

City of Lake City
Special Event Checklist

Event: Columbia High School Homecoming Parade Event Date: 10-1-21

Contact Name: Jill Hunter Phone #: 386-365-1724

On behalf of the City of Lake City, we thank you for contributing to the spirit and vitality of our City through the staging of your event. If you have any questions, please feel free to contact the Lake City Recreation Department at (386) 758-5427.

Supporting Documentation Checklist

- Letter On Letterhead Requesting Use Of Park Or Facility
- Special Event Application
- Hold Harmless Agreement Signed And Notarized
- Policies/Procedures and General Provisions for use of Wilson Park & Darby Pavilion
- Insurance Documentation
- Temporary Closing and Special Use of State Roads
- Map Indicating Electrical Use At Parks
- Map Indicating Road Closures

Please mail or drop off the completed application along with the supporting documentation to:

City of Lake City
205 North Marion Avenue
Lake City, FL 32055

City of Lake City

 Darby Pavillion
 Special Events

Application

Applicant Information

Organization/Applicant Name: Columbia High School

What is Event For?: Homecoming Parade

Contact Name: Jill Hunter

Phone: 386-365-1724

Address: 4609 SE Fighting Tiger Dr

386-755-8114

City: Lake City

State: FL

ZIP Code: 32024

Email: hunterj@columbia.k12.com

Facility/Park Requested: N/A

Date Of The Event: 10-1-81

Time Requested: Start time 3:00pm

Estimated Attendance: 5,000

1:00-5:00pm

Darby Pavillion Only

Alcohol: YES NO

Set Up Time:

Event Time:

Clean Up Time:

Parade Information

Line Up Place and Time: DOT on Marion St. 1pm

Inclement Weather Date: None

Anticipated number of vehicles to be used in the parade: 100

Parade Start Time: 3:00pm

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.)

DOT on Marion to Washington (heading North). Left on Washington to Memorial Stadium

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)?: NO

What kind?:

Are you having other vendors participate in this event?:

yes

Please list: Parade Participants

Is this event open to the public?:

yes

What activities are planned?:

Parade

Will tents be used?:

NO

Will bounce houses be used?:

NO

Will you be serving food?:

NO

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OFFICE OF THE CHIEF

Services Requested (Fees Apply)

Security/Crowd Control Requested?:

Yes, direct parade traffic

Clean Up Requested?:

No

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:

Yes - side streets during parade Marion St. to Washington

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#:

Tax Exempt #: 85-8013921277C-5

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

<p>Approved (All signatures required for approval)</p>	<p>Deposit Amount:</p> <p>Date Due: \emptyset</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: \emptyset</p>	<p>Total Received: \emptyset</p>	<p>Deposit Returned:</p> <p>Date: Amount:</p>

Applicant Signature: *[Signature]* Date: 8-18-21

Department Approval

<p>Public Works Official: <i>[Signature]</i></p>	<p>Date: 8/24/21</p>
<p>Police Department Official: <i>[Signature]</i></p>	<p>Date: 8/25/21</p>
<p>DOT Release (if applicable)</p>	<p>Date:</p>
<p>City Manager: <i>[Signature]</i></p>	<p>Date: 8/30/21</p>
<p>City Council</p>	<p>Date:</p>
<p>CRA Official: <i>[Signature]</i></p>	<p>Date: 08/26/21</p>
<p>Recreation Department Official: <i>[Signature]</i></p>	<p>Date: 8/23/21</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.

Jill Hunter

Licensee Signature

8-18-21

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: *Jill Hunter*

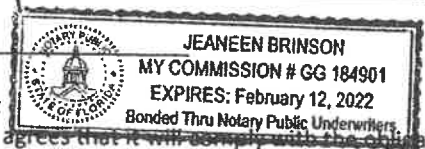
Date: 8-18-21

Subscribed and affirmed 8/18/21 By (Print Applicant Name) Jill Hunter

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

Notary Signature and Seal: *Jeaneen Brinson*

My commission Expires:



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.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
TEMPORARY CLOSING OF STATE ROAD PERMIT

Date: 8/18/21

Permit No. _____

Governmental Entity

Approving Local Government	<u>City of Lake City</u>	Contact Person	<u>Terrri Phillips</u>
Address	<u>205 N Marion Ave, Lake City, FL 32055</u>		
Telephone	<u>386-752-2031</u>	Email	<u>phillips+@lefla.com</u>

Organization Requesting Special Event

Name of Organization	<u>Columbia High School</u>	Contact Person	<u>Jill Hunter</u>
Address	<u>469 SE Fighting Tiger Dr. Lake City FL 32025</u>		
Telephone	<u>386-755-8114</u>	Email	<u>hunterj@columbia.k12.com</u>

Description of Special Event

Event Title	<u>CHS 2021 Homecoming Parade</u>	Date of Event	<u>10-1-21</u>
Start Time	<u>3:00</u>	End Time	<u>5:00</u>
Event Route (attach map)	<u>FDOT on Marion, North to Washington St, Left on Washington to Memorial Stadium</u>		
Detour Route (attach map)	_____		

Law Enforcement Agency Responsible for Traffic Control

Name of Agency	<u>Lake City Police Department</u>
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US Coast Guard Approval for Controlling Movable Bridge

Not Applicable	<input type="checkbox"/>
Copy of USCG Approval Letter Attached	<input type="checkbox"/>
Bridge Location	_____

The Permittee will assume all risk of and indemnify, defend and save harmless the State of Florida and the FDOT from and against any and all loss, damage, cost or expense arising in any manner on account of the exercise of this event.

The Permittee shall be responsible to maintain the portion of the state road it occupies for the duration of this event, free of litter and providing a safe environment to the public.

Signatures of Authorization

Event Coordinator	<u>Jill Hunter</u>	Signature	<u>[Signature]</u>	Date	<u>8-18-21</u>
Law Enforcement Name/Title	<u>Sgt. Phillip</u>	Signature	<u>[Signature]</u>	Date	<u>8/26/21</u>
Government Official Name/Title	<u>Interim City Manager</u>	Signature	<u>[Signature]</u>	Date	<u>8/30/21</u>

Mayor

FDOT Special Conditions

FDOT Authorization

Name/Title	_____	Signature	_____	Date	_____
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2021

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 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 Arthur J. Gallagher Risk Management Services, Inc. 200 S. Orange Ave Suite 1350 Orlando FL 32801	CONTACT NAME: Jessica Montgomery	
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: Jessica_Montgomery@ajg.com	
INSURED Columbia County School District c/o NEFEC 3841 Reid Street Palatka FL 32177	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Safety National Casualty Corporation	15105
	INSURER B: Lloyd's Synd 2987	
	INSURER C:	
	INSURER D:	
	INSURER E:	

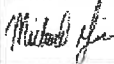
COVERAGES **CERTIFICATE NUMBER:** 1082166797 **REVISION NUMBER:**

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: School Board		PK1000521	7/1/2021	7/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included Inclusive of SIR \$ 300,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		PK1000521	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Inclusive of SIR \$ 300,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	SP4084903	7/1/2021	7/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

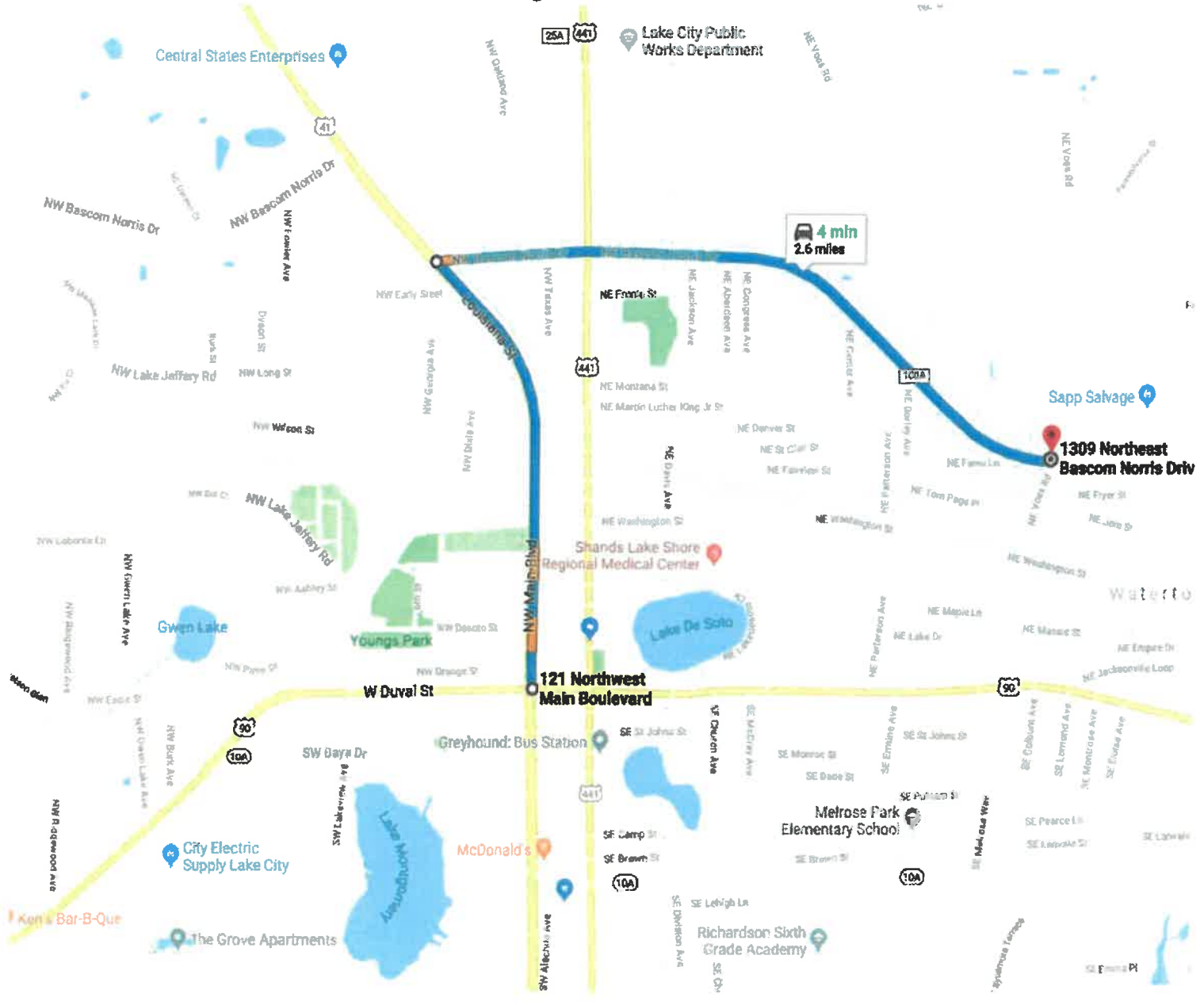
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
NEFEC's decision to purchase commercial insurance or self-insure above the sovereign immunity limits provided by Section 768.28, Florida Statutes, does not constitute a waiver of the provisions of Section 768.28, Florida Statutes. WC is exclusive of SIR of \$750,000.

REF: COLUMBIA COUNTY SCHOOL BOARD - Use of City's facilities/premises for club activities and Homecoming Parade. The referenced School District is a public entity subject to FL Statute 768.28 and accordingly does not name third parties as "Additional Insured". You may wish to consult your local legal resources with regard to the statute provision referenced and related application as regards a Florida public entity.

CERTIFICATE HOLDER City of Lake City 205 N. Marion Avenue Lake City FL 32055 USA	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 
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NW Main Blvd, Lake City, FL 32055 to NE Bascom Norris Dr, Lake City, FL 32055

Homecoming Parade Detour Route



Homecoming Parade Detour Route

****From North Marion/East or west on 100 (If west on 100 go to 41 South to County Road 252, go east on 252 to Old Country Club, go North on Old Country Club to US 90. If East on 100A go to US 90, take US 90 West to Old Country Club, go south on Country Club to CR 252, go east on 252 back to 41, go North on 41 back to US 90**