



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: Northwest Florida Reception Center

Address: 4455 Sam Mitchell Road Chipley, FL 32428

Contact person: Tanya Chapman Phone: 850-363-0242 Fax: 850-773-6252

E-mail: tanya.chapman@fdc.myflorida.com

Type of Event: Law Enforcement Torch Run for Special Olympics Florida

Purpose of Event: Walking a pre-determined route to bring awareness to the Special Olympics of Florida

Location of Event: Washington Co Courthouse to Peoples South Bank Outdoors

Date(s) & Time(s) of Event: March 17, 2025 9 AM - 11 AM

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

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

Will food and nonalcoholic beverages be sold? NA

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: 50

Are security and/or medical services provided? No

Applicant Signature: T Chapman Date: 2/19/2025

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 Law Enforcement Torch Run 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 19 day of February, 20 25.

FIRM OR

ORGANIZATION: Northwest Florida Reception Center

[Signature]
Signature

Tanya Chapman
Print Name

Witness

Witness

Print Name

Print Name

STATE OF FLORIDA
COUNTY OF WASHINGTON

The foregoing instrument was acknowledged before me by Tanya Chapman, who is personally known to me or who produced FL DL 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 19 day of February, 20 25.



SHANTELL EAKER
Notary Public
State of Florida
Comm# HM633830
Expires 1/30/2029

[Signature]
Notary Public



City of Chipley

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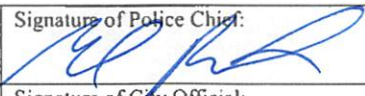
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Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization: Northwest Florida Reception Ctr		Person in Charge: Tanya Chapman		Date: 2/19/2025
Address of Organization: 4455 Sam Mitchell Drive Chipley, FL 32428			Telephone Number: 850-363-0242	
Title of Event: Law Enforcement Torch Run for Special Olympics Florida				
Date of Event: 3/17/2025	Starting Time of Event: 9:00 AM	Duration of Event: 1.5 - 2 hours	Actual Closing Time (Set up of barriers, Etc.) 11 AM	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): Depart Washington Co. Courthouse on Hwy 90 (Jackson Ave) east for 0.2 miles. Turn South onto SR 77 (Main Street) continuing for 2 miles. End at Peoples South Bank. E-90 / S-77 closed during event.				
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: 2-19-2025
Name and Title of City Official: Patrice Tanner, City Administrator		Signature of City Official:		Date Signed: