

City of Lake City

 Darby Pavilion 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:	Jeff Stern	Phone:	386-782-3190
Address:	112 S. Marion Ave		
City:	Lake City	State:	FL
ZIP Code:	37075		
Email:			
Facility/Park Requested:	N/A	Date Of The Event:	7/2/21
Time Requested:	4pm - 10pm		
Estimated Attendance:	30,000		

Darby Pavilion Only

Alcohol: <input type="checkbox"/> YES <input type="checkbox"/> NO	Set Up Time:	Event Time:	Clean Up Time:
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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?: <i>NO</i>		
Will any items be sold at this event (including food)?:	<i>Yes</i>	What kind?: <i>Vendor dependent</i>
Are you having other vendors participate in this event?:	<i>Yes</i>	Please list: <i>TBD</i>
Is this event open to the public?: <i>Yes</i>	What Activities are planned?: <i>TBD</i>	Will tents be used?: <i>Yes</i>
Will bounce houses be used?: <i>TBD</i>	Will you be serving food?: <i>Yes</i>	

RECEIVED

JUN 14 2021 *SC*

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 Ter from May Ethel 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#: <i>891 - 037804</i>		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 \$300.00

Electrician: 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

Approved (All signatures required for approval)	Deposit Amount:	Map Attached: <input checked="" type="checkbox"/>	D.O.T. Approval: <input checked="" type="checkbox"/>
	Date Due: <i>5/28/21</i>	Proof of Insurance: <input checked="" type="checkbox"/>	
Denied	Electricity Needed:	Road Closures:	
	Electricity Charge:	Parking Lot Closures:	
Rental Fee: <i>500</i>	Total Received: <i>500</i>	Deposit Returned:	
		Date:	Amount:
Applicant Signature: <i>John Miller</i>		Date: 5/28/21	
Department Approval			
Public Works Official:	<i>J. M.</i>		Date: 6-11-21
Police Department Official:	<i>J. Andy Miller</i>		Date: 6/14/21
DOT Release (if applicable)			Date:
City Manager:			Date:
City Council:			Date:
CRA Official:			Date:
Recreation Department Official:	<i>J. Miller</i>		Date: 5/27/21

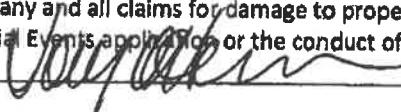
Hold Harmless Agreement: The Contractor, Vendor, or User hereby promises and agrees to indemnify and save harmless the City of Lake City, a municipal corporation, its officers, agents, and employees, from and against any and all liability, claims, damages, demands, expenses, fees, fines, penalties, suits, 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 Marlon 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.



Licensee Signature

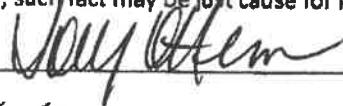


Date

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:



Date: 5/26/21

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: Melissa Hartley

My commission Expires: 10/29/24



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

BFRETZ

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.

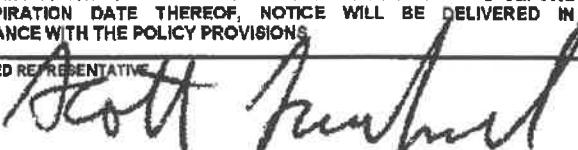
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer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

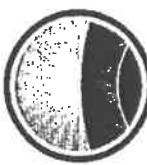
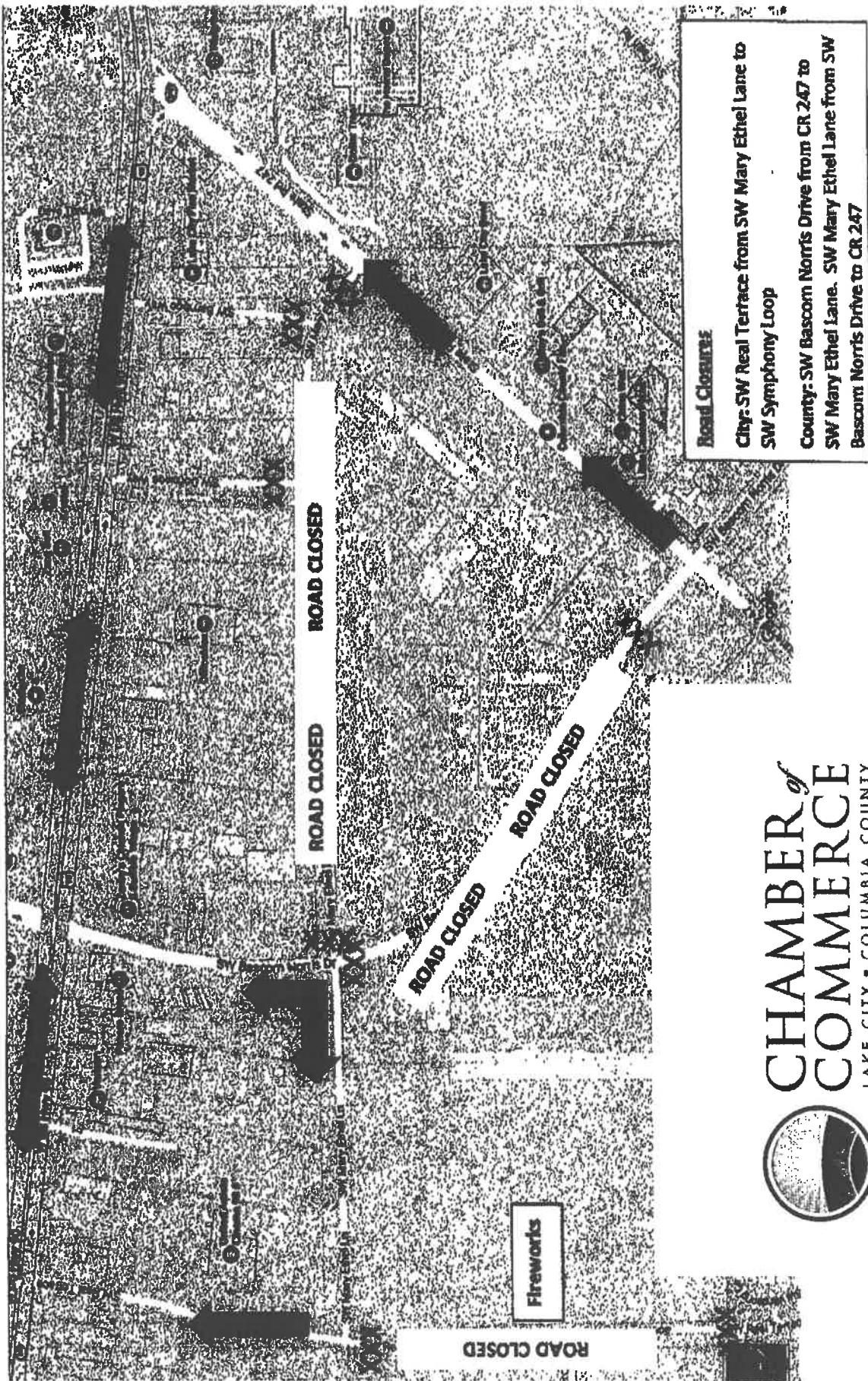
PRODUCER	K & K Insurance Group, Inc. P.O. Box 2338 Port Wayne, In 46801	CONTACT NAME: SMALL COMMERCIAL UNIT PHONE: 877-783-1161 (A/C, No. Ext): E-MAIL: SCU@KANDKINSURANCE.COM ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: NATIONWIDE MUTUAL INSURANCE CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED	LAKE CITY-COLUMBIA CO. CHAMBER OF COMMERCE INC. 162 S. MARION AVE. LAKE CITY, FL 320254354	NAIC # 23787

COVERAGES		CERTIFICATE NUMBER:		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 NSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY X CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Owners & Contractors X 1M LIQ LIAB W/1M LIQ AGG GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	FWC0031643700	12:01AM 5/26/21	12:01AM 5/26/22	EACH OCCURRENCE	1000000	
	DAMAGE TO RENTED PREMISES (Ex.occurrence)					300000		
	MED EXP (Any one person)					NC		
	PERSONAL & ADV INJURY					1000000		
	GENERAL AGGREGATE					5000000		
PRODUCTS-COMP/OP AGG	5000000							
Part Lgl Liab	NC							
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	FWC0031643700	12:01AM 5/26/21	12:01AM 5/26/22	COMBINED SINGLE LIMIT (Ex Accident)	1000000		
	BODILY INJURY (Per person)							
	BODILY INJURY (Per accident)							
	PROPERTY DAMAGE (Per accident)							
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION				EACH OCCURRENCE			
A	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	OTHER		
	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

CANCELLATION

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



CHAMBER *of*
COMMERCE
LAKE CITY • COLUMBIA COUNTY