCKEY  OTHER N/A

Will there be alcoholic beverages involved in this event? YES  NO

Will alcoholic beverages be for sale? YES  NO

If yes, which type of alcohol will be served? WINE  BEER  LIQUOR

Describe the circumstances involved with the use of alcoholic beverages for this event.  
A Temporary Alcohol permit for the event must be provided by the applicant. City Ordinance (Chapter 3)

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Will electricity be needed for this event? YES  NO

Will additional power be needed for this event? YES  NO  If yes, total number of electrical panels: \_\_\_\_\_

Will Light Towers be used for this event? YES  NO  If yes, total number of Light Towers: \_\_\_\_\_

Will this event require a street closure? YES  NO  If yes, Full  or Partial

What road you are requesting to be closed? Harrison Avenue

Beginning Crossroad: Government Street Ending Crossroad: 12th Street

Requested time of closure from: 1:45 pm to: 3:00 pm

Attach an aerial map detailing the area to be closed and requested barricade locations.

All Parade/ Race/Walk routes, if applicable. **Must utilize the pre-arranged route map.** A clear & legible map showing walk/run routes also requested – Please attach map to application.

What is the approximate number of persons, vehicles, animals, type of animals and description of vehicles?  
300 students, 40 cars/trucks, 1 firetruck

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Is there a Sanitation/Clean-up plan? YES  NO

Name and phone number of Company/Person responsible for Sanitation/Clean-up services: \_\_\_\_\_

Number of City trash receptacles requested: 0

\*Estimate 1 per 100 participants, more if multiple food vendors

Date trash will be removed from event location(s): N/A

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Portable Restrooms: YES  NO  Number of portable restrooms: Standard \_\_\_\_\_ ADA \_\_\_\_\_

Date/Time: Drop off NA Pick up NA

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Staging and Tent(s) - Please Adhere to City Ordinance (Sec. 110-8.), (Sec 17-7 & 7-53)

Total Number of Tents on Property: N/A Property: \_\_\_\_\_

Size of Tents: \_\_\_\_\_ of \_\_\_\_\_; \_\_\_\_\_ of \_\_\_\_\_  
(Number of Tents) (Size) (Number of Tents) (Size)

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Temporary Hydrant Meter requested: YES  NO  City Ordinance (Sec. 23-24, 25.)

If YES, you must complete the Temporary Hydrant Meter Service Agreement Application.

Describe any additional equipment requested for placement: Equipment includes the use of a moon, bounce and or inflatable carnival type rides and activities provided by a 3rd party vendor. Proof of insurance by the vendor providing such equipment will be required prior to permit approval.



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Will food be distributed at this event? YES  NO

If Yes, a Temporary Food Service Permit will be required by the Health Department. Applicants can apply at 597 W 11st, Panama City, FL 32401.

Will food vendors be utilized in this event? YES  NO

If yes, you must acknowledge and abide by the following requirement.

I understand that I am responsible for providing a list of all vendors participating in this event for the purpose of license verification, the Fats, Oil and Grease discharge plan, and any additional materials as requested by the City of Panama City Quality of Life Department or FOG Inspector. I understand that failure to supply all required information will result in the rejection of this application.

Initial mg

Will any LP-Gas, Charcoal, Flammable or Combustible Liquids be used? YES  NO  OPEN FLAME

Safety/Security Plan: (Attach a detailed Plan of Action or briefly describe safety/security plan to include, but not limited to, COVID-19, crowd control, EMS, internal security, venue safety, traffic control and barricades beyond Panama City Police & Fire) (Barricades must be FDOT Compliant)

*If required, parade will be Covid-spaced per CDC + KDS policy*

The City of Panama City Police and Fire Chiefs will determine the number of officers and other city personnel necessary to ensure the safety of the community during the event.

Are you hiring additional security from a private security company? YES  NO

Private security is not a substitute for City of Panama City Police Department law enforcement personnel.

