

City of Chipley

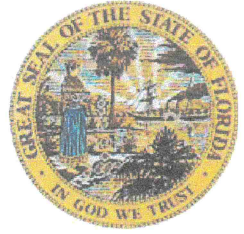
CITY HALL

1442 Jackson Avenue

P.O. Box 1007

Chipley, Florida 32428

(850) 638-6350 Fax: (850) 638-6353



Special Event Application

Name/Organization: First Baptist Chipley

Address: 1300 South Blvd

Contact person: Bobby Pletcher Phone: 850-258-7968 Fax: _____

E-mail: bobby@firstbaptistchipley.com

Type of Event: Fall Festival

Purpose of Event: To provide a free, fun event for our community

Location of Event: First Baptist Chipley ----- Outdoors _____ Indoors/Outdoors

Date(s) & Time(s) of Event: October 27, 2024 4 to 6 pm

Amount of Liability Insurance: \$2,000,000.00 (attach copy of policy)

Concert Yes/No If yes, What type of music? N/A

Will food and nonalcoholic beverages be sold? NO. Food and nonalcoholic drinks are free

Will fireworks be displayed? Yes/No If yes, provide name, license number and pyrotechnic plan to be approved by Fire Chief.

Will amusement rides be available? No

Number of participants anticipated per day: 1,500 - 2,000

Are security and/or medical services provided? Security

Applicant Signature: Bobby Pletcher Date: 9/9/24

Approved { } Denied { }

Mayor's Signature: _____ Date: _____



City of Chipley

CITY HALL

1442 Jackson Avenue

P.O. Box 1007

Chipley, Florida 32428

(850) 638-6350 Fax: (850) 638-6353



Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization: First Baptist Chipley		Person in Charge: Jennifer Duncan		Date: 9/9/24
Address of Organization 1300 South Blvd / PO Box 643			Telephone Number: (850) 693-3935	
Title of Event: Fall Festival				
Date of Event: 10/27/24	Starting Time of Event: 4 pm	Duration of Event: 2 hours	Actual Closing Time (Set up of barriers, Etc.) 12:30 pm	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): We would like to close 4th St from South Blvd North the edge of the Spivey property				
This section is to be completed when closure is for special event filming. Liability Insurance Carrier: _____ Policy Effective Date: _____ Coverage Amount: _____ (\$1,000,000 Minimum) Length of Coverage: _____ Days Licenses Pyrotechnics Operator: _____ License Number: _____ Approval of Local Fire Department: _____ Federal Aviation Administration Approval for Low Flying Filming: _____ Additional Liability Insurance Amount: _____ PLEASE DO NOT WRITE BELOW THIS LINE				
Detour Route (Include Exact Road Names and Map of Detour Route): 				
Name of Department Responsible for Traffic Control (City Police Department, Sheriff's Department, Highway Patrol): Chipley City Police Department				
Special Conditions: Use this route only!				
Name of Police Chief: Michael Richter		Signature of Police Chief:		Date Signed:
Name and Title of City Official: Patrice Tanner, City Administrator		Signature of City Official:		Date Signed:

RELEASE AND HOLD HARMLESS AGREEMENT

FOR THE SOLE CONSIDERATION OF the City of Chipley granting permission for the undersigned to conduct a Fall Festival upon street(s) as provided for in it's letter of request, the undersigned agrees to indemnify and hold harmless the City of Chipley, it's successors, agents and assigns and all other persons, firms or corporations, from any and all claims, demands, damages, actions, causes of actions or suits of any kind or nature whatsoever, and particularly on account of all injuries, both to person and property, which may result from the use of the street(s) as described above, and releases forever discharges the City of Chipley, for any such Claims.

Undersigned hereby declares that the terms of this agreement and lease have been completely read and are fully understood and voluntarily accepted.

IN WITNESS WHEREOF, the undersigned has executed this release, this 9th day of September, 20 24.

