



# 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: Kristin Martin

Address: 1367 S Railroad Ave Suite C

Contact person: Kristin Martin

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: kmartin@southpointcontracting.com

Type of Event: Thursday Night Lights

Purpose of Event: Foster community engagement in our downtown area, supporting families and local businesses.

Location of Event: Outdoors

Indoors/Outdoors

Date(s) & Time(s) of Event: Third Thursday April - September 2026 6-8pm

*CHANGE:  
May 4th Thurs.  
5/26/24*

Amount of Liability Insurance: \_\_\_\_\_

(attach copy of policy)

Concert Yes/No If yes, What type of music? Live music various genres on occasion

Will food and nonalcoholic beverages be sold? By vendors/businesses

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: 150-200

Are security and/or medical services provided? YES

Applicant Signature: K Martin

Date: 03/10/24

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 its letter of request, the undersigned agrees to indemnify and hold harmless the City of Chipley, its 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 10th day of March, 20 06

**FIRM OR ORGANIZATION:** \_\_\_\_\_

Klaute  
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>THURSDAY NIGHT LIGHTS</b>		Person in Charge: <b>KRISTIN MARTIN</b>	Date: <b>03.10.26</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: <i>CHANGE MAY 25TH</i> <b>APRIL - SEPT THIRD THURS.</b>	Starting Time of Event: <b>6-8PM</b>	Duration of Event: <b>2HOURS</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>WILL BE OUR MAXIMUM CLOSURE REQUEST FOR THURSDAY NIGHT LIGHTS EVENTS.</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:	