If yes, list the Name and Contact Number of private security company:

Will fireworks be discharged at this event? YES  NO

If yes, describe:

A permit for fireworks is required. City Ordinance (Sec. 12-165). The following must be submitted to the Fire Chief in order to be considered for a fireworks permit.

- City Permit
- No local or state burn ban in effect
- Arrangements made with owners of adjoining properties
- Proof of Liability Insurance
- FAA Notification
- Coast Guard Notification
- ATF Notification
- Current permit/license to discharge fireworks
- Site plans including aerial maps, proposed shell count and size paperwork
- Safety arrangements (water supply and/or fire extinguishers)
- All following guidelines are met:
  - NFPA-1123 – Fireworks Display,
  - NFPA 1124 – Manufacture, Transportation, Storage and Retail Sales of Fireworks & Pyrotechnic Articles
  - NFPA 1126 – Use of Pyrotechnics Before a Proximate Audience
  - NFPA 1127 – High Power Rocketry

\*A permit is not required to discharge fireworks on New Year's Eve, New Year's Day or July 4<sup>th</sup>.



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**Affidavit**

To the best of my knowledge, this special event permit application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Panama City Quality of Life Department. I understand that failure to supply all required information per the relevant Applicant Checklists and Requirements will result in the rejection of this application.

Applicant's Name: Megan Todd / Student Government

Applicant's Signature: [Signature] Date: 08/03/21

Sworn to and subscribed before me this 3<sup>rd</sup> Day of August 2021

Notary Public: [Signature]

Signature: [Signature]

Date: 8/3/21

Application Received By: [Signature] 8-5-20 Project Number: \_\_\_\_\_

**Approvals / Internal Use Only**

Panama City Police Department Approval: YES  NO

Panama City Police Department Chief Signature & Date: [Signature] 8-10-21

Panama City Fire Department Approval: YES  NO

Panama City Fire Department Chief Signature & Date: \_\_\_\_\_

QOL Department Director's Approval: YES  Yes, with conditions listed below  NO

QOL Department Director Signature & Date: [Signature] 9 AUG 21

City Commission consideration and action: Approved  Disapproved  Date: \_\_\_\_\_

City of Panama City Manager's Office/Assistant City Manager's Comments: \_\_\_\_\_

Conditions: \_\_\_\_\_

**Permit Fees / Internal Use Only**

Fees (check paid fees)

<input type="checkbox"/> Application Fee	\$ _____
<input type="checkbox"/> Security Deposit	\$ _____
<input type="checkbox"/> Public Works – Trash Carts	\$ _____
<input type="checkbox"/> Public Works – Electrical Connections	\$ _____
<input type="checkbox"/> Utilities – Water Meter	\$ _____
<input type="checkbox"/> Police / Security	\$ _____
<input type="checkbox"/> Block Party	\$ _____
<input type="checkbox"/> Fire / EMT	\$ _____
<input type="checkbox"/> Other	\$ _____
<b>Total Fees Due</b>	\$ <u>0</u>



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**Affidavit**

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Applicant's Name: Megan Todd / Student Government

Applicant's Signature: [Signature] Date: 08/03/21

Sworn to and subscribed before me this 3<sup>rd</sup> Day of August 2021

Notary Public: Marion L. Harrington

Signature: [Signature]

Date: 8/3/21

Application Received By: M. Bant 8-5-20 Project Number: \_\_\_\_\_

**Approvals / Internal Use Only**

Panama City Police Department Approval: YES \_\_\_ NO \_\_\_

Panama City Police Department Chief Signature & Date: \_\_\_\_\_

Panama City Fire Department Approval: YES X NO \_\_\_

Panama City Fire Department Chief Signature & Date: [Signature] 8-9-21

QOL Department Director's Approval: YES X Yes, with conditions listed below \_\_\_ NO \_\_\_

QOL Department Director Signature & Date: [Signature] 9 AUG 21

City Commission consideration and action: Approved \_\_\_ Disapproved \_\_\_ Date: \_\_\_\_\_

City of Panama City Manager's Office/Assistant City Manager's Comments: \_\_\_\_\_

Conditions: \_\_\_\_\_

**Permit Fees / Internal Use Only**

Fees (check paid fees)

<input type="checkbox"/>	Application Fee	\$ _____
<input type="checkbox"/>	Security Deposit	\$ _____
<input type="checkbox"/>	Public Works – Trash Carts	\$ _____
<input type="checkbox"/>	Public Works – Electrical Connections	\$ _____
<input type="checkbox"/>	Utilities – Water Meter	\$ _____
<input type="checkbox"/>	Police / Security	\$ _____
<input type="checkbox"/>	Block Party	\$ _____
<input type="checkbox"/>	Fire / EMT	\$ _____
<input type="checkbox"/>	Other	\$ _____
	<b>Total Fees Due</b>	\$ <u>N/C</u>



# 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 03 day of August, 2021

Signed, sealed and delivered  
in the presence of

Katie Harris  
Print Name of Witness

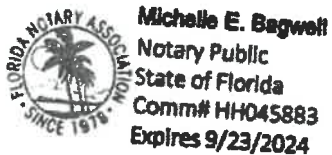
Michelle E. Bagwell  
Print Name of Witness

BHS Student Government  
Print Name of Organization or  
Individual

[Signature]  
Signature

Megan Todd  
(Print Name)

Title: Megan Todd, SGA Sponsor  
Print Name and Title if acting on Behalf of  
Above Organization



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**TEMPORARY CLOSING OF STATE ROAD PERMIT**

Date: \_\_\_\_\_

Permit No. \_\_\_\_\_

**Governmental Entity**

Approving Local Government	<u>City of Panama City</u>	Contact Person	<u>Missy Bagwell</u>
Address	<u>501 Harrison Ave, PC FL 32401</u>		
Telephone	<u>(850) 704-6959</u>	Email	<u>mbagwell@pcgov.org</u>

**Organization Requesting Special Event**

Name of Organization	<u>Bay High Student Government</u>	Contact Person	<u>Megan Todd</u>
Address	<u>1200 Harrison Avenue Panama City, FL 32401</u>		
Telephone	<u>(850) 767-4600</u>	Email	<u>toddme@bay.k12.fl.us</u>

**Description of Special Event**

Event Title	<u>Bay High Homecoming 2021</u>	Date of Event	<u>October 29, 2021</u>
Start Time	<u>2:00pm</u>	End Time	<u>3:00pm</u>
Event Route (attach map)	<u>Harrison Avenue Route</u>		
Detour Route (attach map)	_____		

**Law Enforcement Agency Responsible for Traffic Control**

Name of Agency	<u>PCPD</u>
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**US Coast Guard Approval for Controlling Movable Bridge**

Not Applicable	<input checked="" type="checkbox"/>
Copy of USCG Approval Letter Attached	<input type="checkbox"/>
Bridge Location	_____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

**Signatures of Authorization**

Event Coordinator	<u>Megan Todd</u>	Signature	<u>Megan Todd</u>	Date	<u>8/13/21</u>
Law Enforcement Name/Title	<u>Chief of Police</u>	Signature	<u>[Signature]</u>	Date	<u>8/10/21</u>
Government Official Name/Title	<u>SEAN G. DEPALMA</u>	Signature	<u>[Signature]</u>	Date	<u>9 AUG 21</u>

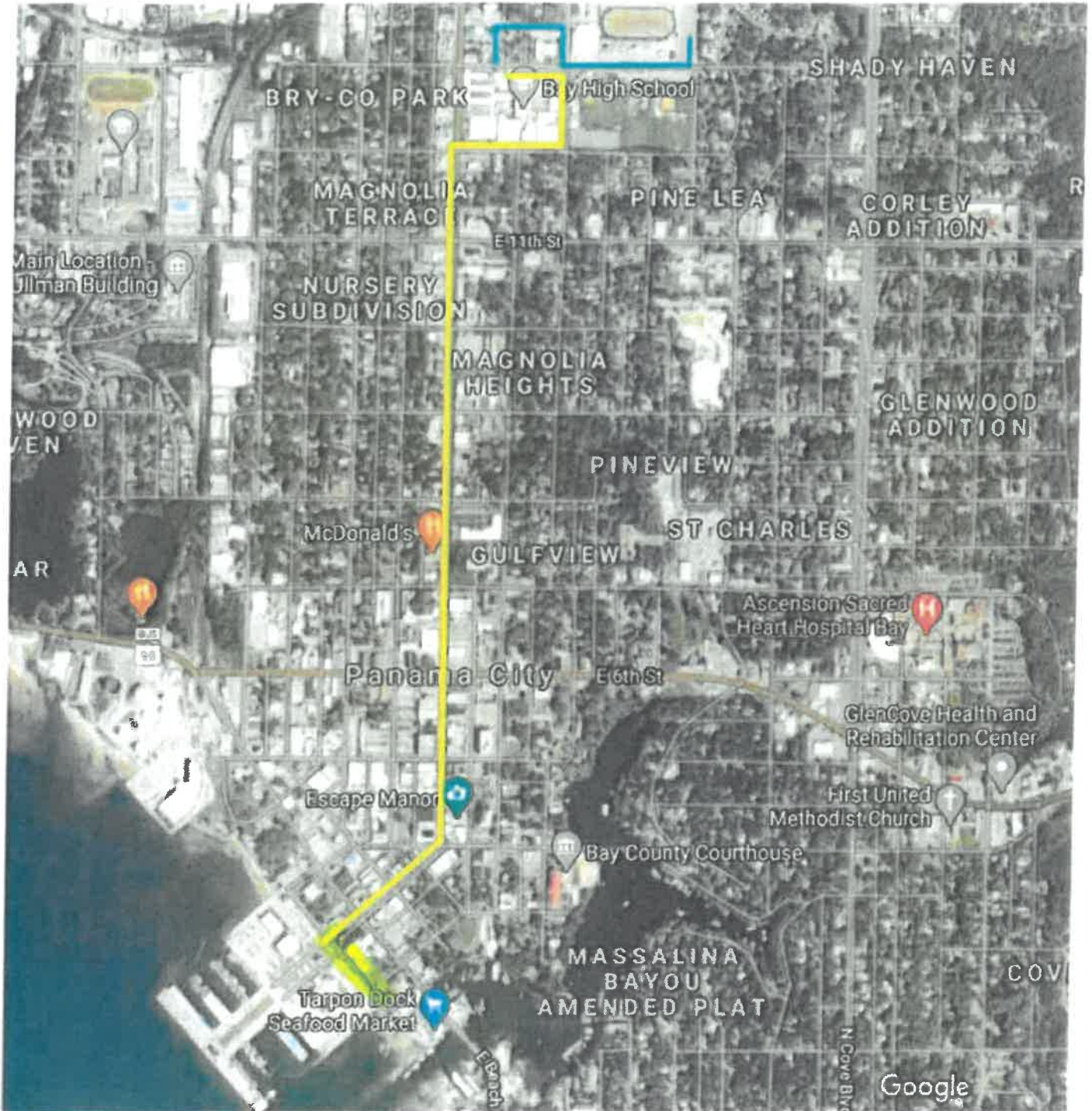
**FDOT Special Conditions**


**FDOT Authorization**

Name/Title	_____	Signature	_____	Date	_____
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# 2021 BHS Homecoming Parade

