

# City of Chipley

#### **CITY HALL**

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



### **Special Event Application**

Name/Organization: Tracy Andrews	
Address: PO Box 473, Chipley, FL 32428	
Contact person: Tracy Andrews Ph	one: 850-326-9359 Fax:
E-mail: tlandrews1@gmail.com	
Type of Event: Parade	
Purpose of Event: MLK Parade	
Location of Event: New Standard Parade Route	Indoors/Outdoors
Date(s) & Time(s) of Event: January 19, 2026 @ 10	0:00 am
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	
Will fireworks be displayed? Yes/No If yes, provide plan to be approved by Fire Chief.	le name, license number and pyrotechnic
Will amusement rides be available? No	
Number of participants anticipated per day:  Are security and/or medical services provided?	1
Applicant Signature:	Date: 11-5-25
Approved { } Denied { } Manager's Signature:	Date:

#### RELEASE AND HOLD HARMLESS AGREEMENT

	of the <u>City of Chipley</u> granting permission for
the undersigned to conduct a MLK Parade	upon street(s) as provided for in
it's letter of request, the undersigned agrees to inde	
it's successors, agents and assigns and all other per	rsons, firms or corporations, from any and all
claims, demands, damages, actions, causes of action	ons or suits of any kind or nature whatsoever,
and particularly on account of all injuries, both to	·
use of the street(s) as described above, and release	
any such Claims.	s tolevel discharges the City of Chipicy, for
	Cal:
Undersigned hereby declares that the terms	
completely read and are fully understood and volume	
IN WITNESS WHEREOF, the undersign	ned has executed this release, this
day of Jovennber, 20 25.	
FIRM OR	
ORGANIZATION: Tracy Andrews	
ORGANIZATION:	
A	
Vanach JMAUS	Jugary Also January
Significant	I vacy Hylovens
Signature	Print Name
I will all	
The state of the s	
Witness	Witness
Sherry Snell	
Print Name	Print Name
Time ivalle	1 Hit Hanie
STATE OF FLORIDA	
COUNTY OF WASHINGTON	
	A 1.
The foregoing instrument was acknowledged before	re me by Trace. Andre was
who is personally known to me or who produced	
	as
identification, and who executed the foregoing ins	
he/she executed the same freely and voluntarily an	d for purposes expressed therein.
	no th
Witness my hand and seal in the County and State	last aforesaid this day of
Dovember , 2025.	
	The state of the s
· · · · · · · · · · · · · · · · · · ·	Stones Sall
SHERRY SHELL	mant our
Notary Public - State of Florida	Notary Public
Commission # HH 470986 My Comm. Expires Dec 7, 2027	
Bonded through National Notary Assn.	



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### Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization;		rerson in Charge;			ate:			
Tracy Andrews	Tr	Tracy Andrews		1	1/05/2025			
Address of Organization			Tele	phone Number	er:			
PO Box 473, Chipley, FL 32428		85	850-326-9359					
Title of Event:								
MLK Parade								
Date of Event: Starting	Time of Event:	Duration of Event:		Actual Closing Time (Set up		Actual Closing Time (Set up		
01/19/2026 10:0	0 am	1 Hour		of barriers, Etc.)				
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route):  New Standard Parade Route								
This section is to be completed when clo	sure is for special eve	nt filming.						
Liability Insurance Carrier:		Policy Effe	ctive Date	e:				
Coverage Amount:		(\$1,000	0,000 Min					
Length of Coverage:		Days						
Licenses Pyrotechnics Operator: License Number: Approval of Local Fire Department: Federal Aviation Administration Approv								
Additional Liability Insurance Amount:								
PLEASE DO NOT WRITE BELOW THIS LINE								
Detour Route (Include Exact Road Name								
Name of Department Responsible for Tra Chipley City Police Department	affic Control (City Po	lice Department, Sheriff's	Departmer	nt, Highway P	atrol:			
Special Conditions:								
Use this route only!								
Name of Police Chief: Michael Richter	Signature of Police	e Chief:	Date Signe	ed:				
Name and Title of City Official: Patrice Tanner, City Administrator	Signature of City	Official: I	Date Signe	ed:				