



# 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: Miken Hooks / Southern Splash & Dash

Address: 703 Sunday Rd. Chipley Fl. 32428

Contact person: Miken Hooks Phone: (850) 849-1872 Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of Event: Annual July 4th Community Fun Day

Purpose of Event: Community Fun Day

Location of Event: Former T.J. Routhac Field \_\_\_\_\_ Indoors/Outdoors

Date(s) & Time(s) of Event: July 4, 2024 Start: 3:00 p.m. End: 10:00 p.m.

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

Concert Yes  No  If yes, What type of music? \_\_\_\_\_

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: 200

Are security and/or medical services provided? Yes, Security

Applicant Signature: [Signature] Date: 6-2-24

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 July 4th Fun Day 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 \_\_\_\_\_, 20 \_\_\_\_.

**FIRM OR**

**ORGANIZATION:** Southern Splash & Dash

*Mike Hook*  
Signature

Mike Hooks  
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: <i>Southern Splash + Dash</i>		Person in Charge: <i>MIKEN HOOKS</i>		Date: <b>6/2/2024</b>
Address of Organization: <i>1346 Jackson Ave Chipley Fl 32428</i>			Telephone Number: <i>(850) 849-1872</i>	
Title of Event: <i>July 4th Community Fun Day</i>				
Date of Event: <i>July 4, 2024</i>	Starting Time of Event: <i>3:00 p.m.</i>	Duration of Event: <i>6 hrs.</i>	Actual Closing Time (Set up of barriers, Etc.) <i>3:00 p.m.</i>	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): <b>Deermont Circle</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>Patrice Tanner, City Administrator</b>	Signature of City Official:		Date Signed:	