



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

Special Event Permit Application

Event	Event Name: Red White & BBQ		Event Date: 05/27/2022	
	Event Venue/Location requested: McKenzie Park			
	Organization/Applicant Name: Gulf Coast Children's Advocacy Center			
Applicant Information	Address: 210E 11th St			
	Contact Name: Shannon Rodriguez			
	Office Phone:	Cell: 850-596-1231	Email: shannon.rodriguez@gulfcoastcac.org	
	Social Media/ Website: Gulfcoastchildrensadvocacycenter/gulfcoastcac.org			
	Organization Classification: Private ___ Corporate ___ 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: Red White & BBQ			
Estimated number of spectators: 500 plus _____				
Will any fees be charged to the spectators? YES ___ NO <input checked="" type="checkbox"/>				
If so, what fees and amount will be charged? _____				
Event Start Date/Time: May 27, 2022 6pm		Event End Date/Time: May 28, 2022 4pm		
Event Set-up Date/Time: May 27, 2022 7am		Event Breakdown Date/Time: May 28, 2022 5:30pm		
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: _____				
Do you have designated handicap parking? YES ___ NO <input checked="" type="checkbox"/>				
Location: _____				
Event Rain Date requested: YES ___ 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 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 checked="" 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: Chris Keife will be over

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)
 We have submitted and will turn in as soon as its returned

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: 8

Will Light Towers be used for this event? YES NO If yes, total number of Light Towers: 6

Will this event require a street closure? YES NO If yes, Full or Partial
 What road you are requesting to be closed? Park from Oak to Luverne/ Oak from Park to Luverne/Luverne
 Beginning Crossroad: 7am on 5-27 Ending Crossroad: 5pm on 5-28
 Requested time of closure from: 7am to: 5pm
 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:
Nates Sanitation

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): 05/28/2022

Portable Restrooms: YES NO Number of portable restrooms: Standard 2 ADA 2
 Date/Time: Drop off 05/27/2022 9am Pick up 05/28/2022 5pm

Will there be Stages/Platforms _____ or Tent(s)
 Size of stage/platform: _____ Location: _____
 Tents: 20 of 10 x 10 ; _____ 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.
 we will have 1 bounce house/1 double slide/ 1 maze



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 LA

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)

This is a BBQ event/ there will be smokers being used beginings at 2pm on 5-27 til noon on 5-28

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:


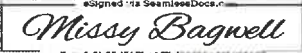
Just Smokers



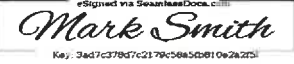

A permit for fireworks or open burn is required. City Ordinance (Sec. 12-165). The following must be submitted to the Fire Chief in order to be considered for a fireworks permit.

- 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: Lori Allen	
Applicant's Signature:	 <small>eSigned via SeamlessDocs.com Key: 945cb9737729ca9fc0d7277ba927a8</small>	Date: 01/03/2022
Event Coordinator print name: Missy Bagwell		01/18/2022
Event Coordinator Signature:	 <small>eSigned via SeamlessDocs.com Key: fa0b65d513ba1f0d39d59c407c084a05</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 <input type="checkbox"/>
	Conditions:
	QOL Department Director Signature & Date:  <small>eSigned via SeamlessDocs.com Key: 40d7037566020d147bb55d8f53a67181</small>
	Panama City Police Department Approval: YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, with conditions listed below <input checked="" type="radio"/>
	Conditions: 2 officers for each day
	Panama City PD Professional Services Signature & Date:  <small>eSigned via SeamlessDocs.com Key: ec81c7bb3c363f17705422e4e4d4d5</small>
	Panama City Police Department Chief Signature & Date:  <small>eSigned via SeamlessDocs.com Key: 3ad7c378d7c2179c58a5d810e2a225</small>
	Panama City Fire Department Approval: YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, with conditions listed below <input checked="" type="radio"/>
	Conditions: Approved with no fireworks
Panama City Fire Department Chief Signature & Date:  <small>eSigned via SeamlessDocs.com Key: 7395ee1e1e477369f0155a68bc9ff6d2</small>	
Application Ready for Commission:	
City Commission consideration and action: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date: _____	

Permit Fees / Internal Use Only	Fees (check paid fees)	
	<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	\$ _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/18/2022

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 Acentria Insurance - Panama City 306 E 19th St Panama City FL 32405 License#: L100460 GULFCOA-47	CONTACT NAME: Amanda Cofer PHONE (A/C No, Ext): 850-541-9684 E-MAIL ADDRESS: amanda.cofer@acentria.com	FAX (A/C No): 850-541-9688													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B : U.S. Specialty Insurance Company</td> <td>29599</td> </tr> <tr> <td>INSURER C : Associated Industries Insurance Company, Inc.</td> <td>23140</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Company	18058	INSURER B : U.S. Specialty Insurance Company	29599	INSURER C : Associated Industries Insurance Company, Inc.	23140	INSURER D :		INSURER E :		INSURER F :
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INSURED
 Gulf Coast Children's Advocacy Center, Inc.
 210 East 11th Street
 Panama City FL 32401

COVERAGES **CERTIFICATE NUMBER: 2035627054** **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK2305228	7/22/2021	7/22/2022	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
							\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2305228	7/22/2021	7/22/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
C	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 <input type="checkbox"/> N/A	AWC1176272	1/1/2022	1/1/2023	PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$ 500,000
						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Directors & Officers		NY21DOLV04241NV	7/22/2021	7/22/2022	Aggregate	1,000,000
B	EPLI		NY21DOLV04241NV	7/22/2021	7/22/2022	Aggregate	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Panama City PO Box 1880 Panama City FL 32402	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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Consumer's Certificate of Exemption

DR-14
R. 01/18

Issued Pursuant to Chapter 212, Florida Statutes

85-8015312931C-2	05/31/2020	05/31/2025	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

GULF COAST CHILDRENS ADVOCACY
CENTER INC
210 E 11TH ST
PANAMA CITY FL 32401-2939

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

Panama City
Center for the Art

Hammerhead
Shark mural

Skate Supply
Skateboard shop

History Class
Brewing Company
Top rated

A-1 Anytime
Bonding, Inc

Bay Cour

Syfrrett, Dykes & Furr

Perry & Young, P.A

Mckenzie
Park
Not busy

BBA Competitors

Kids Zone

Friday Night
VIP Dinner and music
Sat
Cook event &
Kids Zone
Cornhole tournament

ces of Carroll
Cauley Sr., PA
Go gile
ay Dental Center

Harrison Ave

Oak Ave

Cornhole

Friday Night
VIP concert

Saturday
Announcements

Porta Pottos
Tables and
Chairs
seating
area

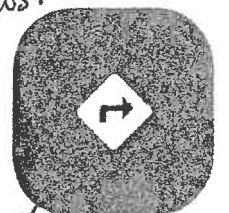
Judges
Station

Beer
station

3rd St

Luverne Ave

Dumpster





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 18 day of January 2022

Signed, sealed and delivered
in the presence of

Brent Patrick BP
Print Name of Witness

Brent Patrick
Print Name of Witness

Gulf Coast Children's Advocacy Center
Print Name of Organization or
Individual

eSigned via SeamlessDocx.com
Lori Allen
Key: 0e5cbcd737736ce9fad17277ba92f1a6

Signature

Lori Allen
(Print Name)

Title: Lori Allen and CEO
Print Name and Title if acting on Behalf of
Above Organization