



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

Special Event Permit Application

Event	Event Name: Glenwood Community Farmer's Market	Event Date: 04/02/2022	
	Event Venue/Location requested: 704 14th Ct E, Panama City, FL 32401		
	Organization/Applicant Name: DADSRA		
Applicant Information	Address: 3104 Justine Ct, Panama City, FL 32404		
	Contact Name: D. Michelle Clay		
	Office Phone:	Cell: 850 771-5197	Email: dadsra.pc@gmail.com
	Social Media/ Website: www.dadsraworldwide.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: Provide free fresh foods to the community. Quarterly event: 4/2/22, 7/2/22, 10/1/22		
Estimated number of spectators: <u>100</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: April 02, 2022 1pm		Event End Date/Time: April 02, 2022 6pm	
Event Set-up Date/Time: April 02, 2022 11am		Event Breakdown Date/Time: April 02, 2022 6pm	
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: MLK Recreation Center			
Do you have designated handicap parking? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Location: <u>MLK Recreation Center</u>			
Event Rain Date requested: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Date: <u>April 09, 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 type="checkbox"/> National Radio <input type="checkbox"/> Local TV <input 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 type="checkbox"/> Social Media Outlet <input checked="" type="checkbox"/>			



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

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? _____
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?

Is there a Sanitation/Clean-up plan? YES NO

Name and phone number of Company/Person responsible for Sanitation/Clean-up services:
Event Organizers _____

Will additional garbage carts be needed? YES NO How many? 4

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): 04/04/2022

Portable Restrooms: YES NO Number of portable restrooms: Standard 1 ADA 1

Date/Time: Drop off 04/01/2022 Pick up 04/04/2022

Will there be Stages/Platforms _____ or Tent(s) _____

Size of stage/platform: _____ Location: _____

Tents: 4 of any _____ ; _____ 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

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)

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:	D Michelle Clay
	Applicant's Signature:	<i>D Michelle Clay</i> <small>eSigned via SeamlessDocs.com Key: 9e5cbe5737736ce6fcd7277ba927a1</small>
	Date:	03/16/2022
	Event Coordinator print name:	Missy Bagwell 03/16/2022
Event Coordinator Signature:	<i>Missy Bagwell</i> <small>eSigned via SeamlessDocs.com Key: fa0b95d513ba1f0d29659c4050659</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 type="checkbox"/> NO <input type="checkbox"/> Yes, with conditions listed below <input checked="" type="radio"/>
	Conditions: Please note this application is for three (3) dates 4/2/22, 7/2/22, 10/1/22.
	QOL Department Director Signature & Date:
	<i>Sean G. De Palma</i> <small>eSigned via SeamlessDocs.com Key: 40d703759920d147bb65d8f33d67811</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: e681c7b3c390f173706d29caabdf6d5</small>
	Panama City Police Department Chief Signature & Date:
<i>Mark Smith</i> <small>eSigned via SeamlessDocs.com Key: 3ad7c978d7c2179c58a5fb810e2a201</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: 7365ee6a1e477369f01559e8bc9ff492</small>	
I.N. Application Ready for Commission:	
City Commission consideration and action: Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Date: 03/16/2022	

Permit Fees / Internal Use Only	Fees (check paid fees)	
	<input type="checkbox"/> Application Fee	\$0
	<input type="checkbox"/> Security Deposit	\$0
	<input type="checkbox"/> Solid Waste – Garbage Carts/Dumpsters	\$40
	<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	\$40	



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 10th 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

DADSRA
Print Name of Organization or Individual

eSigned via SeamllessDocs.com

Key: 0a5cb0737730ca9fcd7277ba927a8

Signature
D Michelle Clay
(Print Name)

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



Martin Luther King Jr Blvd

E 14th Ct

1605060.20, 42852



Food Vendors



Booths



Sound System



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/10/2022

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 Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL ADDRESS: contact@hiscox.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Hiscox Insurance Company Inc 10200 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED DADSRA 3104 Justine Court Panama City FL 32404		

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 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	UDC-5106678-CGL-22	03/10/2022	03/10/2023	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 - COMP/OP AGG \$ S/T Gen. 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	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	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

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 24 2013**

DADSRA INNOVATIVE SOLUTIONS -
WORLDWIDE INC
C/O STEVE DEVOE
1320 FENWICK LN STE 206
SILVER SPRING, MD 20910

Employer Identification Number:
45-5608511
DLN:
17053284321022
Contact Person:
EDWARD S SCHLAACK ID# 31536
Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
June 25, 2012
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

DADSRA INNOVATIVE SOLUTIONS -

Sincerely,

A handwritten signature in black ink that reads "Holly O Paz". The signature is written in a cursive style with a large, looped "O" and a long, sweeping tail on the "y".

Holly O. Paz
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC