



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

Special Event Permit Application

Event	Event Name: 35th Annual Race Judicata	Event Date: 05/07/2022	
	Event Venue/Location requested: Bay County Courthouse		
	Organization/Applicant Name: Bay County Bar Association		
Applicant Information	Address: 221 McKenzie Ave #3128, Panama City, FL 32401		
	Contact Name: Doug Smith		
	Office Phone: 850 769-1414	Cell: 850 276-5673	Email: dsmith@burkeblue.com
	Social Media/ Website: https://burkeblue.com		
	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 type="checkbox"/> Marathon/Race/Walk <input checked="" type="checkbox"/> Parade/Procession <input type="checkbox"/>		
Wedding <input type="checkbox"/> Marina <input type="checkbox"/> Other <input type="checkbox"/>			
Brief Description: Scenic Cove 5K route			
Estimated number of spectators: <u>150</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: May 07, 2022 8am		Event End Date/Time: May 07, 2022 10am	
Event Set-up Date/Time: May 07, 2022 7am		Event Breakdown Date/Time: May 07, 2022 10am	
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="checkbox"/> NO <input type="checkbox"/>			
Location: <u>Public handicap parking</u>			
Event Rain Date requested: YES <input type="checkbox"/> 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 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"/>			



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Will sound amplifying equipment be used? YES NO Type of equipment: PA 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 : Scenic Cove 5k
What is the approximate number of persons, vehicles, animals, type of animals and description of vehicles?
100 runners

Is there a Sanitation/Clean-up plan? YES NO
Name and phone number of Company/Person responsible for Sanitation/Clean-up services:
Organizers _____
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: _____ of _____ ; _____ 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 DS

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.



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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: Doug Smith	
Applicant's Signature:	<i>Doug Smith</i> <small>eSigned via SeamlessDocs.com Key: 6e52b49737730c4910d17277ba9278</small>	Date: 03/10/2022
Event Coordinator print name: Missy Bagwell		03/21/2022
Event Coordinator Signature:	<i>Missy Bagwell</i> <small>eSigned via SeamlessDocs.com Key: fa0b95d513ba1f0d2d59c405065035</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: 40a17037595020d147bb85d3d53d97888</small>
	Panama City Police Department Approval: YES ___ NO ___ Yes, with conditions listed below <input checked="" type="radio"/>
	Conditions: Combined 5 police and 5 QOL
	Panama City PD Professional Services Signature & Date: <i>Capt. Chris Nichol</i> <small>eSigned via SeamlessDocs.com Key: ec81c7bb3c3b3f173706d29caebdf615</small>
	Panama City Police Department Chief Signature & Date: <i>Mark Smith</i> <small>eSigned via SeamlessDocs.com Key: 3ad7c378d7c2179c58a5fb610e2a2e1</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: 7365aef1e4773b6f01559e8bc9ff4b2</small>	
Application Ready for Commission:	
City Commission consideration and action: Approved ___ Disapproved ___ Date: _____	

Permit Fees / Internal Use Only	Fees (check paid fees)	
	<input checked="" type="checkbox"/> Application Fee	\$100
	<input checked="" type="checkbox"/> Security Deposit	\$250
	<input type="checkbox"/> Solid Waste – Garbage Carts/Dumpsters	\$ _____
	<input type="checkbox"/> Logistics – Electrical Connections	\$ _____
	<input type="checkbox"/> Utilities – Water Meter	\$ _____
	<input checked="" type="checkbox"/> Police / Security	\$500
	<input type="checkbox"/> Block Party	\$ _____
	<input type="checkbox"/> Fire / EMT	\$ _____
	<input type="checkbox"/> Other	\$ _____
Total Fees Due	\$850	



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

Bay County Bar Association
Print Name of Organization or
Individual

eSigned via eSignMeasDocs.com
Doug Smith
Key: da5cb6d737730c99fcd7277ba92f1a2

Doug Smith
Signature
Doug Smith
(Print Name)

Title: Asst. Race Director
Print Name and Title if acting on Behalf of
Above Organization

Scenic Cove 5k



Starting from McKenzie Ave

- | | |
|---|--|
| <ol style="list-style-type: none"> 1 Head north on McKenzie Ave toward E 4th St 2 Take the 1st right onto E 4th St 3 Slight right onto Massalina Dr 4 Take the 1st right to stay on Massalina Dr 5 Turn right to stay on Massalina Dr 6 Continue onto Allen Ave 7 Turn right onto E 2nd Ct 8 Turn left onto E Beach Dr 9 Continue onto Cherry St 10 Turn right onto Bunkers Cove Rd | <ol style="list-style-type: none"> 11 Turn left onto Dewitt St 12 Turn left onto S Cove Blvd 13 Take the 1st left onto Cherry St 14 Take the 1st right onto Hamilton Ave 15 Continue straight onto Massalina Dr. 16 Turn left to stay on Massalina Dr 17 Slight left onto E 4th St <p>Total: 5k</p> <p>(NO DOT PERMIT REQUIRED)</p> |
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/16/2022

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 Insurance Management Group 12730 Coldwater Road, Suite 103 Fort Wayne IN 46845	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Margaret Mayers</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (260) 338-2925</td> <td>FAX (A/C, No): (765) 664-0761</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: mmayers@insmgt.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: National Casualty Company</td> <td>NAIC #: 11991</td> </tr> <tr> <td>INSURER B: Nationwide Life Insurance Company</td> <td>66869</td> </tr> <tr> <td>INSURER C:</td> <td></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> </table>	CONTACT NAME: Margaret Mayers		PHONE (A/C, No, Ext): (260) 338-2925	FAX (A/C, No): (765) 664-0761	E-MAIL ADDRESS: mmayers@insmgt.com		INSURER(S) AFFORDING COVERAGE		INSURER A: National Casualty Company	NAIC #: 11991	INSURER B: Nationwide Life Insurance Company	66869	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Road Runners Club of America/2022 and Its Member Clubs 1501 Langston Boulevard, Suite 140 Arlington VA 22209																					

COVERAGES CERTIFICATE NUMBER: 2022 \$1M A.I. 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 <input checked="" type="checkbox"/> Legal Liability to Participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event Basis			KRO0000008971200	12/31/2021	12/31/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			KRO0000008971200	12/31/2021	12/31/2022	GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Abuse and Molestation	\$ 500,000
							COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB 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	
							OTHER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
B	Excess Medical & Accident (\$250 Deductible/Claim)			BAX0000031850400	12/31/2021	12/31/2022	E.L. DISEASE - POLICY LIMIT	\$
							Excess Medical	\$10,000
							AD & Specific Loss	\$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS TO THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 05/07/22 Race Judicata INSURED RRCA CLUB/EVENT MEMBER: Panhandle Runners & Triathletes ATTN: Angela Klopf, PO Box 381, Panama City FL 32402 Processed by RMV

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

Jerry R. Miller

CERTIFICATE HOLDER 05/07/22 Bay County Bar Association 300 East 4th St. Panama City FL 32401	
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