



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: The Merchants of Historic Chipley

Address: PO Box 242, Chipley, FL 32428

Contact person: Sherri Biddle Phone: 850-596-2980 Fax: _____

E-mail: sherribiddle176@hotmail.com

Type of Event: Annual Trunk or Treat

Purpose of Event: To provide a safe and enjoyable time for children to participate
in a trick-or-treat event.

Location of Event: Jim Trawick Park Soccer Field on Rustin Drive Indoors/Outdoors

Date(s) & Time(s) of Event: Saturday, October 26, 2024 from 4:00-6:00 p.m.

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

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

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: _____

Are security and/or medical services provided? Chipley Police Department

Applicant Signature: Sherri Biddle Date: 5-2-2024

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 Special Event - Trunk or Treat 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 2nd day of May, 20 24.

FIRM OR
ORGANIZATION: _____

Sherrri Biddle

Signature

Sherrri Biddle

Print Name

Sherry Snell

Witness

Witness

Sherry Snell

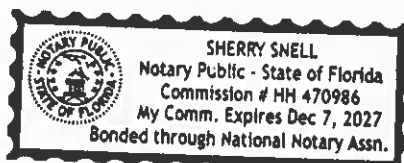
Print Name

Print Name

STATE OF FLORIDA
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Sherrri Biddle, 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 2nd day of May, 20 24.



Sherry Snell

Notary Public