

# City of Lake City

Darby Pavilion

Special Events

## Application

### Applicant Information

Organization/Applicant Name:

What is Event For?: Veterans Day Parade

Contact Name: AC Commander

Phone: 252-292-0688

Address: 343 SW Forrest Lawn Way

City: Lake City

State: FL

ZIP Code: 32025

Email:

Facility/Park Requested: Parade

Date Of The Event: 11/11/21

Time Requested: 11:00 am

Estimated Attendance:

### Darby Pavilion Only

Alcohol:  YES  NO

Set Up Time:

Event Time:

Clean Up Time:

### Parade Information

Line Up Place and Time:

DOT 10:00 am

Inclement Weather Date: N/A

Anticipated number of vehicles to be used in the parade:

20-25 cars

Parade Start Time: 11:00 AM

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.

map attached

### Event Information

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

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

What kind?:

Are you having other vendors participate in this event?:

Please list:

Is this event open to the public?:

What Activities are planned?:

Will tents be used?:

Will bounce houses be used?:

Will you be serving food?:

Staff Use Only

Approved (All signatures required for approval)	Deposit Amount:  Date Due: <i>D</i>	Map Attached: Approval:  Proof of Insurance:
Denied	Electricity Needed:  Electricity Charge:	Road Closures:  Parking Lot Closures:
Rental Fee:  <i>D</i>	Total Received:  <i>D</i>	Deposit Returned:  Date: _____ Amount: _____
Applicant Signature: <i>Paula Richardson</i> <small>SENIOR Vice.com</small>		Date: <i>10/7/21</i>
Department Approval		
Public Works Official:	<i>Bruce</i>	
Police Department Official:	<i>G. Andy Miller</i>	
DOT Release (if applicable)		
City Manager:	<i>Mark Miller</i>	
City Council:		
CRA Official:	<i>Daniel Young</i>	
Recreation Department Official:	<i>D. Miller</i>	

**Hold Harmless Agreement:** The Contractor, Vendor, or User hereby promises and agrees to indemnity 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.

Paula Richardson

10/7/21

Licensee Signature

Date

**LICENSEE CERTIFICATION**

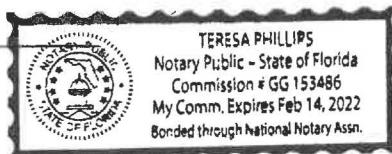
I hereby certify that all the information contained herein is true and correct to the best of my knowledge. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any approval previously given.

Signature of Applicant: Paula Richardson Date: 10/7/21

Subscribed and affirmed 10/7/21 By (Print Applicant Name) Paula Richardson  
He/she is personally known to me OR has presented \_\_\_\_\_ as identification and who did take an oath.

Notary Signature and Seal: Teresa Phillips

My commission Expires: 2/14/22



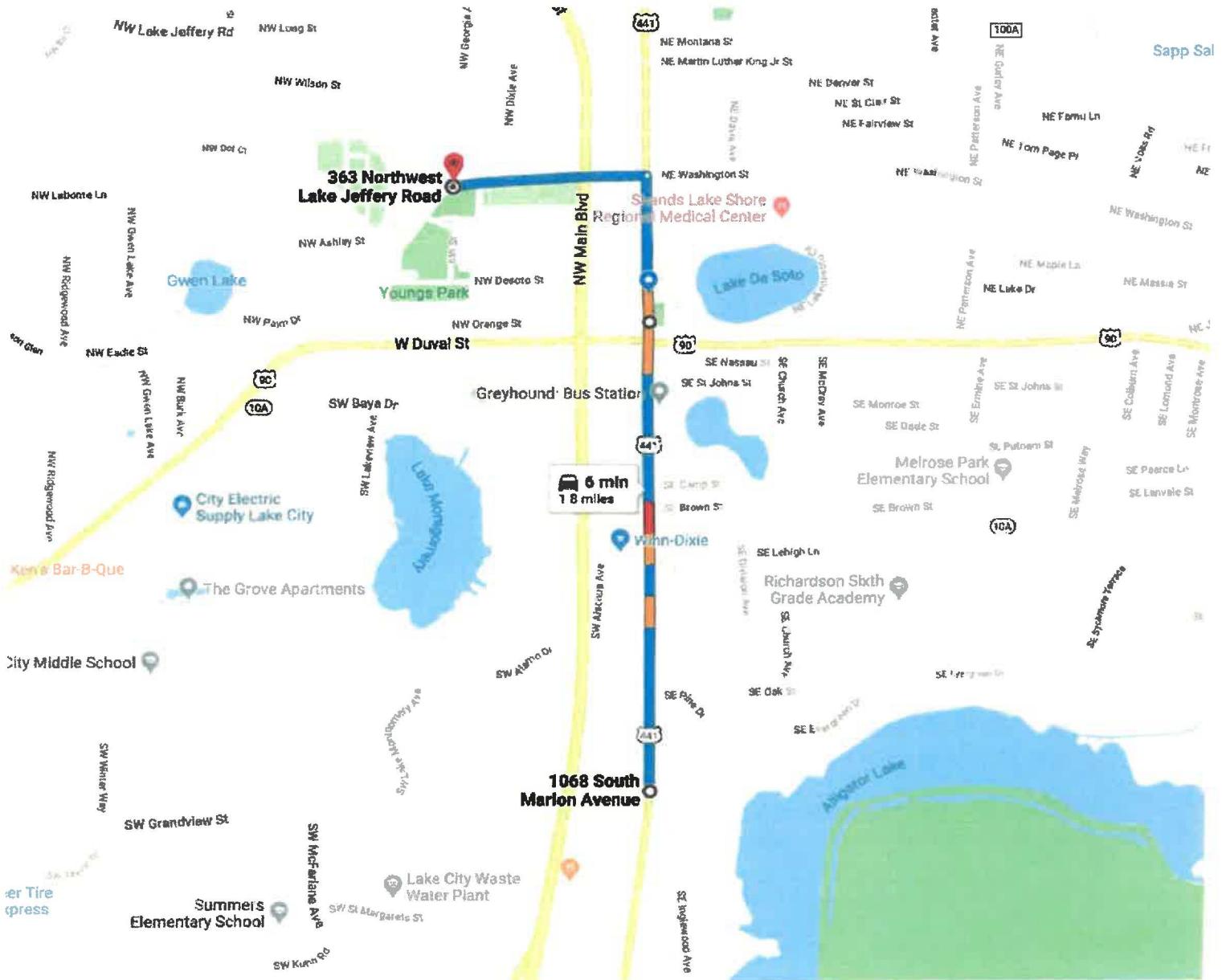
**Americans with Disabilities Act:**

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.***

1068 S Marion Ave, Lake City, FL 32025 to Memorial , Lake City, FL 32055

## Veterans Day Parade





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2021

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 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

Lockton Affinity, LLC  
P. O. Box 879610  
Kansas City, MO 64187-9610

CONTACT NAME: Lockton Affinity, LLC	FAX (A/C No): 913-652-7599
PHONE (A/C No. Ext): 800-829-8390	
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: AIX Spec. Ins. Co.	12833
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED  
Lake City VFW Post #2206  
PO Box 276  
Lake City, FL 32056

## 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	LFZ-BP-0034664-3	12/21/2020	12/21/2021	EACH OCCURRENCE	\$ 500,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$ Included
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC  OTHER:					COMBINED SINGLE LIMIT (Ea accident)	\$
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE				AGGREGATE	\$
	DED	RETENTION \$					\$
	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 STATUTE	OTHE- R
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Lake City VFW Post #2206 to hold Veterans Day Celebration on 11/11/2021

City of Lake City is an Additional Insured, where required by written contract, per the terms, Conditions and exclusions of the referenced general liability policy

## CERTIFICATE HOLDER

## CANCELLATION

2206

City of Lake City

205 N. Marion Ave

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

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