



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

Special Event Permit Application

Event	Event Name: Panama City Farmers Market	Event Date: 03/12/2022	
	Event Venue/Location requested: McKenzie Park		
	Organization/Applicant Name: Downtown Improvement Board		
Applicant Information	Address: P.O. Box 247, Panama City, FL 32401		
	Contact Name: Catherine Shores		
	Office Phone: 850 785-2554	Cell: 850 785-2554	Email: admin@pcdib.com
	Social Media/ Website: www.pcgov.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 type="checkbox"/> Block Party <input type="checkbox"/> Outdoor/Farmer's Market <input checked="" 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: Outdoor Farmers Market, Saturdays from 8am-1pm beginning 3/12/22 through 9/24/22. The City of Panama City will retain priority for annual or City approved events.

Estimated number of spectators: Varies
 Will any fees be charged to the spectators? YES NO
 If so, what fees and amount will be charged? _____

Event Start Date/Time: March 12, 2022 8am Event End Date/Time: September 24, 1pm
 Event Set-up Date/Time: March 12, 2022 6am Event Breakdown Date/Time: September 24, 3pm

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:
 Harrison Ave, Oak Ave, Public parking lots

Do you have designated handicap parking? YES NO
 Location: Public parking lots

Event Rain Date requested: YES NO Date: March 05, 2022
 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 National Radio Local TV National TV Cable TV Local Newspaper
 National Newspaper Direct Mail/Flyers Internet Email Billboards Social Media Outlet



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

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: _____

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? Park Ave
Beginning Crossroad: 3rd Ct Ending Crossroad: Oak Ave
Requested time of closure from: 6am to: 3pm
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:
Event Organizer _____
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): _____

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

Will there be Stages/Platforms _____ or Tent(s)
Size of stage/platform: _____ Location: _____
Tents: 70 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.



Will food be distributed at this event? YES ____ NO <input checked="" type="radio"/>
Will food vendors be utilized in this event? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 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 <u>I.N.</u>
Will any LP-Gas, Charcoal, Flammable or Combustible Liquids be used? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> OPEN FLAME <input type="checkbox"/>
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 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. <ul style="list-style-type: none"><input type="checkbox"/> City Permit<input type="checkbox"/> No local or state burn ban in effect<input type="checkbox"/> Arrangements made with owners of adjoining properties<input type="checkbox"/> Proof of Liability Insurance<input type="checkbox"/> FAA Notification<input type="checkbox"/> Coast Guard Notification<input type="checkbox"/> ATF Notification<input type="checkbox"/> Current permit/license to discharge fireworks<input type="checkbox"/> Site plans including aerial maps, proposed shell count and size paperwork<input type="checkbox"/> Safety arrangements (water supply and/or fire extinguishers)<input type="checkbox"/> All following guidelines are met:<ul style="list-style-type: none"><input type="checkbox"/> NFPA-1123 – Fireworks Display,<input type="checkbox"/> NFPA 1124 – Manufacture, Transportation, Storage and Retail Sales of Fireworks & Pyrotechnic Articles<input type="checkbox"/> NFPA 1126 – Use of Pyrotechnics Before a Proximate Audience<input type="checkbox"/> NFPA 1127 – High Power Rocketry <p>*A permit is not required to discharge fireworks on New Year's Eve, New Year's Day or July 4th.</p>



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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>Catherine Shores</u>	
	Applicant's Signature: <i>Catherine Shores</i> <small>eSigned via SeamlessDocs.com Key: 6e5cbe5787736e09fcd7277ba527a8</small>	Date: <u>03/16/2022</u>
	Event Coordinator print name: <u>Missy Bagwell</u>	<u>03/16/2022</u>
Event Coordinator Signature: <i>Missy Bagwell</i> <small>eSigned via SeamlessDocs.com Key: fa0b95d513ba1f0d2663ec40c065928</small>		

Approvals / Internal Use Only	City Sponsored <input checked="" type="checkbox"/> City Partnered <input type="checkbox"/> CRA <input type="checkbox"/>
	QOL Department Director's Approval: YES <input type="checkbox"/> NO <input type="checkbox"/> Yes, with conditions listed below <input checked="" type="checkbox"/>
	Conditions: <u>COI has been submitted.</u>
	QOL Department Director Signature & Date: <i>Sean G. De Palma</i> <small>eSigned via SeamlessDocs.com Key: 40d7037599020c147bb65d8f53dd958</small>
	Panama City Police Department Approval: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes, with conditions listed below <input type="checkbox"/>
	Conditions:
	Panama City PD Professional Services Signature & Date: <i>Capt. Chris Nichol</i> <small>eSigned via SeamlessDocs.com Key: e081c7b3c366173705d29caebfd45</small>
	Panama City Police Department Chief Signature & Date: <i>Mark Smith</i> <small>eSigned via SeamlessDocs.com Key: 3ad7c378d7c2179c58a5fb810e2a27f1</small>
Panama City Fire Department Approval: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes, with conditions listed below <input type="checkbox"/>	
Conditions:	
Panama City Fire Department Chief Signature & Date: <i>Kent Taylor</i> <small>eSigned via SeamlessDocs.com Key: 7365eeafa1e477369f01559e8bc9f49</small>	
I.N. Application Ready for Commission: <input checked="" type="checkbox"/>	
City Commission consideration and action: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date: <u>03/16/2022</u>	

Permit Fees / Internal Use Only	<u>Fees (check paid fees)</u>	
	<input type="checkbox"/> Application Fee	\$0
	<input type="checkbox"/> Security Deposit	\$0
	<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 3rd day of March 2022

Signed, sealed and delivered
in the presence of

Missy Bagwell MB
Print Name of Witness

Missy Bagwell
Print Name of Witness

Panama City Downtown Improvement Board

Print Name of Organization or
Individual

Signed via Seemless Docs, Inc.
Catherine Shores
Key: 6e5cb60737730c99c0f7277ba92f7a8

Signature

Catherine Shores
(Print Name)

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

Panama City Farmers Market Site Plan – 2022

Organizer: Anchored Market Ventures
3946 Peters Dr.
Panama City, FL 32405

POC: Bill Davenport
anchoredmarketventures@gmail.com
(904) 234-7260

Dates: January 08, 2022 – December 31, 2022 (Every Saturday)

Times: Setup 06:00am Start: 08:00am End: 03:00pm

Insurance: Insurance Liability Coverage includes coverage for Panama City Government & Downtown Improvement Board

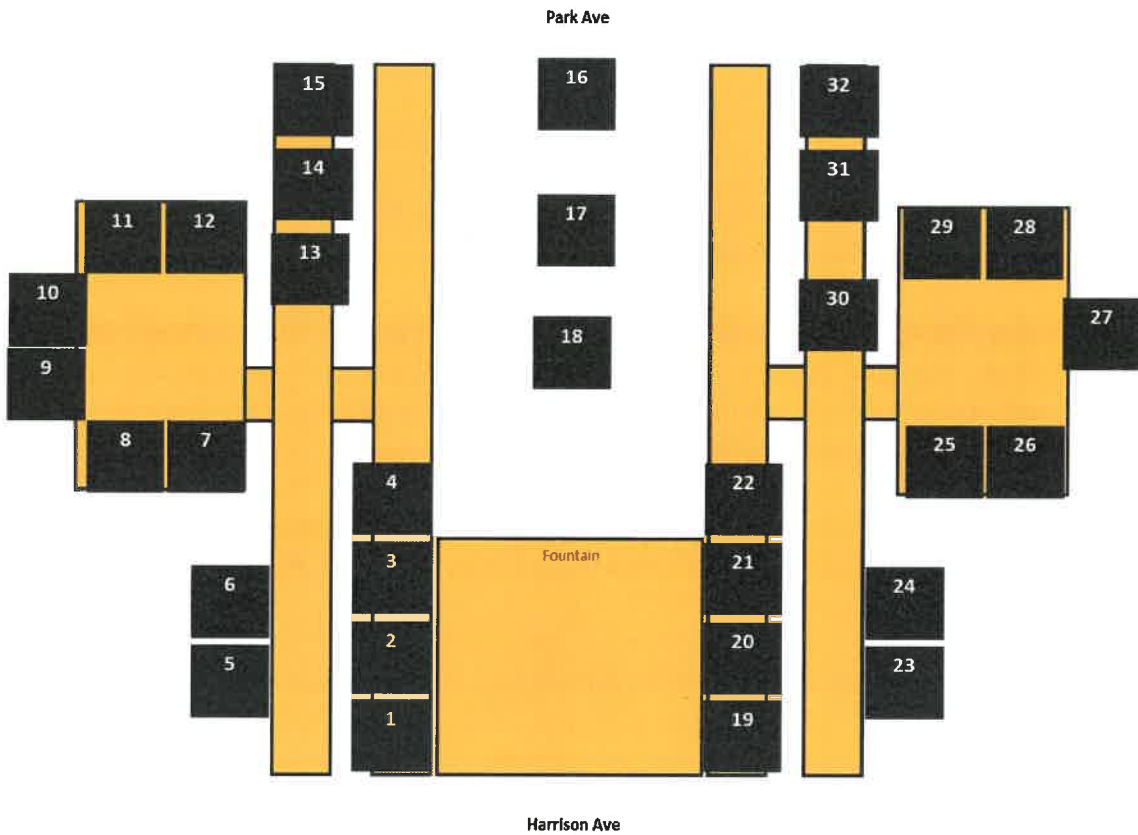
The Panama City Farmers Market had a very successful first year in Historic Downtown Panama City and we would like to continue in 2022. The growth and bond of the community with downtown and city, as a whole, is the type of enhancement the Panama City Farmers Market wants to continue building and providing.

