



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 LLC

Address: 1367 S Railroad Ave Suite C

Contact person: Kristin Martin Phone: 8503266506 Fax: _____

E-mail: kmartin@southpointcontracting.com

Type of Event: Fall Block Party

Purpose of Event: Fall festival type event downtown to foster community engagement and support downtown traffic and businesses.

Location of Event: Downtown Chipley _____ Indoors/Outdoors

Date(s) & Time(s) of Event: October 24th 6-9pm

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

Concert Yes/No If yes, What type of music? _____

Will food and nonalcoholic beverages be sold? Food truck/tent vendors

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? _____

Number of participants anticipated per day: 500

Are security and/or medical services provided? Yes

Applicant Signature:  Date: 10.03.24

Approved { } Denied { }

Mayor's Signature: _____ Date: _____

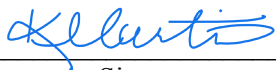
RELEASE AND HOLD HARMLESS AGREEMENT

FOR THE SOLE CONSIDERATION OF the City of Chipley granting permission for the undersigned to conduct a Fall Block Party 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: Project Downtown Chipley, LLC



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: Project Downtown Chipley LLC		Person in Charge: Kristin Martin		Date: 10.03.24
Address of Organization 1367 S Railroad Ave Suite C Chipley, FL			Telephone Number: 850.326.6506	
Title of Event: Downtown Chipley Fall Block Party				
Date of Event: 10.24.24	Starting Time of Event: 6pm	Duration of Event: 3hours	Actual Closing Time (Set up of barriers, Etc.) 4pm	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): N Railroad (2nd Street to 8th Street), S Railroad (2nd Street to 7th Street) , 5th Street (HWY 90 to Church St) and 7th Street (Hwy 90 to Church St) Last year PD and City also chose other alley ways and connecting streets for safety and traffic flow.				
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: _____ 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: Michael Richter		Signature of Police Chief:		Date Signed:
Name and Title of City Official: Patrice Tanner, City Administrator		Signature of City Official:		Date Signed: