

# City of Lake City

☐ Darby Pavillion

☒ Special Events

## Application

### Applicant Information

Organization/Applicant Name: Lake City - Columbia County Chamber of Commerce

What is Event For?: Independence Day Festival / Fireworks

Contact Name: Joey Offern

Phone: 386-752-3690

Address: 112 S. Marion Ave

City: Lake City

State: FL

ZIP Code: 32025

Email:

Facility/Park Requested: N/A

Date Of The Event: 7/2/21

Time Requested: 4pm - 10pm

Estimated Attendance: 30,000

### Darby Pavillion Only

Alcohol: ☐ YES ☐ NO

Set Up Time:

Event Time:

Clean Up Time:

### Parade Information

Line Up Place and Time:

Inclement Weather Date:

Anticipated number of vehicles to be used in the parade:

Parade Start Time:

Location and desired route (state starting point, route and point of termination. Use the appropriate street names and direction. Attach a map of the parade route.

### Event Information

Will you be collecting admissions/donations of any type at this event?:

NO

Will any items be sold at this event (including food)?:

yes

What kind?:

Vendor dependent

Are you having other vendors participate in this event?:

yes

Please list:

TBD

Is this event open to the public?:

yes

What Activities are planned?:

TBD

Will tents be used?:

yes

Will bounce houses be used?:

TBD

Will you be serving food?:

yes

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OFFICE OF THE CHIEF

**Services Requested (Fees Apply)**

Security/Crowd Control Requested?:

Clean Up Requested?:

Will you need access to electricity? If Yes, will you need 20 30 50 Amp Service (please circle one)

Road/Parking Lot Closure Requested?: If Yes, please state (using appropriate names) which streets/parking lots are being requested closed; also submit a map showing all road closures or route;

Real Tex from Mary Bethel to SW Symphony Loop  
(map attached)

**\*\*Please note clean up, electric, and police presence is an additional fee\*\*****Organization Information**

Type of Organization (please circle one): Not for Profit(must provide 501c3 letter) For Profit Individual

Federal ID#:

591 - 032804

Tax Exempt #:

**Fee Schedule**

Young's Park: \$50.00 daily fee - \$25.00 electricity fee - under 100 people \$100.00 deposit (refundable after event with satisfactory clean up) 100 or more people \$200.00 deposit (refundable after event with satisfactory clean up) - \$1,000,000 Liability Insurance required for events with more than 100 people attending, listing the City as "Additional Insured".

Olustee Park (Gazebo): \$100.00 daily fee - \$25.00 electricity fee - under 100 people \$50.00 deposit (refundable after even with satisfactory clean up) 100 or more people \$100.00 deposit (refundable after event with satisfactory clean up) - \$1,000,000 Liability Insurance required for events with more than 100 people attending, listing the City as "Additional Insured".

OLUSTEE PARK IS A PASSIVE PARK RENTED FOR CEREMONIAL EVENTS ONLY SUCH AS, BUT NOT LIMITED TO; WREATHS ACROSS AMERICA, HOMELESS CANDLE VIGIL, NATIONAL DAY OF PRAYER, FALLEN HEROES, WEDDINGS (CEREMONY ONLY), AND OTHER SIMILAR USES

OLUSTEE PARK IS NOT RENTED TO THE PUBLIC DURING THE MONTHS OF NOVEMBER AND DECEMBER

Teen Town: \$40.00 per hour usage fee, \$100.00 deposit -) - \$1,000,000 Liability Insurance required for events with more than 100 people attending, listing the City as "Additional Insured".

Memorial Stadium: \$400.00 per day - \$100.00 per night use of stadium lights - \$200.00 deposit - \$1,000,000 Liability Insurance required listing the City as "Additional Insured".

Rental Guidelines on the above Parks: \*NO ALCOHOL PERMITTED ON THE ABOVE LISTED CITY PROPERTIES, \*No vehicles allowed in the park, \*No tents, poles or signs allowed in the grass area of the parks, \*No nails or tape on the gazebo, \*All Trash Cans must be emptied by the organizer.

Wilson Park Only  
828 NE Lake Desoto Circle  
Hours of operation 9am-11pm





Darby Pavilion Only: \$100 daily fee - includes tables and seating for 160 people, trash receptacles, use of restrooms and warming kitchen. - Required Deposits; up to 100 people \$100.00, up to 500 people \$200.00, over 500 people \$300.00 (deposits will be refunded in the form of a check issued by the City of Lake City provided there is no damage or outstanding fees owed) - \$1,000,000 Liability Insurance required "Additional Insured".

**THERE ARE NO WAIVERS OF FEE'S OR DEPOSIT'S FOR NON-PROFIT ORGANIZATIONS  
ONLY CITY SPONSORED EVENTS ARE WAIVED FROM FEE'S AND DEPOSITS**


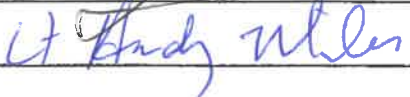
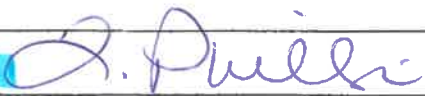
Fire Pit Water Features: includes wood and City Staff to light ☐ 10 lighted pits \$200.00 ☐ 20 lighted pits \$300.00Electrician: CITY OF LAKE CITY PERSONNEL ONLY ☐ over 110 volts breaker fee \$25.00 per breaker Number Needed?

Extra Security: Security is required for public/private events with 200+ anticipated attendance or if alcohol will be served. All applications are reviewed by the Lake City Police Department and Security determinations are based on recommendations from that department. Fees are based on a \$25.00 per hour (4 hour minimum) per Officer. Security requirements and costs will be negotiated on a case by case basis. Security fees are paid in advance.

Staff Use Only

<p>Approved (All signatures required for approval)</p>	<p>Deposit Amount:</p> <p>Date Due: </p>	<p>Map Attached: D.O.T. Approval:</p> <p>Proof of Insurance:</p>
<p>Denied</p>	<p>Electricity Needed:</p> <p>Electricity Charge:</p>	<p>Road Closures:</p> <p>Parking Lot Closures:</p>
<p>Rental Fee: </p>	<p>Total Received: </p>	<p>Deposit Returned:</p> <p>Date: Amount:</p>
<p>Applicant Signature: </p>		<p>Date: 5/28/21</p>

Department Approval

<p>Public Works Official: </p>	<p>Date: 6-11-21</p>
<p>Police Department Official: </p>	<p>Date: 6/14/21</p>
<p>DOT Release (if applicable)</p>	<p>Date:</p>
<p>City Manager:</p>	<p>Date:</p>
<p>City Council:</p>	<p>Date:</p>
<p>CRA Official:</p>	<p>Date:</p>
<p>Recreation Department Official: </p>	<p>Date: 5/27/21</p>

**Hold Harmless Agreement:** The Contractor, Vendor, or User hereby promises and agrees to indemnify and save harmless the City of Lake City, a municipal corporation, its officers, agents, and employees, from and against any and all liability, claims, damages, demands, expenses, fees, fines, penalties, suits, proceedings, actions and cost of actions, including attorney's fees for and on appeal of any kind and nature arising or growing out of or in any way connected with the performance of the Agreement whether by act or omission of the Contractor, Vendor, Officers, agents, servants, employees, or other or because of or due to the more existence of the agreement between the parties.

The applicant will supply a "Certificate of Insurance" reflecting minimum coverage of the amount deemed by City Staff per occurrence for bodily injury and property damage. The City of Lake City, 205 North Marion Avenue, Lake City, FL 32055, must be shown as "Additional Insured" which will be noted on the Certificate. The Certificate will indicate that the applicant's insurance policy will not be cancelled without thirty day prior written notice to the City. The undersigned agrees to abide by the regulations governing the said facility and is responsible for charges incurred and must supply a "Certificate of Insurance" to the Lake City Recreation Department no later than five (5) calendar days prior to program/event date.

