



# City of Chipley



CITY HALL  
1442 Jackson Avenue  
P.O. Box 1007  
Chipley, Florida 32428  
(850) 638-6350

## Special Event Application

Name/Organization: Rowlhae Middle School

Address: 1535 Brickyard Road

Contact person: Pam Sowell Phone: 334-797-1844 Fax: NA

E-mail: Pamela.sowell@wcsdschools.com

Type of Event: KONA Ice Van @ city parking lot -Fundraiser

Purpose of Event: Fundraiser for RMS Student Council. Kona will give us 25 % of all sales. During CHS Homecoming Parade

Location of Event: Public Parking / Corner of 77 / Hwy. 90 Indoors/Outdoors Outdoors

Date(s) & Time(s) of Event: Oct. 17th / 11:30 - 2:00

Amount of Liability Insurance: \_\_\_\_\_ (attach copy of policy)

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

Will food and nonalcoholic beverages be sold? KONA Ice

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: ? CHS Homecoming Parade

Are security and/or medical services provided? yes - along parade route

Applicant Signature: Pam Sowell Date: 9/25/2025

Approved { } Denied { }

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

Hwy 77

Parking

2 spaces

Handicapped

We would like these 2 spaces

PARKING

PARKING

City Parking

Hwy 90

**RELEASE AND HOLD HARMLESS AGREEMENT**

**FOR THE SOLE CONSIDERATION OF the** City of Chipley granting permission for the undersigned to conduct a Fund Raiser 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 25<sup>th</sup> day of September, 2025

**FIRM OR  
ORGANIZATION:**

Pam Sowell  
Signature

Pam Sowell  
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 \_\_\_\_\_, 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

