City of Lake City

Darby Pavilion

Special Events

Application

Applicant Information							
Organization/Applicant Name: Rotany Club of Lake City							
What is Event For?;	stmas Para	de	0				
Contact Name USILE McDaniel			Phor	Phone: 356-365-4288			
Address: POB 1695 Levill City FL 32056							
City:	State:	ZIP Code:					
Email: 1851; em, rmcag mail. com							
Facility/Park Requested: NY			ent:	Time Requested: 6 pm - 8pm			
Estimated Attendance							
Darby Pavilion Only							
Alcohol: YES ONO Se	t Up Time			Event Time:	Clean Up Time:		
Parade Information							
Line Up Place and Time: CHS Parking Lot 4:30pm				Inclement Weather Date. 12/18/21			
Anticipated number of vehicles to be used in the parade. 50 - 60				Parade Start Time: 6 DYM			
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.							
ATTACHED							
Event Information							
Will you be collecting admissions/donations of any type at this event?.							
Will any items be sold at this event (What kind?.						
Are you having other vendors participate in this event?:		Please list.					
Is this event open to the public?:	What Activities are p	will tents be used? NO					
Will bounce houses be used?:		Will you be serving food?:					

Services Requested (Fees Apply)

Security/Crowd Control Requested?: VPC

Clean Up Requested?: NC

Will you need access to electricity?: NO

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

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#: 59-0570334

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

3 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							
	Deposit Amount:	Map Attached: Approval:	D.O.T.				
Approved (All signatures required for approval)	Date Due:	Proof of Insurance:					
	Electricity Needed: Road Closures						
Denied	Electricity Charge:	Parking Lot Closures:					
	Total Received:	Deposit Returned					
Rental Fee:	Ø	Date	Amount				
Applicant Signature:	Date: 9/21/	121					
Department Approval							
Public Works Official:	Date 10/8	/2/					
Police Department Official.	Date 10/6	121					
DOT Release (if applicable)	Date.						
City Manager:	Date. #0/ 7	125					
City Council:	Date:						
CRA Official.	Date: 10/05	21					
Recreation Department Official	Date. 10/4	1/21					

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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(les) 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). CONTACT Ali Sulita Arthur J. Gallagher Risk Management Services, Inc. PHONE (A/C, No, Ext). 1-833-3ROTARY FAX (A/C. No): 630-285-4062 2850 Golf Road F-MAII E-MAIL ADDRESS: rotary@ajg.com Rolling Meadows IL 60008 NAIC # INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company 19437 INSURER B: All Active US Rotary Clubs & Districts INSURER C: INSURER D ATTN: Risk Management Dept. 1560 Sherman Ave. INSURER E Evanston, IL 60201-3698

INSURED **CERTIFICATE NUMBER: 899307648** 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. ADDLISUBR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE INSD WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY 015375594 7/1/2021 X EACH OCCURRENCE DAMAGE TO RENTED \$2,000,000 ٧ CLAIMS-MADE X OCCUR PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$2,000,000 Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$4,000,000 POLICY PRODUCTS - COMP/OP AGG \$4,000,000 OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 7/1/2021 7/1/2022 \$2,000,000 015375594 ANY AUTO BODILY INJURY (Per person) S OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident) S PROPERTY DAMAGE (Per accident) NON-OWNED \$ s UMBRELLA LIAB NOT APPLICABLE OCCUR EACH OCCURRENCE s EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ S WORKERS COMPENSATION NOT APPLICABLE STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT \$ NIA E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured. **CERTIFICATE HOLDER** 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.

City of Lake City 205 N Marion Ave Lake City, FL 32055 Project: 2021 Lake City Rotary Christmas Parade AUTHORIZED REPRESENTATIVE Cyrtha & Sa Martin

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CES

P.O. BOX 970 LAKE CITY, FL 32056 386.754.4085

BRETT A. CREWS, P.E.

ROTARY CLUB OF LAKE CITY CHRISTMAS PARADE

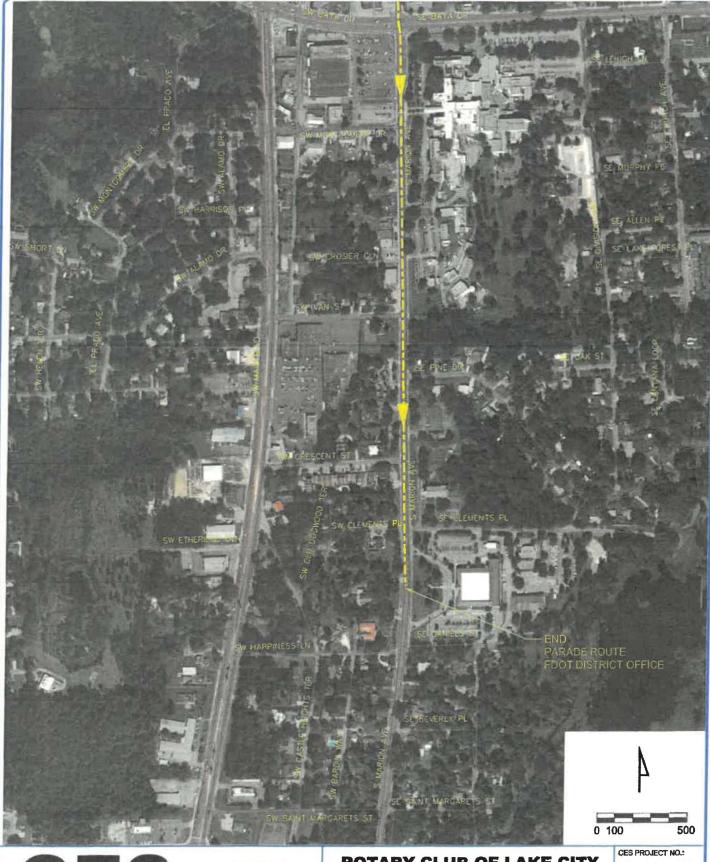
PARADE ROUTE NORTH CES PROJECT NO.:

2013-052

SHEET:

PR1

Crews Engineering Services, LLC



CES

Crews Engineering Services, LLC

P.O. BOX 970 LAKE CITY, FL 32056 386.754.4085

BRETT A. CREWS, P.E.

ROTARY CLUB OF LAKE CITY CHRISTMAS PARADE CES PROJECT NO.: 2013-052

PARADE ROUTE SOUTH 2010-00

SHEET:

PR2