## October 29, 2021



2020 BHS Homecoming Parade Route 

 Route for participants to follow to unload



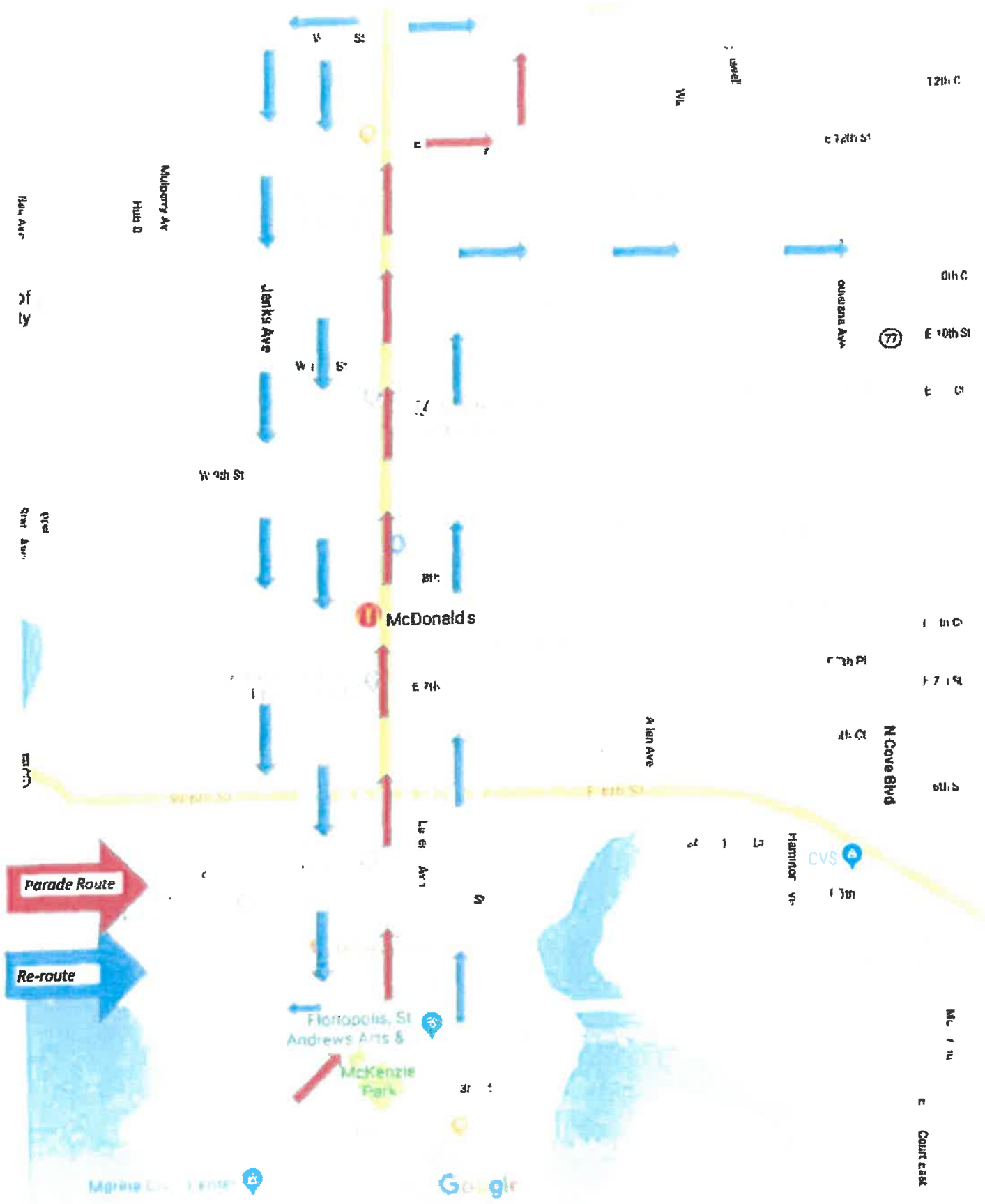


Figure 1

**CERTIFICATE OF COVERAGE**

**ISSUED ON: 08/04/2021**

**COVERAGE PROVIDED BY: PREFERRED GOVERNMENTAL INSURANCE TRUST**

**PACKAGE AGREEMENT NUMBER: PX2FL4 0035003 19-08**

**COVERAGE PERIOD: 07/01/2020 TO 07/01/2022 12:01 AM**

**COVERAGES:** This is to certify that the agreement below has been issued to the designated member for the coverage 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 coverage afforded by the agreement described herein subject to all the terms, exclusions and conditions of such agreement.

