



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: 900 Community Outreach

Address: _____

Contact person: Robert David Phone: 850-326-3213 Fax: _____

E-mail: _____

Type of Event: Free chili & KID events

Purpose of Event: To provide food for our youth & community of Chipley, FL

Location of Event: Gilmore Park _____ Indoors/Outdoors

Date(s) & Time(s) of Event: 15 Nov 25 - 1700 - 2000

Amount of Liability Insurance: _____ (attach copy of policy)

Concert Yes/☒ No If yes, What type of music? music will be played

Will food and nonalcoholic beverages be sold? No - ~~Free~~ Free Food

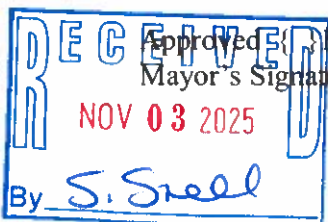
Will fireworks be displayed? Yes/☒ No If yes, provide name, license number and pyrotechnic plan to be approved by Fire Chief.

Will amusement rides be available? N/A

Number of participants anticipated per day: 100 - 200

Are security and/or medical services provided? _____

Applicant Signature: _____ Date: _____



Approved { } Denied { }

Mayor's Signature: _____ Date: _____

RELEASE AND HOLD HARMLESS AGREEMENT

FOR THE SOLE CONSIDERATION OF the City of Chipley granting permission for the undersigned to conduct a _____ 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 3 day of Nov, 20 25.

FIRM OR ORGANIZATION: 900 Community Outreach

[Signature]
Signature

Chris L Edwards
Print Name

[Signature]
Witness

Witness

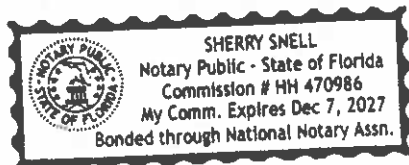
Sherry Snell
Print Name

Print Name

**STATE OF FLORIDA
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by Christopher Edwards who is personally known to me or who produced FL DL 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 3rd day of Nov, 20 25.



[Signature]
Notary Public