FIRM OR
ORGANIZATION: _____

[Signature]
Signature

Bobby Fletcher
Print Name

[Signature]
Witness

Lisa Salter
Witness

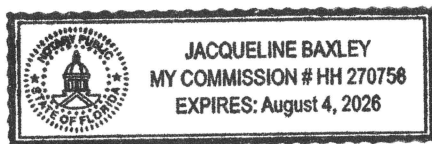
David Hingson
Print Name

Lisa Salter
Print Name

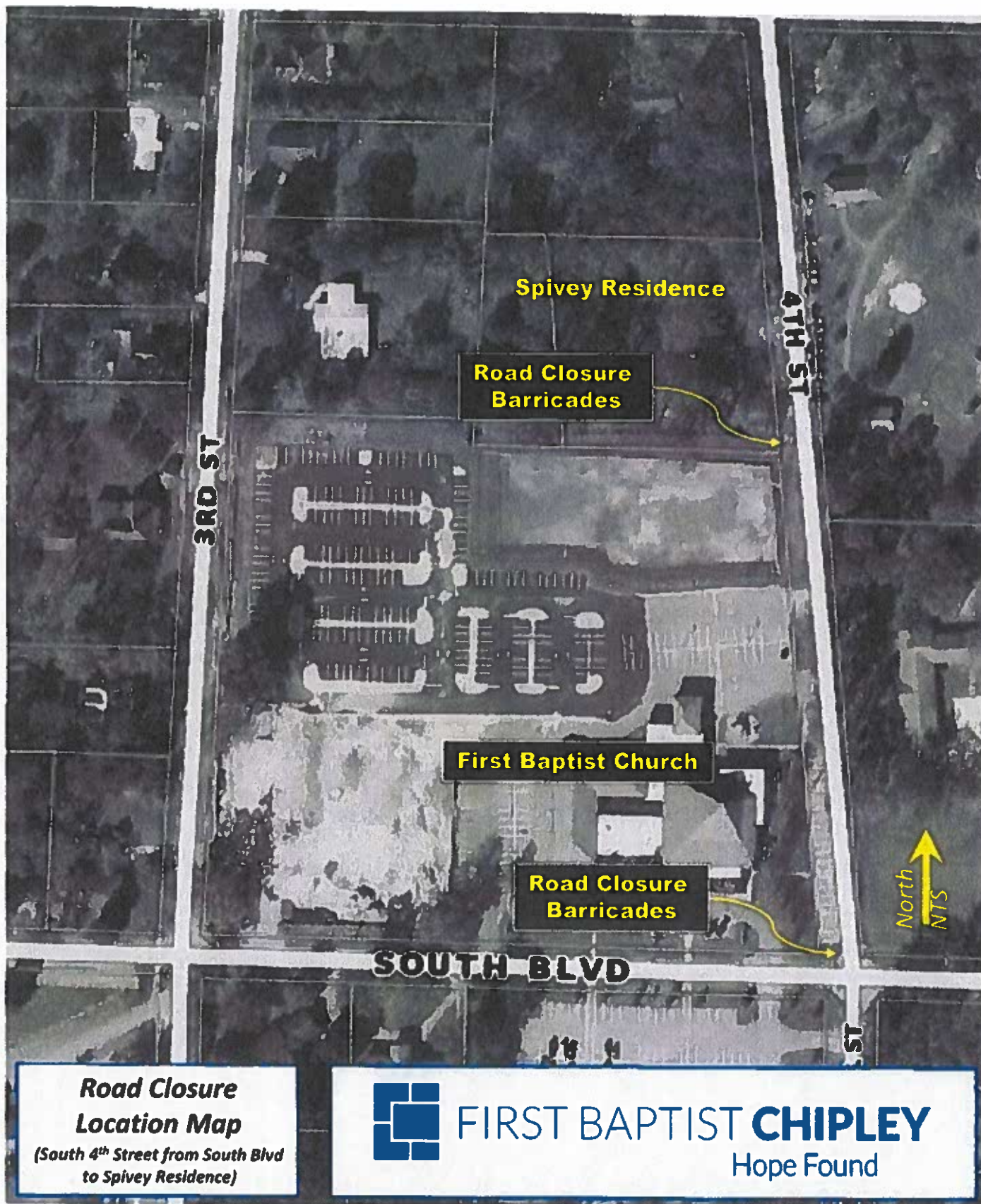
STATE OF FLORIDA
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Bobby Fletcher, who is personally known to me or who produced _____ as identification, and who executed the foregoing instrument and acknowledge before me that he/she executed the same freely and voluntarily and for purposes expressed therein.

Witness my hand and seal in the County and State last aforesaid this 9 day of September, 20 24.



Jackie Baxley
Notary Public



**Road Closure
Location Map**

**(South 4th Street from South Blvd
to Spivey Residence)**



FIRST BAPTIST CHIPLEY
Hope Found