

City of Chipley

CITY HALL

1442 Jackson Avenue P.0. Box 1007 Chipley, Florida 32428 (850) 638-6350 Fax: (850) 638-6353



Request for Temporary Closure of City Road/Sidewalk/Alleyway

Name of Organization:		Person in Charge:		Date:		
First Baptist Chipley		Bobby Pletcher			9/23/25	
Address of Organization	1		Telephone Number:			
1300 South Blvd	85		85 0.638.	350.638.1830		
Title of Event:			1			
Fall Festival						
Date of Event:	Starting Time of Event: Duration of Event:		Actual Closing Time (Set up			
10/26/25	4 pm	2 houi	2 hours		of barriers, Etc.) 12:30 pm	
Proposed Parade Route or Road We would like to close 4th st	/Sidewalk/Alleyway Clos from South Blvd to the	sure (Include Exact I beginning of the	Road Names and it Spivey property	Map of Route):		
This section is to be completed	when closure is for speci-	al 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 Departm						
Approval of Local Fire Departit	ient:					
Federal Aviation Administration Additional Liability Insurance A						
PLEASE DO NOT WRITE BELOW THIS LINE						
Detour Route (Include Exact Road Names and Map of Detour Route):						
Name of Department Responsib		ty Police Departmen	nt, Sheriff's Depar	tment, Highwa	y Patrol:	
Chipley City Police Departme	nt				<u></u>	
Special Conditions: Use this route only!						
Name of Police Chief:	Signature of	Police Chief:	Date S	Signed:		
Michael Rich	ter					
Name and Title of City Official:	: Signature of	City Official:	Date S	Signed:		
Name and Title of City Officials Patrice Tan	ner					



City of Chipley

CITY HALL

P.0. Box 1007 Chipley, Florida 32428 (850) 638-6350 Fax: (850) 638-6353



Special Event Application

Name/Organization: First Baptist Chipley				
Address: 1300 South Blvd				
Contact person: Bobby Pletcher Phone: 850.258.7968	ne: 850.258.7968 Fax:			
E-mail: bobby@firstbaptistchipley.com				
Type of Event: Fall Festival				
Purpose of Event: To provide a free, fun event for our community				
Location of Event: First Baptist ChipleyOutdoors	Indoors/Outdoors			
Date(s) & Time(s) of Event: Sunday, October 26 from 4 to 6 pm				
Amount of Liability Insurance: \$2,000,000.00	_(attach copy of policy)			
Concert Yes/No If yes, What type of music? There will be Christian music	c played but not a concert.			
Will food and nonalcoholic beverages be sold? NO				
Will fireworks be displayed? Yes/No If yes, provide name, license num plan to be approved by Fire Chief.	nber and pyrotechnic			
Will amusement rides be available? No				
Number of participants anticipated per day: 1,500 -2,000 Are security and/or medical services provided? Off-duty officers will be here for s	security			
Applicant Signature: Bobby Pletcher	Date: 9/23/25			
Approved { } Denied { } Mayor's Signature:	Date:			

RELEASE AND HOLD HARMLESS AGREEMENT

	the <u>City of Chipley</u> granting permission for			
the undersigned to conduct a Fall Festival	upon street(s) as provided for in			
it's letter of request, the undersigned agrees to inder	nnify and hold harmless the City of Chipley,			
it's successors, agents and assigns and all other pers	ons, firms or corporations, from any and all			
claims, demands, damages, actions, causes of action	- · · · · · · · · · · · · · · · · · · ·			
and particularly on account of all injuries, both to pe				
use of the street(s) as described above, and releases				
	forever discharges the City of Chipley, for			
any such Claims.	-Cabin a manufacture and leave have been			
Undersigned hereby declares that the terms of				
completely read and are fully understood and volunt				
IN WITNESS WHEREOF, the undersigne	ed has executed this release, this 23rd			
day of September , 20 25.				
FIRM OR				
ORGANIZATION: First Baptist Chipley				
	211 2111			
V V	Print Name			
Signature	Print Name			
~	1			
المرا الم	QX,Q() S			
Ryndle Finch				
Witness	Witness			
***************************************	***************************************			
	m. 1- / Fz. 22 =			
Kindle Finch	Michael GRIGGS			
Kyndle Finch Print Name	Print Name			
· I The Name	Time Name			
OTATE OF ELODIDA				
STATE OF FLORIDA				
COUNTY OF WASHINGTON				
	· Boldon Distalace			
The foregoing instrument was acknowledged before	me by portry riel and,			
who is personally known to me or who produced as				
identification, and who executed the foregoing instr	ument 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 Is	ast aforesaid this <u>23</u> day of			
September , 2025.	·			
JAMAN ET INE DAVI EV	\cdot \cdot \cdot \cdot			
JACQUELINE BAXLEY MY COMMISSION # HH 270758	Jackie Bayley			

