



# 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: Project Downtown Chipley

Address: 1367 S Railroad Ave STE C Chipley FL

Contact person: Kristin Martin Phone: 850-326-6506 Fax: \_\_\_\_\_

E-mail: kmartin@southpointcontracting.com

Type of Event: Thursday Night Lights

Purpose of Event: Thursday Night Lights aims to increase community engagement and foot traffic in our downtown area—supporting local businesses while fostering a strong sense of community right here at home.

Location of Event: Downtown Chipley including Farmer's Market Area Indoors/Outdoors

Date(s) & Time(s) of Event: Third Thursday of Every month 6pm -8pm in 2025

Amount of Liability Insurance: \_\_\_\_\_ (attach copy of policy)

Concert Yes/No If yes, What type of music? Live music or DJ - Various genres

Will food and nonalcoholic beverages be sold? Yes

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: 150-250

Are security and/or medical services provided? Yes

Applicant Signature: [Signature] Date: 04/07/25

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 Thursday Night Lights 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 7th day of April, 20 25.

**FIRM OR ORGANIZATION:** Project Downtown Chipley

K. Martin  
Signature

Kristin Martin

Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

**STATE OF FLORIDA  
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by \_\_\_\_\_, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public



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

Name of Organization: <b>Project Downtown Chipley</b>		Person in Charge: <b>Kristin Martin</b>		Date: <b>04.07.25</b>
Address of Organization <b>1367 S Railroad Ave Suite C Chipley FL</b>			Telephone Number: <b>850.326.6506</b>	
Title of Event: <b>Thursday Night Lights</b>				
Date of Event: 04/07 05/15 06/19 07/17 08/15 09/18 11/21	Starting Time of Event: <b>6pm</b>	Duration of Event: <b>2 hours</b>	Actual Closing Time (Set up of barriers, Etc.) <b>4:45</b>	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): <b>S Railroad from 2nd Street to 7th Street, N Railroad SR 77 to 8th Street, 7th Street Museum Alleyway to N Railroad</b> <b>A Portion of S Railroad from 2nd to 5th will only be closed when needed such as during the Touch A Truck themed event.</b>				
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: _____				
<b>PLEASE DO NOT WRITE BELOW THIS LINE</b>				
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): <b>Chipley City Police Department</b>				
Special Conditions: <b>Use this route only!</b>				
Name of Police Chief: <b>Scott Thompson</b>		Signature of Police Chief:		Date Signed:
Name and Title of City Official: <b>Dan Miner, City Administrator</b>		Signature of City Official:		Date Signed: