

City of Chipley

CITY HALL

P.0. Box 1007 Chipley, Florida 32428 (850) 638-6350 Fax: (850) 638-6353



Special Event Application

Name/Organization: Chipley High School	to the company of the state of
Address: 1545 Brickyard Rd, Chipley, FL	
Contact person: Alex Webb Phone: 260-5217	Fax:
E mail: alex webb@wcsdschools.com	
Type of Event: Homecoming Parade	1
Purpose of Event: Homecoming for Chipley High School	
Location of Event: Outdoors	Indoors/Outdoors
Date(s) & Time(s) of Event: November 1, 2024 @ 12:30 pm	
Amount of Liability Insurance:	_(attach copy of policy)
Concert Yes/No If yes, What type of music? No	
Will food and nonalcoholic beverages be sold? No	4-2-3-3-3
Will fireworks be displayed? Yes/No If yes, provide name, license nu plan to be approved by Fire Chief.	mber and pyrotechnic
Will amusement rides be available? No	
Number of participants anticipated per day: Are security and/or medical services provided?	41.1.
Applicant Signature: (Man J. MbO	Date: 9/4/24/
Approved { }Denied { } Mayor's Signature:	Date:



City of Chipley

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1442 Jackson Avenue P.0. Box 1007 Chipley, Florida 32428 (850) 638-6350 Fax: (850) 638-6353



Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization:	ame of Organization: Person in Charge:		1000	ate:		
Chipley High School Alex Webb		9	/4/2024			
Address of Organization			Т	elephone Numb	er:	
		260-5217				
Title of Event:						
Homecoming f	or Chipley F	High School	ol			
Date of Event:	Starting Time of Event:	Duration of I	Event:	Actual Closing Time (Set up		
November 1, 2024 @ 12:30 pm	12:30 pm	1 1/2 hr	S	of barriers, Etc.)		
Proposed Parade Route or Road From the old Chipley High School pa	/Sidewalk/Alleyway Clos	sure (Include Exact Ro	ad Names and Ma	ap of Route): No	ew parade route	
From the old Chipley High School parking lot on N Railroad Ave, go to 2nd Street and turn south, then go to SR 90 and turn east, then go SR 77 and turn north, then go to Church Ave and turn west, then go to 3rd Street and turn north, then go to Watts Ave and turn west,						
then go to 2nd Street and turn s						
This section is to be completed				, , , , , , , , , , , , , , , , , , ,	y and a second	
Listing I			1: P			
Liability Insurance Carrier:		P	olicy Effective D	ate:		
Length of Coverage:	Coverage Amount:					
Licenses Pyrotechnics Operator:						
License Number: Approval of Local Fire Department:						
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):						
1						
Name of Department Responsib	le for Traffic Control (Cit	y Police Department,	Sheriff's Departn	ent, Highway P	atrol:	
Chipley City Police Department Special Conditions:	10					
Use this route only!						
Name of Police Chief:	Signature of I	Police Chief:	/ Date Sig	ned:		
Michael Richter	Mic	Al had		4-24		
Name and Title of City Official:		City Official:	Date Sig	ned:		
Patrice Tanner, City Admir	nistrator					

RELEASE AND HOLD HARMLESS AGREEMENT

FOR THE SOLE CONSIDERATION OF the City of Chipley granting permission for
the undersigned to conduct a Homecoming Parade 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
day of <u>September</u> , 20 24.
FIRM OR
ORGANIZATION: Chipley High School
ORGANIZATION: The state of the
Chlian V. Well JULIAN A. WEBB
Signature TULIAN A. WEBB Print Name
Signature Print Name
(B) (h/4)
The state of the s
Witness
esse Caster Windell S. Maris
Print Name Print Name
STATE OF FLORIDA
COUNTY OF WASHINGTON
A
The foregoing instrument was acknowledged before me by Julian A. Webb.
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.
Winner and 1 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1
Witness my hand and seal in the County and State last aforesaid this day of
September 20 24.
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SHERRY SNELL Notary Public - State of Florida Notary Public - State of Florida
Commission # HH 470986
My Comm. Expires Dec 7, 2027
Bonded through National Notary Assn.

