



Special Event Permit Application

Event	Event Name: Blessing of The Fleet	Event Date: 05/14/2022	
	Event Venue/Location requested: St. Andrews Marina		
	Organization/Applicant Name: Second Chance of Northwest Florida, Inc		
Applicant Information	Address: 819 East 11th Street, Panama City, Florida 32401		
	Contact Name: Andre Boyd		
	Office Phone: 4075066130	Cell: 4075066130	Email: andre@andreknowsmarketing.co
	Social Media/ Website: www.schance.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 checked="" type="checkbox"/> Demonstration <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Festival <input checked="" 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 checked="" type="checkbox"/> Other <input type="checkbox"/>
	Brief Description: The 25th Annual BLESSING OF THE FLEET, Fish Fry & Burning of the Socks will be held at the St. Andrews Marina on Saturday, May 14, 2022. Fish Fry will begin serving at 11:00am with Sock Burning event to follow. Processional of water vessels starts at 12:00 noon. Proceeds benefit Second Chance of Northwest Florida, a local non-profit organization that provides services to brain injury survivors and their family in the community.

Estimated number of spectators: 2,000
 Will any fees be charged to the spectators? YES NO
 If so, what fees and amount will be charged? _____

Event Start Date/Time: May 14, 2022 09:00AM Event End Date/Time: May 14, 2022 05:00PM
 Event Set-up Date/Time: May 14, 2022 06:00AM Event Breakdown Date/Time: May 14, 2022 06:00PM

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:
 Limited parking at The St. Andrews Marina due to construction.

Do you have designated handicap parking? YES NO
 Location: Designated parking space marked around the marina

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



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

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)
N/A

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? Bayview Ave & 11th Street
Beginning Crossroad: 11th Court/ Beck Ave Ending Crossroad: 10th Street/ Bayview Ave
Requested time of closure from: 6AM to: 6PM
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?
N/A

Is there a Sanitation/Clean-up plan? YES NO
Name and phone number of Company/Person responsible for Sanitation/Clean-up services:
2nd Chance volunteers/staff will clean area 850-814-9942
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 4 ADA 2
Date/Time: Drop off 05/14/2022 6AM Pick up 05/14/2022 6PM

Will there be Stages/Platforms _____ or Tent(s)
Size of stage/platform: _____ Location: _____
Tents: 25 of 10x10 ; 2 of 20x40
(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.
N/A



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 AB

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)
Please attached

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: Andre BOYD

Applicant's Signature: *Andre BOYD*
eSigned via SeamlessDocx.com
Key: 6e5cbe9737736ce8fcd7277ba927a
Date: 03/15/2022

Event Coordinator print name: Missy Bagwell 03/21/2022

Event Coordinator Signature: *Missy Bagwell*
eSigned via SeamlessDocx.com
Key: 6a0b95c1513ba1f0d29659c4020866f

City Sponsored ___ **City Partnered** ___ **CRA** ___

QOL Department Director's Approval: YES NO ___ **Yes, with conditions listed below** ___

Conditions:

QOL Department Director Signature & Date: *Sean G. De Palma*
eSigned via SeamlessDocx.com
Key: 40d7037599020d147bb5d853a67888

Panama City Police Department Approval: YES ___ NO ___ **Yes, with conditions listed below**

Conditions: 4 officers

Panama City PD Professional Services Signature & Date: *Capt. Chris Nichol*
eSigned via SeamlessDocx.com
Key: e081c7bb3c303f17370d22caebd8d1f

Panama City Police Department Chief Signature & Date: *Mark Smith*
eSigned via SeamlessDocx.com
Key: 3ad7c978d7c5179c88a5b810e2a20f

Panama City Fire Department Approval: YES ___ NO ___ **Yes, with conditions listed below**
Conditions: Burn permit has been signed and approved

Panama City Fire Department Chief Signature & Date: *David W. Collier*
eSigned via SeamlessDocx.com
Key: 7395ee1a1e477399f01559e8bc9f492

Application Ready for Commission:
City Commission consideration and action: Approved ___ Disapproved ___ **Date:** _____

Fees (check paid fees)	
<input type="checkbox"/> Application Fee	\$ 100
<input 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 type="checkbox"/> Police / Security	\$ 735
<input type="checkbox"/> Block Party	\$ _____
<input type="checkbox"/> Fire / EMT	\$ _____
<input type="checkbox"/> Other	\$ _____
Total Fees Due	\$ 1085



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 _____ day of _____ 20_____

Signed, sealed and delivered
in the presence of

Print Name of Witness

Print Name of Witness

Second Chance of Northwest Florida, Inc

Print Name of Organization or
Individual

Signed via SeamlessDocs.com
Andre BOYD
Key: 645cb62737736c9f6d17277ba927a8

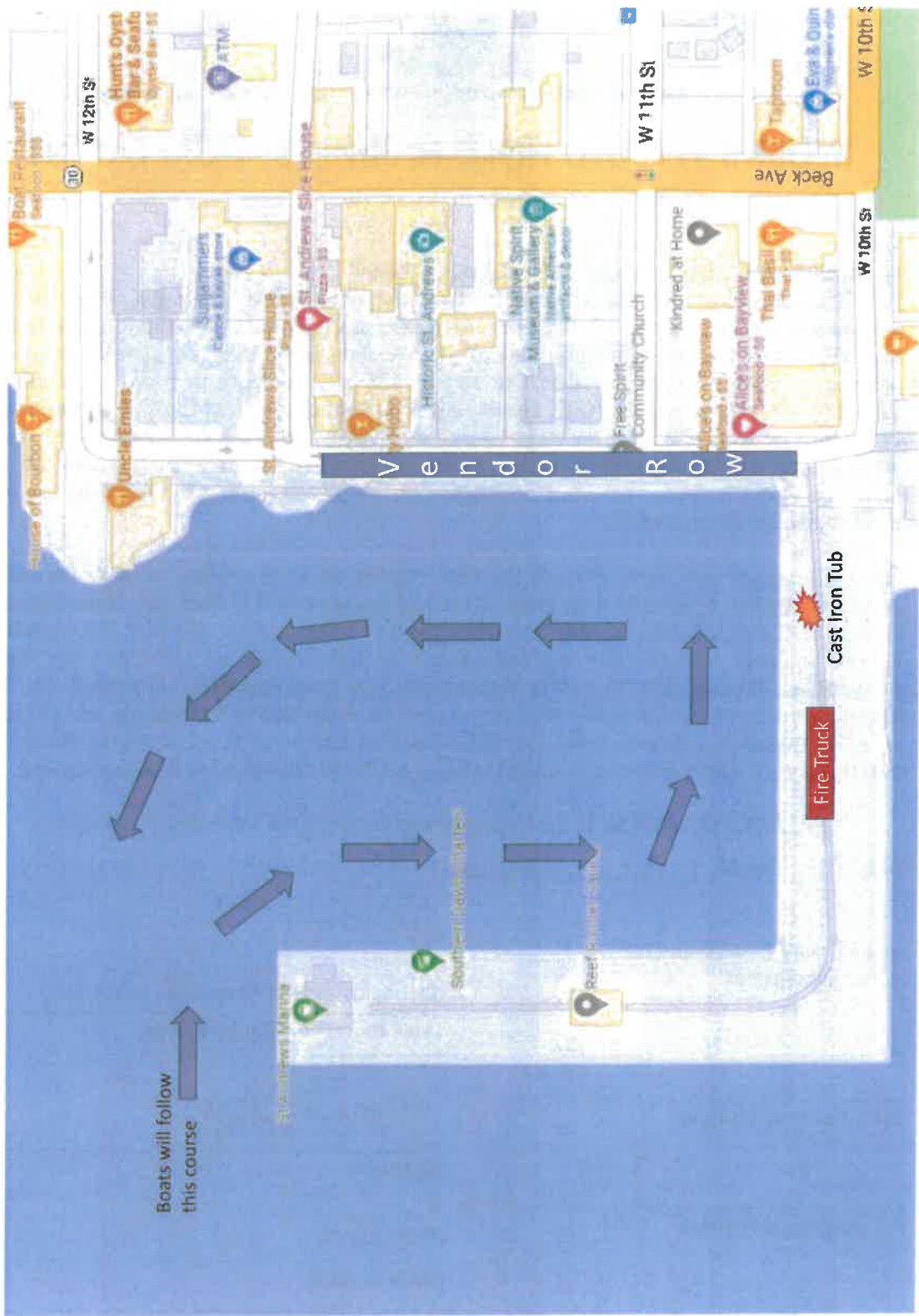
Signature

Andre BOYD

(Print Name)

Title: Executive Director

Print Name and Title if acting on Behalf of
Above Organization



Boats will follow this course

Vendor Row

Fire Truck

Cast Iron Tub



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/25/2022

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 Broward Hall Agency P.O. Drawer 2210 Panama City FL 32402	CONTACT NAME: Karina Scoliere
	PHONE (A/C, No, Ext): (850) 769-4828 FAX (A/C, No): (850) 785-8573 E-MAIL ADDRESS: karina@browardhall.com
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Ins Co.	18058
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES CERTIFICATE NUMBER: 2022-2023 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK2384122	03/03/2022	03/03/2023	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				\$ 3,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PRODUCTS - COMP/OP AGG	\$ 3,000,000
	<input type="checkbox"/> SEXUAL/PHYSICAL ABUSE OR							\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRE AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED-SINGLE-LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	DED RETENTION \$						PER STATUTE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			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 501 Harrison Ave Panama City FL 32401	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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INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV - 5 1997**

Employer Identification Number:
59-3094842

DLN:
17053256846007

SECOND CHANCE OF NORTHWEST FLORIDA
INC

Contact Person:
D. A. DOWNING

~~PO BOX 15012~~ *P.O. Box 285*
PANAMA CITY, FL ~~32406-6012~~

32402 - 0285 Contact Telephone Number:
(513) 241-5199

Our Letter Dated:
March 1994

Addendum Applies:
Yes

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

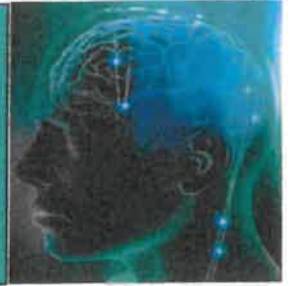
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

Second Chance of Northwest Florida, Inc.

A Non-profit Organization Serving the Needs of Adults With Brain Injuries and their Families.



FIN #59-3094842

Second Chance of NW FL, P.O. Box 285, Panama City, FL 32402

Phone: (850) 769-7779 • Fax: (850) 215-7718

Headquarters:

P.O. Box 285
Panama City, FL 32402
(850) 769-7779

Sheri Morden
President

Jon Cupp
Executive Director

Board of Directors:

Andre Boyd
Chairman

Nita French
Secretary

William Bane
Treasurer

Directors

Lauri Brites
Tracey Neudecker
Ron Schreffler

Email:

jon.cupp@schance.org
sherl.morden@schance.org

Web Site:

www.secondchancenwfl.org

100% of contributions are used
for and by Second Chance of
Northwest Florida, Inc. of Bay
County Florida



Affiliated Agency

February 25, 2022

City of Panama City Commission
Panama City, FL

RE: Waiver of Fee for Blessing of the Fleet/Sock Burning

Dear Commission,

I hope this note finds you all well. My name is Jon Cupp and I serve as the executive director of Second Chance of Northwest Florida, Inc.

Please allow me to respectfully request that you waive our application fees for this year's Blessing of the Fleet/Sock Burning to be held in St. Andrews May 14, 2022. Given the additional financial burden for all due to the pandemic, we are very dependent upon the revenue generated from this fundraiser event.

Thank you for the support and consideration you have shown us over the many years. Please feel free to contact me regarding this matter.

Respectfully,


Jon M. Cupp
Executive Director
Second Chance of Northwest Florida, Inc.



SECURITY PLAN

As a 30 year career SEAL (retired in 2016) and lifelong Bay County resident (Bay High class of 1983), I understand the dynamics of personal and crowd security. I've been on multiple high level security details around the world plus as a resident, am very familiar with the area i.e., ingress and egress of this particular event. Please see below summary of plan:

- 1. Six personnel will have handheld radios for communication.**
- 2. There will be three levels of observation points**
 - a. Internal – usually where VIPs congregate**
 - b. Middle – mostly roving around vendors**
 - c. External – outer perimeter**
- 3. The main goal is to spot unusual or suspicious activity which is noticeably out of the context of the event.**
- 4. Observers are not authorized to detain, they are merely the eyes and ears with a diligent focus on safety so others may have a relaxing ceremony.**
- 5. If required, 911 will be called immediately if a situation occurs that cannot be resolved in a peaceful manner.**

**Respectfully,
Scott Neudecker MCPO (Ret)**