



# 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: Thursday Night Lights

Purpose of Event: Foster downtown traffic, community engagement, and support downtown businesses.

Location of Event: Downtown Chipley Indoors/Outdoors

Date(s) & Time(s) of Event: 3rd Thursday of month November, January, February, March

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 Trucks/tents

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: 200

Are security and/or medical services provided? Yes

Applicant Signature:  Date: 10.03.24

Approved { } Denied { }

Mayor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

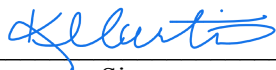
**RELEASE AND HOLD HARMLESS AGREEMENT**

**FOR THE SOLE CONSIDERATION OF** the City of Chipley granting permission for the undersigned to conduct a Thursday Night Lights 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: <b>Project Downtown Chipley</b>		Person in Charge: <b>Kristin Martin</b>		Date: <b>10.04.24</b>
Address of Organization <b>1367 S Railroad Ave Chipley FL 32428</b>			Telephone Number: <b>850.326.6506</b>	
Title of Event: <b>Thursday Night Lights</b>				
Date of Event: 11.21.24, 01.16.25, 02.20.25, 03.20.25	Starting Time of Event: <b>6pm</b>	Duration of Event: <b>2 hours</b>	Actual Closing Time (Set up of barriers, Etc.) <b>4:45pm</b>	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): N Railroad from 2nd to 8th, S Railroad from 2nd to 7th, 7th Street from Museum Alleyway to N side of N. Railroad Ave <b>These roads will only be closed as necessary for that month's event.</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>Michael Richter</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: