



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: 900 Community Outreach

Address: 583 MLK Dr.

Contact person: Robert David Phone: 850 326 3213 Fax: _____

E-mail: robd2012.r.d@gmail.com

Type of Event: Halloween

Purpose of Event: Outreach for children.

Giving out candy for Halloween.

Location of Event: Gilmore Park Indoors/Outdoors _____

Date(s) & Time(s) of Event: Oct. 31 2025 6⁰⁰ pm - 8⁰⁰ pm

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

Concert Yes ☒ No ☐ If yes, What type of 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: 40

Are security and/or medical services provided? _____

Applicant Signature: [Signature] Date: Sept 24, 2025

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 Outreach 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 29th day of September, 20 25

FIRM OR

ORGANIZATION: 980 Community Outreach

[Signature]

Signature

Robert David

Print Name

[Signature]

Witness

Witness

Sherry Snell

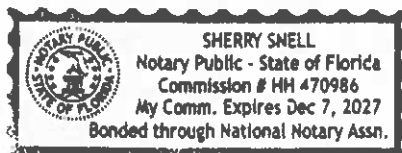
Print Name

Print Name

STATE OF FLORIDA
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Robert David, who is personally known to me or who produced FD ID 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 29th day of September, 20 25.



[Signature]
Notary Public