Mail to: Certificate Holder  
City of Panama City  
501 Harrison Avenue  
Panama City, FL 32401

*Designated Member*  
The School Board of Bay County, FL  
1311 Balboa Ave  
Panama City, FL 32402

**LIABILITY COVERAGE**

**Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury:**  
Limit \$2,000,000 \$200,000/\$300,000 SIR Deductible

**Employee Benefits Liability**  
Limit \$2,000,000 \$200,000/\$300,000 SIR Deductible

**Employment Practices Liability**  
Limit Deductible

**Educators Legal Liability**  
Limit Deductible

**Law Enforcement Liability**  
Limit Deductible

**WORKERS' COMPENSATION COVERAGE**

**WC AGREEMENT NUMBER:**

**Self Insured Workers' Compensation**

**Statutory Workers' Compensation**

**Employers Liability**  
\$ Each Accident  
\$ By Disease  
\$ Aggregate Disease

**PROPERTY COVERAGE**

**Buildings & Personal Property**  
Limit: Per schedule on file with Trust Deductible  
*Note: See coverage agreement for wind, flood, and other deductibles.*

**Rented, Borrowed and Leased Equipment**  
Limit: \$ 0 TIV See Schedule for Deductible

**Total All other Inland Marine**  
Limit: \$ 0 TIV See Schedule for Deductible

**AUTOMOBILE COVERAGE**

**Automobile Liability**  
Limit \$2,000,000 \$200,000/\$300,000 SIR Deductible

All Owned  
Specifically Described Autos

Hired Autos

Non-Owned Autos

**Automobile Physical Damage**  
Comprehensive See Schedule for Deductible  
Collision See Schedule for Deductible  
Hired Auto with limit of

**Garage Keepers**  
Liability Limit  
Liability Deductible  
Comprehensive Deductible  
Collision Deductible

**CRIME COVERAGE**

**Employee Dishonesty**  
Limit Deductible

**Forgery or Alteration**  
Limit Deductible

**Theft Disappearance & Destruction**  
Limit Deductible

**Computer Fraud**  
Limit Deductible

**NOTE:** Additional Covered Party status is excluded for non-governmental entities. The most we will pay is further limited by the limitations set forth in Section 768.28(5), Florida Statutes (2010) or the equivalent limitations of successor law which are applicable at the time of loss.

Description of Operations/ Locations/ Vehicles/Special items-(This section completed by member's agent, who bears complete responsibility and liability for its accuracy):

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the agreement above.

Administrator  
Public Risk Underwriters®  
P.O. Box 958455  
Lake Mary, FL 32795-8455

**CANCELLATIONS**  
SHOULD ANY OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE COVERAGE AGREEMENT PROVISIONS.

Producer  
J Smith Lanier & Co., a Marsh & McLennan Agency LLC Company



1500 Mahan Drive, Suite 111

Tallahassee, FL 32308

**AUTHORIZED REPRESENTATIVE**

PGIT-CERT (1/19) PRINT FORM

08/04/2021



TAX ID #

**Consumer's Certificate of Exemption**

DR-14  
R. 10/15

Issued Pursuant to Chapter 212, Florida Statutes

85-8012621726C-2	08/31/2017	08/31/2022	COUNTY GOVERNMENT
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BAY COUNTY SCHOOL BOARD  
1311 BALBOA AVE  
PANAMA CITY FL 32401-2080

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



**Important Information for Exempt Organizations**

DR-14  
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.