



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: Early Learning Coalition of Northwest Florida (ELCNWF)

Address: 4636 US-90, Suite P, Marianna, FL 32446

Contact person: Tami Valdez Phone: 850-625-8882 Fax: 850-757-5450

E-mail: Tami.Valdez@elcnwf.org

Type of Event: Outdoor Children's Art Festival

Purpose of Event: To provide a free, outdoor festival targeted to families with children

ages birth-12 years old. The focus will be on Children and the Arts.

ArtKidDoo in the Park

Location of Event: Shivers Park Indoors/Outdoors

Date(s) & Time(s) of Event: October 12, 2024 11⁰⁰ am - 2⁰⁰ pm

Amount of Liability Insurance: 1,000,000.00 (attach copy of policy)

Concert Yes/No If yes, What type of music? We may have a dj, if permissable.

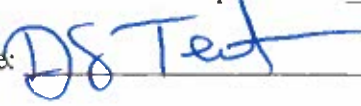
Will food and nonalcoholic beverages be sold? We are hoping to get all food donated.

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: 700

Are security and/or medical services provided? If required.

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 Art Festival 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 23rd day of May, 2024.

FIRM OR

ORGANIZATION: Early Learning Coalition of NW FL

D8 Tent

Signature

Daryan Tennant

Print Name

Sherry Snell

Witness

Witness

Sherry Snell

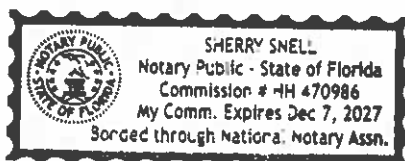
Print Name

Print Name

STATE OF FLORIDA
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Daryan Tennant, 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 23rd day of May, 2024.



Sherry Snell
Notary Public