



### Special Event Permit Application

Event	<b>Event Name:</b> Bay County Chamber Block Party	<b>Event Date:</b> 03/24/2022	
	Event Venue/Location requested: 235 W. 5th Street		
	Organization/Applicant Name: Bay County Chamber of Commerce		
Applicant Information	Address: P.O. Box 1850 Panama City FL 32402		
	Contact Name: Elizabeth Smith		
	Office Phone: 8502153779	Cell: 8508327612	Email: elizabeth@baychamberfl.com
	Social Media/ Website: www.panamacity.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 type="checkbox"/> NO <input checked="" 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 checked="" 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: Annual Chamber Block Party with Live Band		
Estimated number of spectators: <u>200</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: March 24, 2022 05:00      Event End Date/Time: March 24, 2022 07:00			
Event Set-up Date/Time: March 24, 2022 01:00      Event Breakdown Date/Time: March 24, 2022 07:30			
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: Street parking around the building.			
Do you have designated handicap parking? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Location: <u>On street</u>			
Event Rain Date requested: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date: <u>April 07, 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 type="checkbox"/> Internet Email <input type="checkbox"/> Billboards <input 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)

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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? 5th Street  
 Beginning Crossroad: Beach Drive Ending Crossroad: Mercer  
 Requested time of closure from: 1:00 to: 7:30  
 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? 5  
 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): 03/25/2022

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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: \_\_\_\_\_ of \_\_\_\_\_; \_\_\_\_\_ 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 ES

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 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: Elizabeth Smith	
Applicant's Signature:	<i>Elizabeth Smith</i> <small>eSigned via SeamlessDocs.com Key: 6e5cb6e737736e6fc0d777b6b271</small>	Date: 01/26/2022
Event Coordinator print name: Missy Bagwell		01/26/2022
Event Coordinator Signature:	<i>Missy Bagwell</i> <small>eSigned via SeamlessDocs.com Key: f80b95d513ba1ff0d29e59c4050659</small>	

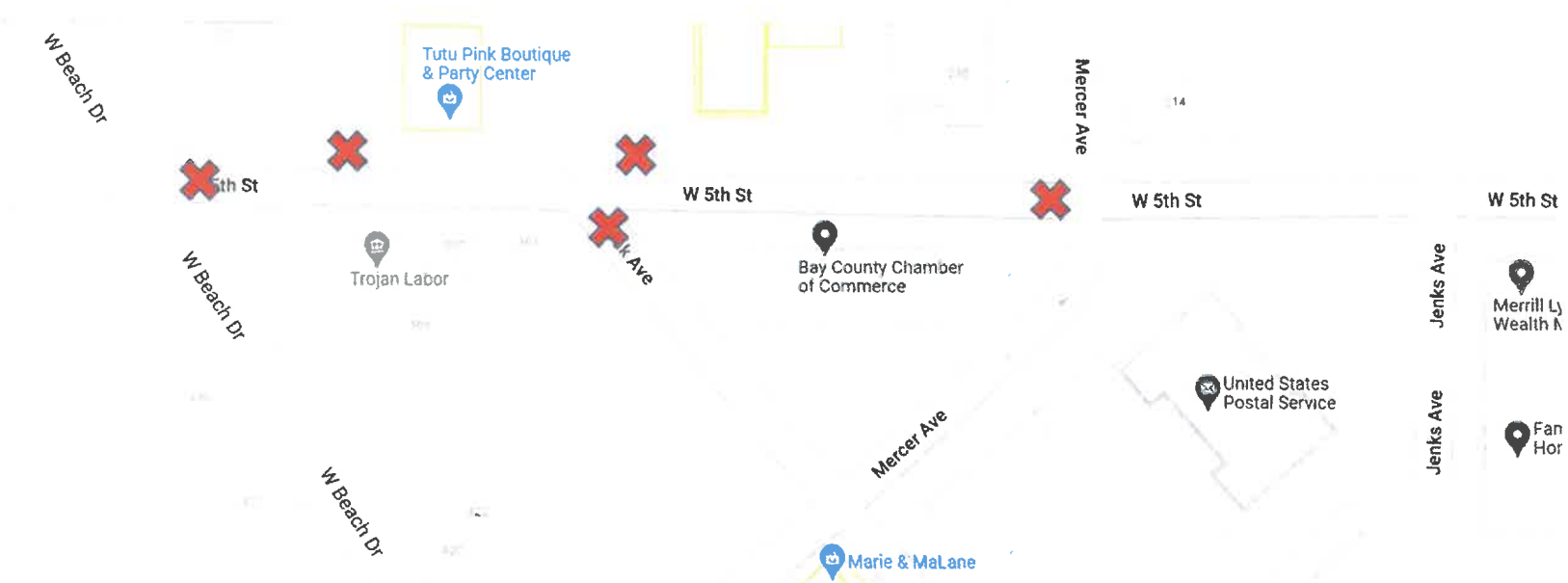
Approvals / Internal Use Only	City Sponsored ____ City Partnered ____ CRA ____
	QOL Department Director's Approval: YES <input checked="" type="radio"/> NO ____ Yes, with conditions listed below ____
	Conditions:
	QOL Department Director Signature & Date: <i>Sean G. De Palma</i> <small>eSigned via SeamlessDocs.com Key: 40d7037596020d147b400d0d3d67685</small>
	Panama City Police Department Approval: YES <input checked="" type="radio"/> NO ____ 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: e61c7bb3c363f173706d29c4e4d4d4f</small>
	Panama City Police Department Chief Signature & Date: <i>Mark Smith</i> <small>eSigned via SeamlessDocs.com Key: 3ad7c378d7c2179c58a5d610e2a3m</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: 7305eefa1e477366f01550e8bc0f146</small>	
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	\$ _____
	<b>Total Fees Due</b>	\$ _____





# BBCC BLOCK PARTY AND BED RACE



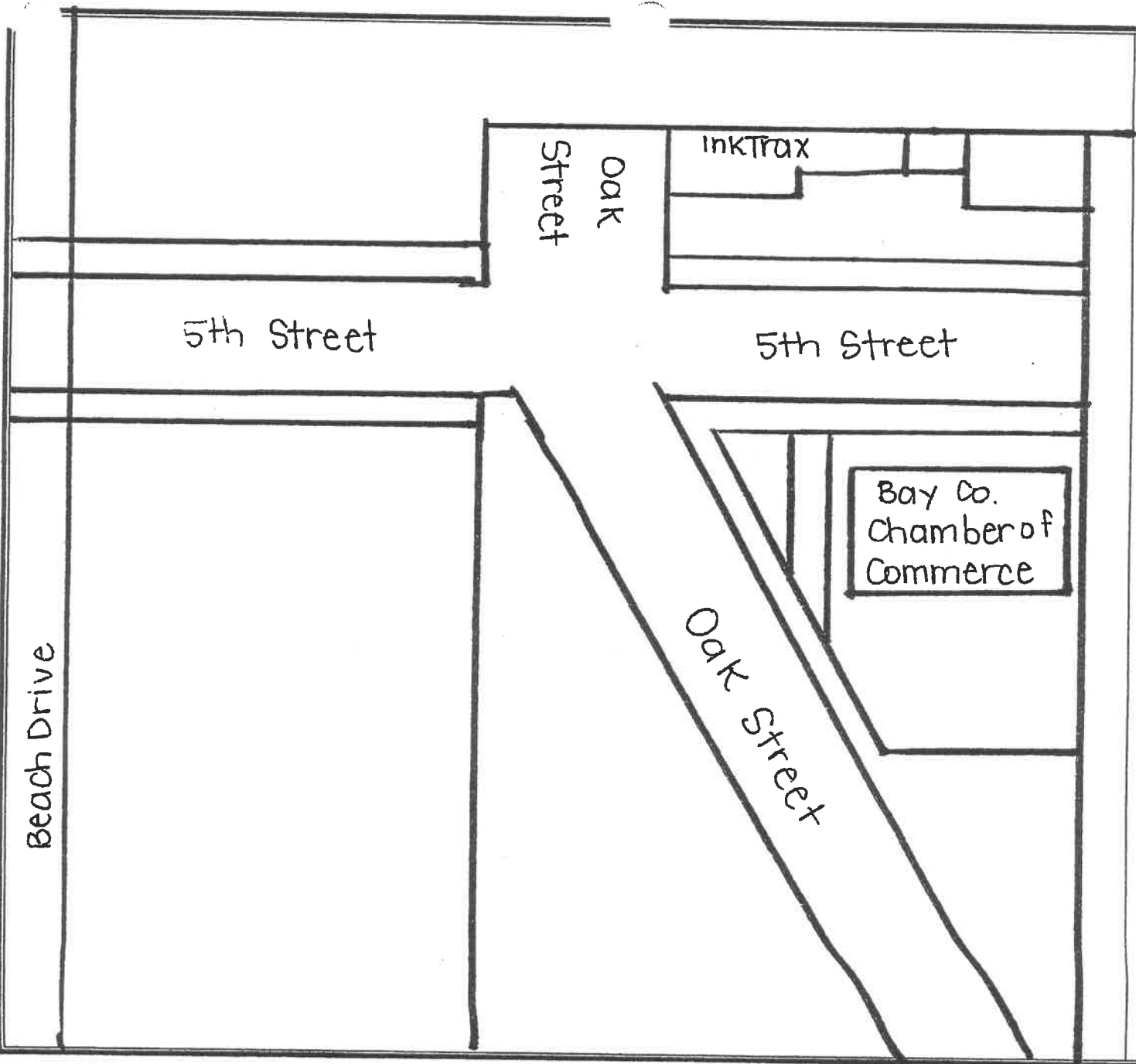
 Barricades

SECTION 5 - DESCRIPTION OF PREMISES TO BE LICENSED  
AB&T AUTHORIZED SIGNATURE REQUIRED

Business Name (D/B/A) or Name of Event

Jay County Chamber of Commerce Business After Hours

Neatly draw a floor plan of the premises in Ink, including sidewalks and other outside areas which are contiguous to the premises, walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises where the event will be held. A multi-story building where the entire building is to be licensed must show the details of each floor.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/04/2022

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 Hutt Insurance Agency 3106 West 23rd St Panama City, FL 32405	CONTACT NAME: Karen Petermann
	PHONE (A/C, No, Ext): 850 769 4888 FAX (A/C, No):
	E-MAIL ADDRESS: karen@huttinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Century Surety Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED Bay County Chamber of Commerce  
PO Box 1850  
Panama City, FL 32401

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> 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:	X		CCP1020449	01/01/2022	01/01/2023	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 \$ 2,000,000 PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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 <i>Karen E. Petermann</i>
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