Our market will be held in Gateway to McKenzie Park, Park Ave between 3rd CT and Oak Ave, and McKenzie Park. The Panama City Farmers Market averages over 75 local vendors and utilizes much of this space.

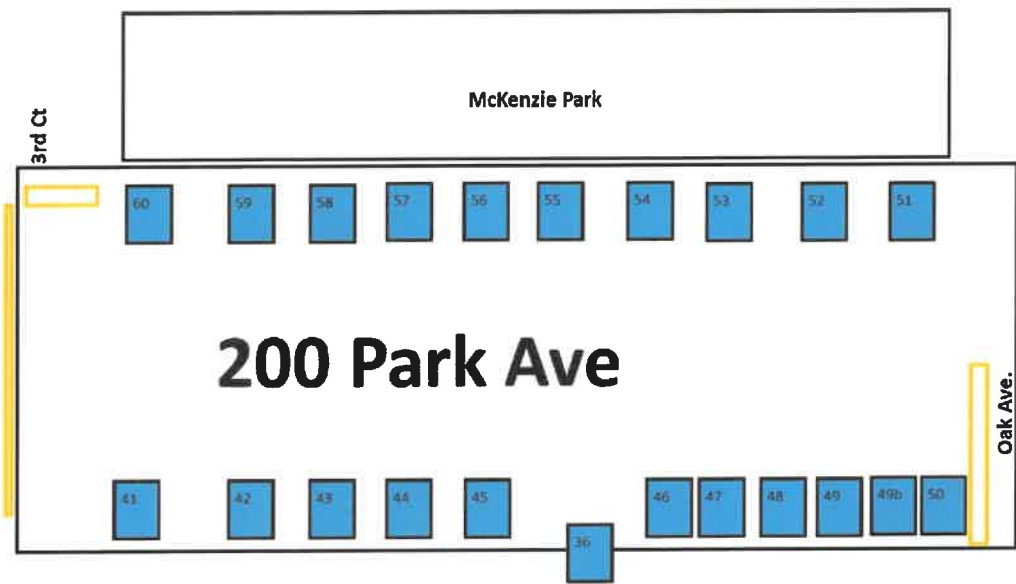
Parking for vendors and attendees would be on Harrison Ave, Oak Ave, and the parking lot behind Trustmark Bank.

Maps of the Parks and road with rough estimate of vendor spots are listed below.

Gateway to McKenzie Park



Park Avenue

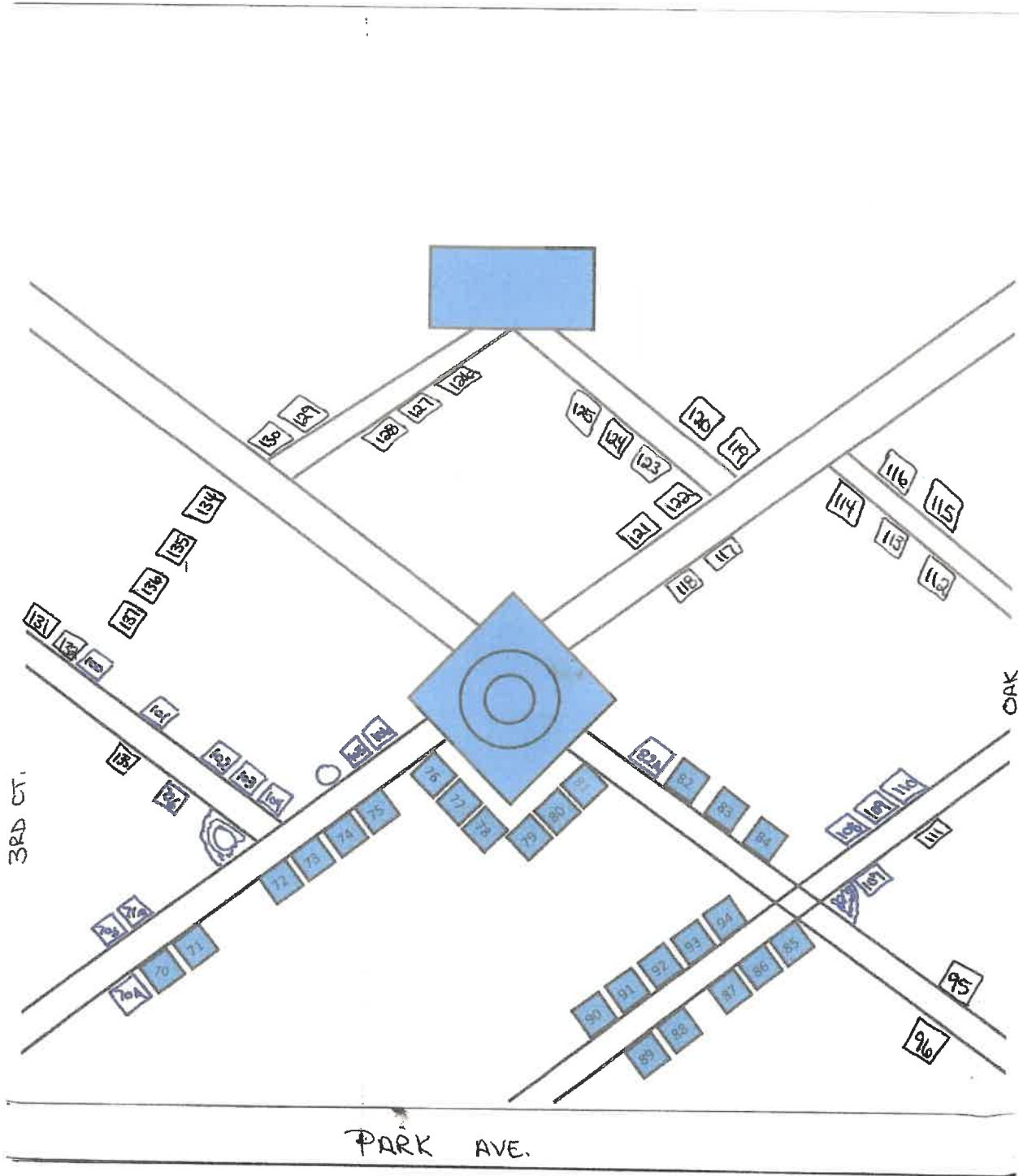


Panama City Farmers Market Street Closure

200 Block of Park Ave.

 = DOT Approved Barricade

McKenzie Park





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/15/2022

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).

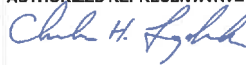
PRODUCER Acentria Insurance - Panama City 306 E 19th St Panama City FL 32405 License#: L100460 PANACIT-04	CONTACT NAME: PHONE (A/C, No, Ext): 850-257-2990 FAX (A/C, No): 850-257-2991 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE INSURER A: Southern-Owners Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 10190

COVERAGES **CERTIFICATE NUMBER:** 241767173 **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 <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:	Y	78653510	12/29/2021	12/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	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	Y/N	N/A			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 POB 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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