



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: Project Downtown Chipley

Address: 1367 S Railroad Ave Suite C Chipley, FL 32428

Contact person: Kristin Martin Phone: 850.326.6506 Fax: _____

E-mail: kmartin@southpointcontracting.com

Type of Event: Thursday Night Lights

Purpose of Event: This event is to drive community involvement in our historic downtown district.

Supporting downtown commerce as well as fostering community engagement and a family friendly
atmosphere in our downtown area.

Location of Event: Historic Downtown Chipley 5th Street - 7th Street, including the Train Depot and Farmer's Market Pavilion Indoors/Outdoors

Date(s) & Time(s) of Event: 6-8pm February - September Third Thursday of Each month

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

Concert Yes/No If yes, What type of music? Live Music as scheduled - various genres

Will food and nonalcoholic beverages be sold? Not by event hostess

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: 100-500

Are security and/or medical services provided? CPD

Applicant Signature: K. Martin Date: 02/08/24

Approved { } Denied { }

Mayor's Signature: _____ Date: _____



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Request for Temporary Closure of City Road/Sidewalk/Alleyway

| | | | | |
|---|---------------------------------------|--|---|--------------------------|
| Name of Organization: Project Downtown Chipley | | Person in Charge: Kristin Martin | | Date: 02.08.24 |
| Address of Organization 1367 S Railroad Ave Suite C Chipley, FL 32428 | | | Telephone Number: 850.236.6506 | |
| Title of Event: Thursday Night Lights | | | | |
| Date of Event: 3rd Thurs. Feb-Sept | Starting Time of Event: 6pm | Duration of Event: 2 hours | Actual Closing Time (Set up of barriers, Etc.) 5:30pm | |
| Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): North and South Railroad Ave 7th Street from South alley of Historical Museum to include N. Railroad Ave | | | | |
| This section is to be completed when closure is for special event filming. Liability Insurance Carrier: <u>Will be obtained each month individually</u> Policy Effective Date: _____ Coverage Amount: <u>1,000,000,000</u> (\$1,000,000 Minimum) Length of Coverage: <u>1 day</u> 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: Scott Thompson | | Signature of Police Chief: | | Date Signed: |
| Name and Title of City Official: Dan Miner, City Administrator | | Signature of City Official: | | Date Signed: |

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 event 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 February, 20 24.

FIRM OR ORGANIZATION: Project Downtown Chipley

K Martin

Signature

Kristin Martin

Print Name

Witness

Witness

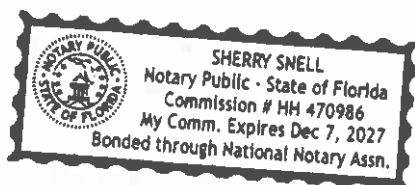
Print Name

Print Name

**STATE OF FLORIDA
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by Kristin Martin, 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 8th day of February, 20 24.



Sherry Snell
Notary Public