# 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: Chipley High School

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

Purpose of Event: Homecoming for Chipley High School

Location of Event: Outdoors Indoors/Outdoors

Date(s) & Time(s) of Event: Friday, October 23, 2026 @ 12:30 pm

Amount of Liability Insurance: Not Required (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 name, license number and pyrotechnic plan to be approved by Fire Chief.

Will amusement rides be available? No

Number of participants anticipated per day: 100 entries
Are security and/or medical services provided? No

Applicant Signature: Julian A. Webb Date: 8/13/26

Approved { } Denied { }
Mayor's Signature: _____ Date: _____

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

| Name of Organization: | Person in Charge: | Date: |
|---|---|---|
| Chipley High School | Alex Webb | 8/13/26 |

| Address of Organization | Telephone Number: |
|---|---|
| 1545 Brickyard Rd, Chipley, FL | 260-5217 |

Title of Event

Homecoming for Chipley High School

| Date of Event: | Starting Time of Event: | Duration of Event: | Actual Closing Time (Set up of barriers, Etc.) |
|---|---|---|---|
| October 23, 2026 @ 12:30 pm | 12:30 pm | 1 1/2 hrs | |

Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route):
The standard parade route. From the old high school parking lot on N Railroad Ave. go to 2nd St. and turn south, then go to SR 90 and turn East, then go to SR 77 and turn North, then go to Church Ave and turn West, then go to 3rd St. and turn North, then go to Watts Ave and turn West,then go to 2nd St. and turn South, then go to N Railroad Ave. and turn West back to the parking lot.

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: _____

**PLEASE DO NOT WRITE BELOW THIS LINE**

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):
Chipley City Police Department

Special Conditions:
Use this route only!

| Name of Police Chief: | Signature of Police Chief: | Date Signed: |
|---|---|---|
| Michael Richter | | 8-19-2026 |
| **Name and Title of City Official:** | **Signature of City Official:** | **Date Signed:** |
| Patrice Tanner, City Administrator | for David Lenard | 09/02/2026 |

## 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 13th day of August, 20 26.

**FIRM OR ORGANIZATION:** Chipley High School

Julian A. Webb
Signature

JULIAN A. WEBB
Print Name

_____
Witness

_____
Witness

_____
Print Name

_____
Print Name

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**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