



501 Harrison Avenue • Panama City, Florida 32401 • (850) 872-3199 • www.pcgov.org

Special Event Permit Application

Event	Event Name: Salty Dog Day	Event Date: 02/26/2022	
	Event Venue/Location requested: Oaks By the Bay park		
	Organization/Applicant Name: Historic St Andrews Waterfront Partnership		
Applicant Information	Address: 1134 Beck Ave		
	Contact Name: Lisa Barnes-Tapscott		
	Office Phone: 850-872-7208	Cell: 850-481-2381	Email: museum@historicstandrews.com
	Social Media/ Website: www.historicstandrews.com		
	Organization Classification: Private <input type="checkbox"/> Corporate <input type="checkbox"/> 501(c) <input checked="" type="checkbox"/>		
If Organization is a tax exempt, nonprofit entity, you must attach a copy of your IRS 501 (c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.			
Is your organization requesting a waiver of application fees and/or other fees? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

Event Description	Carnival/Fair <input type="checkbox"/> Demonstration <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Festival <input type="checkbox"/> Fundraiser <input type="checkbox"/> Block Party <input type="checkbox"/> Outdoor/Farmer's Market <input type="checkbox"/> Marathon/Race/Walk <input type="checkbox"/> Parade/Procession <input type="checkbox"/> Wedding <input type="checkbox"/> Marina <input type="checkbox"/> Other <input checked="" type="checkbox"/>		
	Brief Description: Salty Dog Day; dog demonstrations, dog games, adoption event		
Estimated number of spectators: <u>300</u>			
Will any fees be charged to the spectators? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
If so, what fees and amount will be charged? _____			
Event Start Date/Time: February 26, 2022 8:00 AM Event End Date/Time: February 26, 2022 02:00			
Event Set-up Date/Time: February 26, 2022 07:00 Event Breakdown Date/Time: February 26, 2022 02:00 PM			
Parking must be planned and designated depending on the type and location of your event. Please indicate the areas you plan on utilizing for participant/attendee parking: Parking in lot and at Marina			
Do you have designated handicap parking? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Location: <u>in parking lot</u>			
Event Rain Date requested: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Date: _____			
You may request to cancel your event which may render a partial refund, up to 48 hours before the date and time of the event. Cancellation requests made within those 48 hours of the event date/time will forfeit full security deposit.			
Please indicate the types of advertising (check all that apply):			
Local Radio <input type="checkbox"/> National Radio <input type="checkbox"/> Local TV <input checked="" type="checkbox"/> National TV <input type="checkbox"/> Cable TV <input type="checkbox"/> Local Newspaper <input checked="" type="checkbox"/> National Newspaper <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet Email <input checked="" type="checkbox"/> Billboards <input type="checkbox"/> Social Media Outlet <input checked="" type="checkbox"/>			



Will sound amplifying equipment be used? YES NO Type of equipment: _____

Identify the type of entertainment being requested: BAND DISC-JOCKEY OTHER _____

Will there be alcoholic beverages involved in this event? YES NO
 Will alcoholic beverages be for sale? YES NO
 If yes, which type of alcohol will be served? WINE BEER LIQUOR
 Describe the circumstances involved with the use of alcoholic beverages for this event.
 A Temporary Alcohol permit for the event must be provided by the applicant. City Ordinance (Chapter 3)

Will electricity be needed for this event? YES NO
 Will additional power be needed for this event? YES NO If yes, total number of electrical panels: _____

Will Light Towers be used for this event? YES NO If yes, total number of Light Towers: _____

Will this event require a street closure? YES NO If yes, Full or Partial
 What road you are requesting to be closed? _____
 Beginning Crossroad: _____ Ending Crossroad: _____
 Requested time of closure from: _____ to: _____
 Attach site plan detailing the area to be closed and requested barricade locations.

All Parade/ Race/Walk routes must utilize a Commission approved route map.
 Parade _____ : Run/Walk _____ :
 What is the approximate number of persons, vehicles, animals, type of animals and description of vehicles?

Is there a Sanitation/Clean-up plan? YES NO
 Name and phone number of Company/Person responsible for Sanitation/Clean-up services:
 Volunteers will return park to prior condition _____

Will additional garbage carts be needed? YES NO How many? 2
 Will dumpsters be needed? YES NO How many? 2-Yard 4-Yard 6-Yard 8-Yard
 Date trash will be removed from event location(s): 02/26/2022

Portable Restrooms: YES NO Number of portable restrooms: Standard _____ ADA _____
 Date/Time: Drop off _____ Pick up _____

Will there be Stages/Platforms _____ or Tent(s) _____
 Size of stage/platform: _____ Location: _____
 Tents: _____ of _____ ; _____ of _____
 (Number of Tents) (Size) (Number of Tents) (Size)

Temporary Hydrant Meter requested: YES NO City Ordinance (Sec. 23-24, 25.)
 If YES, you must complete the Temporary Hydrant Meter Service Agreement Application.

Describe any additional equipment requested for placement: Equipment includes the use of a moon, bounce and or inflatable carnival type rides and activities provided by a 3rd party vendor. Proof of insurance by the vendor providing such equipment will be required prior to permit approval.



Will food be distributed at this event? YES NO

Will food vendors be utilized in this event? YES NO

If yes, you must acknowledge and abide by the following requirement.

I understand that I am responsible for providing a list of all vendors participating in this event for the purpose of license verification, the Fats, Oil and Grease discharge plan, and any additional materials as requested by the City of Panama City Quality of Life Department or FOG Inspector. I understand that failure to supply all required information will result in the rejection of this application.

Initial I.N.

Will any LP-Gas, Charcoal, Flammable or Combustible Liquids be used? YES NO OPEN FLAME

Safety/Security Plan: (Attach a detailed Plan of Action or briefly describe safety/security plan to include, but not limited to, COVID-19, crowd control, EMS, internal security, venue safety, traffic control and barricades beyond Panama City Police & Fire) (Barricades must be FDOT Compliant)
CDC protocols will be used.

The City of Panama City Police and Fire Chiefs will determine the number of officers and other city personnel necessary to ensure the safety of the community during the event.

Are you hiring additional security from a private security company? YES NO

Private security is not a substitute for City of Panama City Police Department law enforcement personnel.

If yes, list the Name and Contact Number of private security company:

Will there be fireworks or open flame? YES NO

If yes, describe:


A permit for fireworks or open burn is required. City Ordinance (Sec. 12-165). The following must be submitted to the Fire Chief in order to be considered for a fireworks permit.

- City Permit
- No local or state burn ban in effect
- Arrangements made with owners of adjoining properties
- Proof of Liability Insurance
- FAA Notification
- Coast Guard Notification
- ATF Notification
- Current permit/license to discharge fireworks
- Site plans including aerial maps, proposed shell count and size paperwork
- Safety arrangements (water supply and/or fire extinguishers)
- All following guidelines are met:
 - NFPA-1123 – Fireworks Display,
 - NFPA 1124 – Manufacture, Transportation, Storage and Retail Sales of Fireworks & Pyrotechnic Articles
 - NFPA 1126 – Use of Pyrotechnics Before a Proximate Audience
 - NFPA 1127 – High Power Rocketry

*A permit is not required to discharge fireworks on New Year's Eve, New Year's Day or July 4th.



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Affidavit	To the best of my knowledge, this special event permit application form is correct and complete. If additional materials are determined to be necessary, I understand that I am responsible for filing additional materials as specified by the City of Panama City, Quality of Life Department. I understand that failure to supply all required information per the relevant Applicant Checklists and Requirements will result in the rejection of this application.	
Applicant's Name:	Lisa Barnes-Tapscott	
Applicant's Signature:	 <small>eSigned via SeamlessDocs.com</small> <small>Key: 9e5cbe5737736ce9fcd7277ba927a8</small>	Date: 12/16/2021
Event Coordinator print name:	Special Events Coordinator	12/16/2021
Event Coordinator Signature:		

Approvals / Internal Use Only	City Sponsored ___ City Partnered ___ CRA ___
	QOL Department Director's Approval: YES ___ NO ___ Yes, with conditions listed below ___
	Conditions:
	QOL Department Director Signature & Date:
	Panama City Police Department Approval: YES ___ NO ___ Yes, with conditions listed below ___
	Conditions:
	Panama City PD Professional Services Signature & Date:
	Panama City Police Department Chief Signature & Date:
	Panama City Fire Department Approval: YES ___ NO ___ Yes, with conditions listed below ___
	Conditions:
	Panama City Fire Department Chief Signature & Date:
I.N.	Application Ready for Commission: 12/16/2021
	City Commission consideration and action: Approved ___ Disapproved ___ Date: _____

Permit Fees / Internal Use Only	<u>Fees (check paid fees)</u> <input type="checkbox"/> Application Fee \$ _____ <input type="checkbox"/> Security Deposit \$ _____ <input type="checkbox"/> Solid Waste – Garbage Carts/Dumpsters \$ _____ <input type="checkbox"/> Logistics – Electrical Connections \$ _____ <input type="checkbox"/> Utilities – Water Meter \$ _____ <input type="checkbox"/> Police / Security \$ _____ <input type="checkbox"/> Block Party \$ _____ <input type="checkbox"/> Fire / EMT \$ _____ <input type="checkbox"/> Other \$ _____ Total Fees Due \$ _____
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INDEMNITY AND HOLD HARMLESS AGREEMENT

IN CONSIDERATION of the City of Panama City, Florida ("City") approving the use of the City's streets and other City properties by the Undersigned, the Undersigned agrees to indemnify and hold harmless the City, its agents, employees and assigns, from any and all claims, demands, damages, actions, causes of actions, or suits for injury or death to any person and damages to property of others, including the property of the City, arising out of or from the use of the City's streets and properties or from the sale, consumption or possession of alcoholic beverages by those attending or participating in the activities sponsored by the Undersigned, as well as any injury resulting from the previous negligence of the City regarding the construction and maintenance of its properties.

The Undersigned represents that (1) the Undersigned has read and understands the terms of the foregoing Indemnity and Hold Harmless Agreement, (2) that the Undersigned's execution of this instrument constitutes its free and voluntary act, (3) that the execution hereof is made without any representations of inducement or otherwise by those indemnified hereby; (4) that this Agreement has been properly approved by the Undersigned and if applicable in accordance with its organizational structure, and (5) that no other signature other than the one affixed to this document is necessary to make this indemnity and hold harmless agreement binding on the Undersigned or its organization.

IN WITNESS WHEREOF, the Undersigned has hereunto set its hand and seal,
this 15th day of December 20²¹

Signed, sealed and delivered
in the presence of

Nancy Hudson I.N.

Print Name of Witness

Nancy Hudson

Print Name of Witness

Historic St Andrews Waterfront Partnership

Print Name of Organization or
Individual

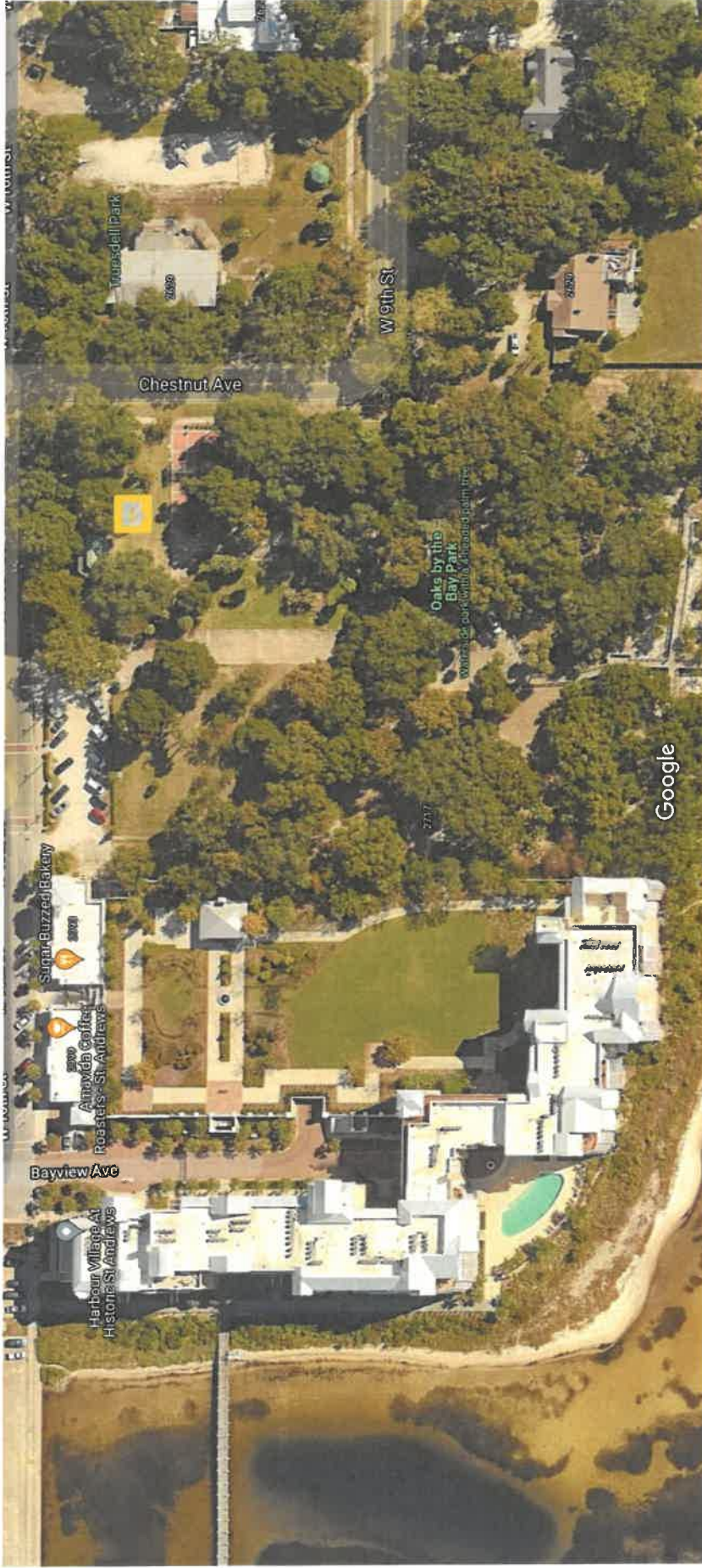
eSigned via SeamlessDocs.com
Lisa Barnes-Tapscott
Key: 8a5cb66737796ce9fcd71277ba927a8
Signature

Lisa Barnes-Tapscott

(Print Name)

Title: Executive Director

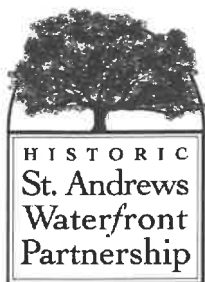
Print Name and Title if acting on Behalf of
Above Organization



Imagery ©2021 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2021 50 ft



Oaks by the Bay Park



Historic St. Andrews Waterfront Partnership
1134 Beck Avenue • Panama City, FL 32401 • (850) 872-7208
www.historicstandrews.com

December 15, 2021

Safety and Security plan for "Salty Dog Day".

There will be volunteers from the Partnership and from Operation Spay Bay will monitor all activities. Volunteers will attend a safety training prior to the event day. The Executive Director and the Chair of the Salty Dog committee will be available at all times that the event is going on.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 31 2014

HISTORIC ST ANDREWS WATERFRONT
PARTNERSHIP INC
C/O ROB ROSNER
1134 BECK AVE
PANAMA CITY, FL 32401

Employer Identification Number:
46-0814301
DLN:
17053015399003
Contact Person:
ERIC J BERTELSEN ID# 31323
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
170(B)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
August 13, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947

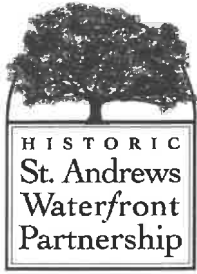
HISTORIC ST ANDREWS WATERFRONT

Sincerely,

A handwritten signature in blue ink, appearing to read "Kevin C. ...".

Director, Exempt Organizations

Enclosure: Publication 4221-PC



Historic St. Andrews Waterfront Partnership
1134 Beck Avenue • Panama City, FL 32401 • (850) 872-7208
www.historicstandrews.com

December 15, 2021

To Whom it May Concern:

The Historic St Andrews Waterfront Partnership would like to request a fee reduction for their historically successful event "Salty Dog Day".

As you know, each year the Partnership facilitates "Salty Dog Day" and partners with Operation Spay Bay to raise funds for OSB's spay and neuter program. This is a huge benefit to the St. Andrews community because it traps the many stray cats who make St. Andrews their home. OSB spays and neuters these animals so that the St. Andrews Salty Cats don't reproduce.

As a 501(c)(3) charity and part of the St. Andrews CRA, we have a very small budget, and these fees would hurt our ability to fully support "Salty Dog Day"

Thank you for your kind consideration,

Lisa Barnes-Tapscott

Lisa Barnes-Tapscott
Executive Director
Historic St Andrews Waterfront Partnership



EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

City of Panama City
501 Harrison Ave
Panama City, FL 32401

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

All other terms and conditions remain unchanged.