



Special Event Permit Application

Event	Event Name: Panama City Black History Month Celebration	Event Date: 02/26/2022	
	Event Venue/Location requested: McKenzie Park		
	Organization/Applicant Name: Quality of Life Department		
Applicant Information	Address: 501 Harrison Ave.		
	Contact Name: David L. Howard Jr.		
	Office Phone: 850-691-4581	Cell: 850-704-6547	Email: dhoward@pcgov.org
	Social Media/ Website: N/A		
	Organization Classification: Private ___ Corporate ___ 501(c) <input checked="" type="radio"/>		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>			

Event Description	Carnival/Fair <input type="checkbox"/> Demonstration <input type="checkbox"/> Concert/Performance <input checked="" type="checkbox"/> Festival <input checked="" 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 type="checkbox"/>		
	Brief Description: This event is our inaugural city wide celebration for Black History Month. Our plan is to have food trucks (with a select number of food vouchers), a performance by a local kids choir, local vendors selling culturally appropriate items, painters, and various kids games i.e. bounce house.		
Estimated number of spectators: 400 - 500 Will any fees be charged to the spectators? YES ___ NO <input checked="" type="radio"/> If so, what fees and amount will be charged? _____			
Event Start Date/Time: February 26, 2022 12:00pm Event End Date/Time: February 26, 2022 5:00 Event Set-up Date/Time: February 26, 2022 9:00am Event Breakdown Date/Time: February 26, 2022 5:00pm			
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: Downtown designated parking			
Do you have designated handicap parking? YES <input checked="" type="radio"/> NO ___ Location: <u>Downtown designated handicap parking</u>			
Event Rain Date requested: YES ___ NO <input checked="" type="radio"/> 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 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 checked="" type="checkbox"/> Social Media Outlet <input checked="" type="checkbox"/>			



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

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: Generat

Will Light Towers be used for this event? YES NO If yes, total number of Light Towers: 5

Will this event require a street closure? YES NO If yes, Full or Partial
 What road you are requesting to be closed? E Third CT and
 Beginning Crossroad: _____ Ending Crossroad: _____
 Requested time of closure from: 9:00am to: 5:00pm
 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:
QOL Department

Will additional garbage carts be needed? YES NO How many? 10
 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): 02/27/2022

Portable Restrooms: YES NO Number of portable restrooms: Standard _____ ADA 3
 Date/Time: Drop off 02/25/2022 Pick up 02/27/2022

Will there be Stages/Platforms or Tent(s)
 Size of stage/platform: _____ Location: _____
 Tents: 25 of 10x10; _____ 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.
 N/A



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)
Barricades to designate parking area
Hand washing station and Hand Sanitizer

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: <u>david howard</u>	
	Applicant's Signature: <i>David Howard</i> <small>eSigned via SeamlessDocs.com Key: 095cbe6737794e9fcd7277ba927fa6</small>	Date: <u>01/18/2022</u>
	Event Coordinator print name: <u>Missy Bagwell</u>	<u>01/18/2022</u>
Event Coordinator Signature: <i>Missy Bagwell</i> <small>eSigned via SeamlessDocs.com Key: fa0b95d513ba1f0d29850c4050856</small>		

Approvals / Internal Use Only	City Sponsored <input type="checkbox"/> City Partnered <input type="checkbox"/> CRA <input type="checkbox"/>
	QOL Department Director's Approval: YES <input checked="" type="radio"/> NO <input type="radio"/> Yes, with conditions listed below _____
	Conditions:
	QOL Department Director Signature & Date: <i>Sean G. De Palma</i> <small>eSigned via SeamlessDocs.com Key: 40d7037596020d147bb65d8f53d07f8</small>
	Panama City Police Department Approval: YES <input checked="" type="radio"/> NO <input type="radio"/> Yes, with conditions listed below _____
	Conditions:
	Panama City PD Professional Services Signature & Date: <i>Capt Chris Edmundson # 2077</i> <small>eSigned via SeamlessDocs.com Key: ec61e7bb3c363f173706d28caebdf8</small>
	Panama City Police Department Chief Signature & Date: <i>Mark Smith</i> <small>eSigned via SeamlessDocs.com Key: 3ad7c378d7c2179c39a5fb010e2a2</small>
Panama City Fire Department Approval: YES <input checked="" type="radio"/> NO <input type="radio"/> Yes, with conditions listed below _____	
Conditions:	
Panama City Fire Department Chief Signature & Date: <i>David W Collier</i> <small>eSigned via SeamlessDocs.com Key: 7365ee1a1e477396f01559e8bc5f749</small>	
I.N. Application Ready for Commission: _____	
City Commission consideration and action: <u>Approved</u> <input type="checkbox"/> <u>Disapproved</u> <input type="checkbox"/> Date: <u>01/18/2022</u>	

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	\$0	



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 12th day of January 2022

Signed, sealed and delivered
in the presence of

Missy Bagwell I. N.

Print Name of Witness

Missy Bagwell

Print Name of Witness

City of Panama City (Quality of Life)

Print Name of Organization or
Individual

eSigned via SeamlessDocs.com
David Howard
Key: 9e5cb2737799e6fcd7277ba1c27a8

Signature

david howard

(Print Name)

Title: David Howard (Recreation)

Print Name and Title if acting on Behalf of
Above Organization

