



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: Tracy Andrews

Address: PO Box 473, Chipley, FL 32428

Contact person: Tracy Andrews

Phone: 850-326-9359

Fax: _____

E-mail: tlandrews1@gmail.com

Type of Event: Parade

Purpose of Event: MLK Parade

Location of Event: New Standard Parade Route

Indoors/Outdoors

Date(s) & Time(s) of Event: January 20, 2025 @ 10:00 am

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? _____

Applicant Signature: _____

Tracy Andrews

Date: 10-25-24

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 MLK Parade 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 25th day of October, 20 24.

FIRM OR ORGANIZATION: Tracy Andrews

Tracy Andrews
Signature

Tracy Andrews
Print Name

Sherry Snell
Witness

Witness

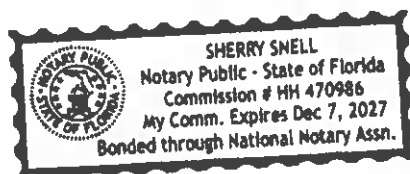
Sherry Snell
Print Name

Print Name

**STATE OF FLORIDA
COUNTY OF WASHINGTON**

The foregoing instrument was acknowledged before me by Tracy Andrews, 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 25th day of October, 20 24.



Sherry Snell
Notary Public



City of Chipley

CITY HALL

1442 Jackson Avenue

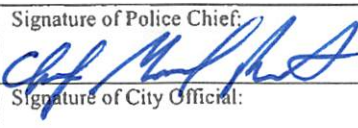
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Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization: Tracy Andrews		Person in Charge: Tracy Andrews		Date: 10/25/2024
Address of Organization PO Box 473, Chipley, FL 32428			Telephone Number: 850-326-9359	
Title of Event: MLK Parade				
Date of Event: 01/20/2025	Starting Time of Event: 10:00 am	Duration of Event: 1 Hour	Actual Closing Time (Set up of barriers, Etc.)	
Proposed Parade Route or Road/Sidewalk/Alleyway Closure (Include Exact Road Names and Map of Route): New Standard Parade Route				
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: 11-4-24
Name and Title of City Official: Patrice Tanner, City Administrator		Signature of City Official:		Date Signed: