



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

Special Event Permit Application

Event	Event Name: Causeway Car Show	Event Date: 02/26/2022
	Event Venue/Location requested: Beck Avenue Between 12th and 10th	
	Organization/Applicant Name: The 850 Crew Car Club Charity	
Applicant Information	Address: 20720 Panama City Beach Pkwy, Panama City Beach, FL 32413	
	Contact Name: Rod Perkins	
	Office Phone:	Cell: 850-890-9606
	Email: rodprkns@yahoo.com	
	Social Media/ Website: www.850crewcarclub.org	
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 checked="" 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 type="checkbox"/>			
Brief Description: Car Show to raise money for local kids suffering with cancer			
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 9:00 am Event End Date/Time: February 26, 2022 3:00pm			
Event Set-up Date/Time: February 26, 2022 8:00am Event Breakdown Date/Time: February 26, 2022 4:00pm			
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: Public Parking _____			
Do you have designated handicap parking? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Location: Public _____			
Event Rain Date requested: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date: <u>March 05, 2022</u>			
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 checked="" 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 checked="" type="checkbox"/> Internet Email <input type="checkbox"/> Billboards <input type="checkbox"/> Social Media Outlet <input checked="" type="checkbox"/>			



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Will sound amplifying equipment be used? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Type of equipment: <u>Speakers</u>
Identify the type of entertainment being requested: BAND <input type="checkbox"/> DISC-JOCKEY <input checked="" type="checkbox"/> OTHER _____	
Will there be alcoholic beverages involved in this event? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Will alcoholic beverages be for sale? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
If yes, which type of alcohol will be served? WINE <input type="checkbox"/> BEER <input type="checkbox"/> LIQUOR <input type="checkbox"/>	
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Will additional power be needed for this event? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, total number of electrical panels: _____	
Will Light Towers be used for this event? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, total number of Light Towers: _____	
Will this event require a street closure? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, Full <input type="checkbox"/> or Partial <input checked="" type="checkbox"/>	
What road you are requesting to be closed? <u>Beck Ave</u>	
Beginning Crossroad: <u>12th ave</u> Ending Crossroad: <u>10th ave</u>	
Requested time of closure from: <u>8:00am</u> to: <u>4:00pm</u>	
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 _____: Access Route Maps here	
What is the approximate number of persons, vehicles, animals, type of animals and description of vehicles?	
Is there a Sanitation/Clean-up plan? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Name and phone number of Company/Person responsible for Sanitation/Clean-up services: Staff _____	
Will additional garbage carts be needed? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> How many? <u>3</u>	
Will dumpsters be needed? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> How many? 2-Yard <input type="checkbox"/> 4-Yard <input type="checkbox"/> 6-Yard <input type="checkbox"/> 8-Yard <input type="checkbox"/>	
Date trash will be removed from event location(s): <u>02/26/2022</u>	
Portable Restrooms: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Number of portable restrooms: Standard _____ ADA <u>1</u>	
Date/Time: Drop off _____ 8:00a 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> City Ordinance (Sec. 23-24, 25.) Access Application here	
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 RP

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)

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.



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: Rod Perkins	
Applicant's Signature: <i>Rod Perkins</i> <small>eSigned via SeamlessDocs.com Key: 045cb6d73796c46fd7277ba927a8</small>	Date: 10/25/2021	
Event Coordinator print name: Missy Bagwell	12/07/2021	
Event Coordinator Signature: <i>Missy Bagwell</i> <small>eSigned via SeamlessDocs.com Key: fa0b05d513ba1f0cd26d59c40c085a35</small>		

Approvals / Internal Use Only	City Sponsored ___ City Partnered ___ CRA ___
	QOL Department Director's Approval: YES <input checked="" type="radio"/> NO ___ Yes, with conditions listed below ___
	Conditions:
	QOL Department Director Signature & Date: <i>Sean G. De Palma</i> <small>eSigned via SeamlessDocs.com Key: 40d7037596020d147bb5d4823d1739d</small>
	Panama City Police Department Approval: YES ___ NO <input checked="" type="radio"/> Yes, with conditions listed below ___
	Conditions: The event has been moved from Beck Ave. to Harrison Ave. Business Hwy. 98 to 4th Street and 5th St. Harrison Ave to Grace Ave.
	Panama City PD Professional Services Signature & Date: <i>Capt Christopher S. Edmundson # 2077</i> <small>eSigned via SeamlessDocs.com Key: ec81c7bb3c363f17370ed29ceebdf31</small>
	Panama City Police Department Chief Signature & Date: <i>Mark Smith</i> <small>eSigned via SeamlessDocs.com Key: 3ad7c378d7c2179c58a56b810e2a2f5</small>
	Panama City Fire Department Approval: YES <input checked="" type="radio"/> NO ___ Yes, with conditions listed below ___
	Conditions:
Panama City Fire Department Chief Signature & Date: <i>David W. Collier</i> <small>eSigned via SeamlessDocs.com Key: 7395eeefa1e477300f01550e8bc97f45</small>	
Application Ready for Commission:	
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	\$ _____



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 25 day of October 2021

Signed, sealed and delivered
in the presence of

William D Nieland WDN
Print Name of Witness

Wayne Boyett
Print Name of Witness

Rod Perkins
Print Name of Organization or
Individual

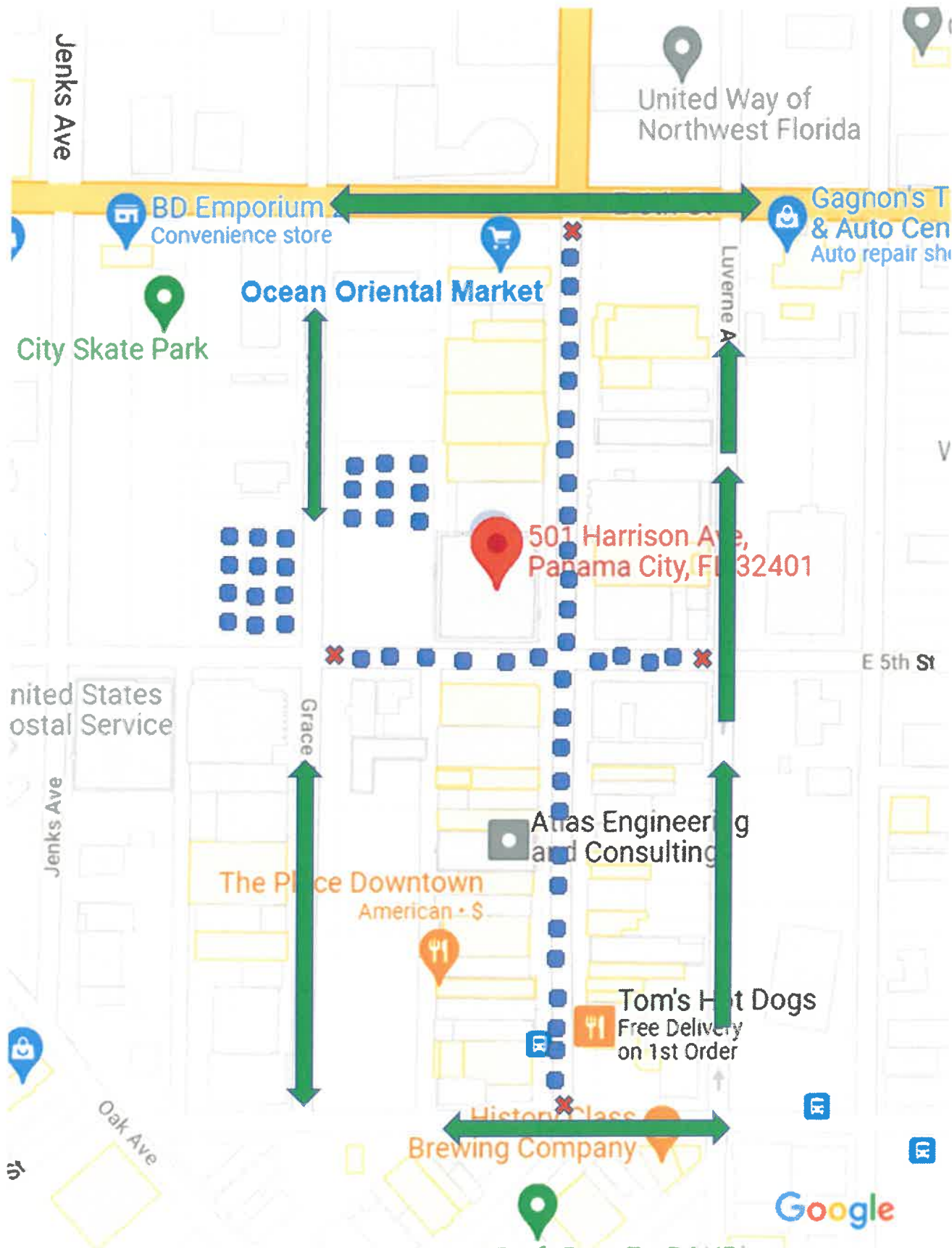
eSigned via SeemlessDocs.com
Rod Perkins
Key: 0e5cbe0737730c9f0d17277ba927fa0

Signature

Rod Perkins
(Print Name)

Title: Rod Perkins
Print Name and Title if acting on Behalf of
Above Organization

Causeway Car Show



✘ Barricades

■ Cars



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.