**Copyright Law:** Licensee assumes all costs arising from the use of patented, trademarked or copyrighted materials, equipment, devices, processes, or dramatic rights used on or incorporated in the conduct of any event covered under this agreement and licensee agrees to indemnify and hold harmless devices, processes or dramatic rights furnished or used by licensee in connection with the agreement and will defend the City from any such suit or action, regardless of whether it is grounded or fraudulent.

**Certification by Applicant:** I certify that I have read this application and that all information contained in this application is true and correct. Any falsehoods or misrepresentations will constitute a criminal violation of the Florida State Statute. I agree to comply with and be bound by any and all applicable provisions of the city code. I understand the event may be cancelled by the Chief of Police or the Fire Chief should any conditions of the application or city ordinance or state statute be violated, I certify that I am authorized by the organization named herein to act as its agent for the herein described activity. I also have received the notice informing me of my responsibilities and obligations should I cancel the event.

By filing this application, I and the organization on whose behalf this application is made, contract and agree that we will jointly and severally indemnify and hold the City of Lake City harmless against liability, including court costs and attorney's fees, for trial and on appeal, for any and all claims for damage to property or injury to, or death of, persons arising out of or resulting from the approval of the Special Events application or the conduct of the activity or its participants.

[Signature]  
Licensee Signature

5/25/21  
Date

**LICENSEE CERTIFICATION**

I hereby certify that all the information contained herein is true and correct to the best of my knowledge. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any approval previously given.

Signature of Applicant: [Signature]

Date: 5/25/21

Subscribed and affirmed 5/25/21 By (Print Applicant Name) Joey O'Hern

He/she is personally known to me OR has presented \_\_\_\_\_ as identification and who did take an oath.

Notary Signature and Seal: [Signature]

My commission Expires: 10/29/26



MELISSA HARTLEY  
Notary Public, State of Florida  
My Comm. Expires October 29, 2024  
Commission No. HH 58668

**Americans with Disabilities Act:**

The applicant understands and agrees that it will comply with the obligations of Titles II and III of the Americans with Disabilities Act of 1990 in the conduct of the special event, and further agrees to indemnify, hold harmless and defend the City of Lake City, its elected officials, officers, agents, employees and volunteers, from any claims or liability arising out of or by virtue of the Americans with Disabilities Act.

***The Program/Event will be terminated should licensee cause any violation of Local, State, or City of Lake City Laws and ordinances.***

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/27/21

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME:	SMALL COMMERCIAL UNIT	
		PHONE (A/C, No, Ext):	877-783-1161	FAX (A/C, No):
		E-MAIL ADDRESS:	SCU@KANDKINSURANCE.COM	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A:	NATIONWIDE MUTUAL INSURANCE CO	23787
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

INSURED LAKE CITY-COLUMBIA CO. CHAMBER OF  
COMMERCE INC.  
162 S. MARION AVE.  
LAKE CITY, FL 320254354

COVERAGES CERTIFICATE NUMBER: 2030307 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NC=NOT COVERED

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Owners & Contractors <input checked="" type="checkbox"/> 1M LIQ LIAB W/1M LIQ AGG GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		Y	FWC0031643700	12:01AM 5/26/21	12:01AM 5/26/22	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) NC PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE 5000000 PRODUCTS-COMP/OP AGG 5000000 Part Lgl Liab NC COMBINED SINGLE LIMIT (Ea Accident) 1000000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FWC0031643700	12:01AM 5/26/21	12:01AM 5/26/22	BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) (If yes, describe under DESCRIPTION OF OPERATIONS below)	Y/N	N/A				PER-STATUE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS ADDED AS AN ADDITIONAL INSURED, BUT ONLY FOR LIABILITY CAUSED, IN WHOLE OR IN PART, BY THE ACTS OR OMISSIONS OF THE NAMED INSURED.

## CERTIFICATE HOLDER

CITY OF LAKE CITY  
205 N. MARION AVENUE  
LAKE CITY, FL 32055

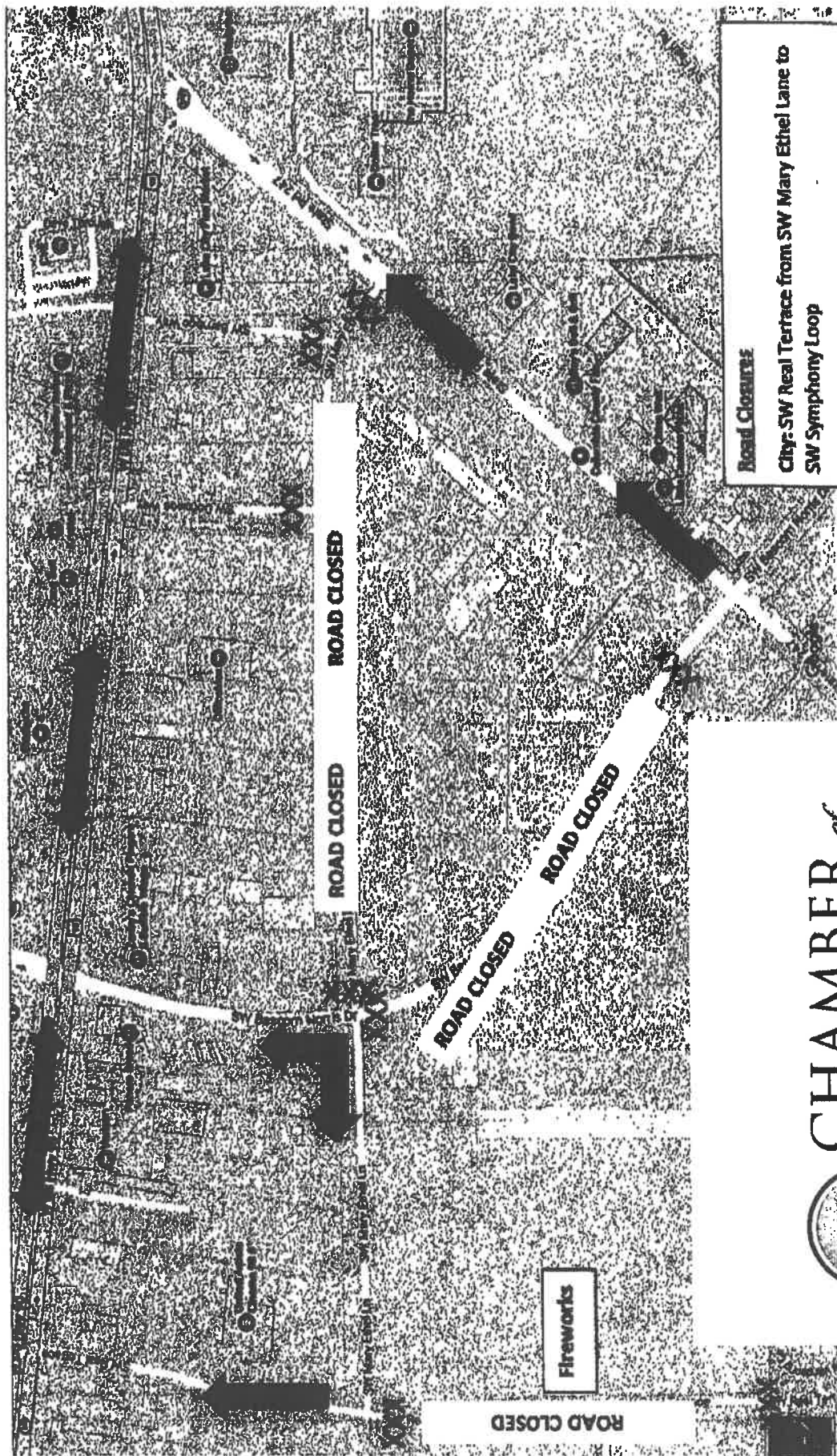
## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

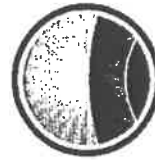
*Scott Kunkel*





**Road Closures**

City: SW Real Terrace from SW Mary Ethel Lane to  
SW Symphony Loop  
County: SW Bascom Norris Drive from CR 247 to  
SW Mary Ethel Lane. SW Mary Ethel Lane from SW  
Bascom Norris Drive to CR 247



**CHAMBER of  
COMMERCE**  
LAKE CITY • COLUMBIA COUNTY