



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: ANNUAL FRIENDS & FAMILY LUAW LLC

Address: 1182 5TH AVE CHIPLEY FL

Contact person: NIKEH DANIELS Phone: 850-703-9734 Fax: _____

E-mail: ANNUAL FRIENDS FAMILY LUAW @ gmail.com

Type of Event: FAMILY REUNION

Purpose of Event: CITY FIELD BY T.J. Roulhac

Location of Event: _____ Indoors/ Outdoors

Date(s) & Time(s) of Event: JUNE 28, 2015 TIME: 5:30 PM - 12:00

Amount of Liability Insurance: _____ (attach copy of policy)

Concert Yes/No If yes, What type of music? (Music)

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: 250

Are security and/or medical services provided? NO

Applicant Signature: Nikeh Daniels Date: 4-9-25

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 _____ 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 8th day of April, 20 25.

FIRM OR
ORGANIZATION: _____

Nikeh Daniels
Signature

NIKEH Daniels
Print Name

Ramon Brown
Witness

Robert David
Witness

Ramon Brown
Print Name

Robert David
Print Name

STATE OF FLORIDA
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Nikeh Daniels, who is personally known to me or who produced personally known 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 8th day of April, 20 25.



ANTONIQUE RASHAD SHARPE
Notary Public
State of Florida
Comm# HH658060
Expires 4/7/2029

Antonique Rashad Sharpe
Notary Public