

# 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: Panhandle Watermelon Festival	
Address: Post Office Box 550, Chipley FL 32428	
Contact person: Lora Fisher Phone: 85	60-527-8256 Fax:
E-mail: lorafisher15@yahoo.com	
Type of Event: Festival Parade 10:00 am June 21, 2025	5
Purpose of Event: To provide the community with a free concert, parade, car show and other free	ee activities on June 21 & 22, 2025.
Location of Event: Jim Trawick Park/Ag Center	Indoors/Outdoors
Date(s) & Time(s) of Event: June 20 & 21, 2025	
Amount of Liability Insurance: Yes \$1,000,000	(attach copy of policy)
Concert Yes/No If yes, What type of music? Yes / Count	ry
Will food and nonalcoholic beverages be sold? Yes	
Will fireworks be displayed? Yes No If yes, provide name, blan to be approved by Fire Chief.	license number and pyrotechnic
Will amusement rides be available? No	
Number of participants anticipated per day: 1800	
Are security and/or medical services provided? Yes	11-1-0
Applicant Signature: 010 5000	Date: 4 3 3025
Approved { } Denied { } Mayor's Signature:	Date:
	Date.

### RELEASE AND HOLD HARMLESS AGREEMENT

FOR THE SOLE CONSIDERATION OF the <u>City of Chipley</u> granting permission for					
the undersigned to conduct a ParadeJune21,2025 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 April , 20 25 .					
, 20 <u>as</u> .					
FIRM OR					
organization: Panhandle Watermelon Festival					
organization: Fan hangle watermelon Lestival					
. 0					
COYAL STORAL					
dora disher Lora Fisher					
Signature Print Name					
Joan Hayes John Haves					
Golinn Hayes John Hayes Witness					
Witness					
Miranda Bunham Illunde Pla					
Print Name Print Name					
Print Name					
STATE OF FLORIDA					
COUNTY OF WASHINGTON					
The foregoing instrument was acknowledged before me by LOYA FISHER,					
VIIO IS personally known to me or who produced					
dentification, and who executed the foregoing instrument and acknowledge before me that					
ne/she executed the same freely and voluntarily and for purposes expressed therein.					
and for purposes expressed therein.					
Witness my hand and seal in the County and State last aforesaid this 3rg day of					
Horri and seal in the County and State last aforesaid this day of					
, 20 6					
. ^					
Walm. of					
KAYLAD, CORBITT					
Notary Public					
TAPINES: February to 2020					
Bonded Thru Notary Public Underwriters					



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### **CITY HALL**

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

Name of Organization:			
	Perso	on in Charge:	Date;
Address of Organization	on Festival C	olby Keel	4-3-2025
0	11. 11 20	Jod	Telephone Number:
POBox 550 Chi	MALL 35	428	850-258-6290
Panhandle Watern	nelon Festiva	1 Parade	
	ting Time of Event:	Duration of Event:	Actual Closing Time (Set up
Proposed Parade Route or Road/Side	0:00 AM	hour	of barriers, Etc.)
This section is to be completed when	closure is for special event	filming.	
Liability Insurance Carrier		Patient For	
Liability Insurance Carrier: Policy Effective Date: Coverage Amount: (\$1,000,000 Minimum)			
Length of Coverage:		Days	500 Minimum)
Licenses Pyrotechnics Operator: License Number;			
Approval of Local Fire Department:			
Federal Aviation Administration App Additional Liability Insurance Amoun	ıt;		
Patour Pouts (I al. 1 7	LEASE DO NOT WRI	TE BELOW THIS LIP	NE
Detour Route (include Exact Road Na	mes and Map of Detour Ro	oute):	
Name of Department Responsible for Chipley City Police Department	Traffic Control (City Police	Department, Sheriff's De	partment, Highway Patrol:
Special Conditions: Use this route only!			
Name of Police Chief:	Signature of Police C	hief: Da	te Signed:
Michael Richter	- 10		- Tagerta
Name and Title of City Official:	Signature of City Offi	icial	o Signati
Patrice Tanner, City Administrat	or	Da	e Signed: