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### Special Event Permit Application

Event	<b>Event Name:</b> Star Wars Day		<b>Event Date:</b> 05/04/2022	
	Event Venue/Location requested: Panama City Center for the Arts Parking Lot			
	Organization/Applicant Name: Bay Arts Alliance			
Applicant Information	Address: 19 E 4th Street Panama City, FL 32401			
	Contact Name: Jayson Kretzer			
	Office Phone: 850.6403670	Cell: 850.532.3394	Email: jayson@bayarts.org	
	Social Media/ Website: pccenterforthearts.com			
	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 type="checkbox"/>				

Event Description	Carnival/Fair <input checked="" 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 type="checkbox"/>			
	<b>Brief Description:</b> Free family-friendly activities pertaining to Star Wars fandom to take place in Center for the Arts parking lot			
Estimated number of spectators: <u>800</u> 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: May 04, 2022 4pm		Event End Date/Time: May 04, 2022 8pm		
Event Set-up Date/Time: May 04, 2022 3pm		Event Breakdown Date/Time: May 04, 2022 8:30pm		
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: public parking _____				
Do you have designated handicap parking? YES <input checked="" type="radio"/> NO ___ Location: _____				
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 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 type="checkbox"/> National Newspaper <input type="checkbox"/> Direct Mail/Flyers <input type="checkbox"/> Internet Email <input type="checkbox"/> Billboards <input checked="" type="checkbox"/> Social Media Outlet <input checked="" type="checkbox"/>				



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Will sound amplifying equipment be used? YES  NO  Type of equipment: small speakers in

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

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)

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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?

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Is there a Sanitation/Clean-up plan? YES  NO   
 Name and phone number of Company/Person responsible for Sanitation/Clean-up services: \_\_\_\_\_

Will additional garbage carts be needed? YES \_\_\_\_\_ NO  How many? \_\_\_\_\_  
 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): \_\_\_\_\_

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

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Will there be Stages/Platforms \_\_\_\_\_ or Tent(s)   
 Size of stage/platform: \_\_\_\_\_ Location: \_\_\_\_\_  
 Tents: 5 of 10x10 ; \_\_\_\_\_ of \_\_\_\_\_  
 (Number of Tents) (Size) (Number of Tents) (Size)

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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 JK \_\_\_\_\_

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)  
Main event will be outdoors and Bay Arts Alliance staff along with volunteers will help guide spectators.

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


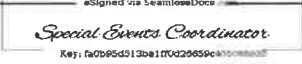
If yes, describe:


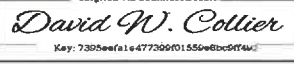
A permit for fireworks or open burn is required. City Ordinance (Sec. 12-165). The following must be submitted to the Fire Chief in order to be considered for a fireworks permit.

- 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 4<sup>th</sup>.



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: Jason Kretzer	
	Applicant's Signature: 	Date: 01/21/2022
	Event Coordinator print name: Special Events Coordinator	01/26/2022
Event Coordinator Signature: 		

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: 
	Panama City Police Department Approval: YES <input checked="" type="radio"/> 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 <input checked="" type="radio"/> NO ___ Yes, with conditions listed below ___	
Conditions:	
Panama City Fire Department Chief Signature & Date: 	
Application Ready for Commission:	
City Commission consideration and action: Approved ___ Disapproved ___ Date: _____	

Permit Fees / Internal Use Only	<b>Fees (check paid fees)</b>	
	<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 26 day of January 2022

Signed, sealed and delivered  
in the presence of

Tori Haudenschild TH  
Print Name of Witness

Tori Haudenschild  
Print Name of Witness

Bay Arts Alliance  
Print Name of Organization or  
Individual

eSigned via SeamlessDoc.com  
*Jason Kretzer*  
Key: 64d3bae727728c48f6d47277ba927a8

Signature  
Jason Kretzer  
(Print Name)

Title: Executive Director  
Print Name and Title if acting on Behalf of  
Above Organization



CINCINNATI OH 45999-0038

7/6/15

In reply refer to: 0248221235  
June 26, 2015 LTR 4168C 0  
59-1850105 000000 00  
00031187  
BODC: TE

BAY ARTS ALLIANCE INC  
PO BOX 1153  
PANAMA CITY FL 32402



034944

Employer Identification Number: 59-1850105  
Person to Contact: Ms. Howard  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your June 17, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1980.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

