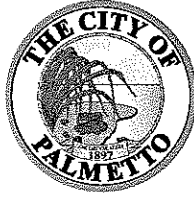


TAB 5



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Arthritis Walk EVENT DATE: 5-15-08
 APPLICANT: Arthritis Foundation EVENT TIME: 6pm-9pm
 ADDRESS: 410 12th St. W., Bradenton, FL 34205 PHONE: 941-708-3901
 CONTACT: Lee Lewis PHONE: 941-720-0714 (cell)

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Bradenton to Palmetto and back - Southbound west lane of Green Bridge (Business 41)

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: Security: _____ Other: _____
 PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: CONES - Southbound west lane of Green Bridge
from Riverside Dr. (Avenue) to 9th St. W / 3rd Ave. (of Bradenton) (same as 2007)
 If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required.
 Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
 Proposed location(s): N/A

INSURANCE REQUIREMENT: Organized events open to the public require insurance naming the City of Palmetto as an "Additional Insured" and the insurance policy must be provided to the City Clerk ten (10) days prior to the event. If you have entered into a rental agreement for a City facility for a private event, no insurance is required. **Please review Exhibit A for insurance coverage requirements.**

The Special Function Permit Application must be submitted to City Commission for approval at least 30 days prior to the event. Sale or consumption of alcoholic beverages on City property is strictly prohibited. If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

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PLEASE CONTINUE TO PAGE 2.

Special Function Permit Application
Page 2

EVENT: Archie's Week

Event Date: 5-15-08

INDEMNITY

Archie's Foundation (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Lee Lewis
Permittee Community Development Coordinator
Archie's Foundation

| | |
|--|--------------------|
| CITY APPROVAL: | |
| Public Works Director <u>[Signature]</u> | Date _____ |
| Planning & Zoning <u>[Signature]</u> | Date <u>4/4/08</u> |
| Risk Management <u>[Signature] PENDING INS.</u> | Date <u>4/7/08</u> |
| Parks Department <u>[Signature] See Attachment</u> | Date <u>4/4/08</u> |
| Police Department _____ | Date _____ |
| North River Fire _____ | Date _____ |
| APPROVED BY COMMISSION: _____ | Date _____ |

Internal use only
Date Received: 4/2/2008 [Signature]

Special Function Permit Application
Page 2

EVENT: Archie's Week

Event Date: 5-15-08

INDEMNITY

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I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Lee Lewis
Permittee Community Development Coordinator
Archie's Foundation

CITY APPROVAL:

| | |
|---------------------------------|----------------------|
| Public Works Director _____ | Date _____ |
| Planning & Zoning _____ | Date _____ |
| Risk Management _____ | Date _____ |
| Parks Department _____ | Date _____ |
| Police Department <u>T.M.J.</u> | Date <u>04/01/08</u> |
| North River Fire _____ | Date _____ |
| APPROVED BY COMMISSION: _____ | Date _____ |

Internal use only
Date Received: 4/2/2008 [Signature]

Special Function Permit Application

Page 2

EVENT: Arthritis Walk

Event Date: 5-15-08

INDEMNITY

Arthritis Foundation (Permittee) agrees to defend, indemnify, and hold harmless the CITY OF PALMETTO, its officers, agents, employees, and volunteers from all loss, cost, and expense arising out of any liability or claim or liability for personal injury, bodily injury to persons, contractual liability and damage to property sustained or claimed to have been sustained arising out of activities of the Permittee or those of any of its officers, agents, employees, licensees, or invitees, whether such act is authorized by this permit or not; and Permittee shall pay for any and all damage to the property of the CITY OF PALMETTO, or loss or theft of such property, done or caused by such persons. CITY OF PALMETTO assumes no responsibility whatsoever for any property placed on the premises. Permittee further agrees to waive all rights of subrogation against CITY OF PALMETTO. The provisions of this paragraph clause do not apply to any damage or loss caused solely by the negligence of the CITY OF PALMETTO or any of its agents or employees.

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS AND INDEMNITY.

Lee Lewis

Permittee Community Development Coordinator
Arthritis Foundation

CITY APPROVAL:

| | |
|-------------------------------------|----------------------|
| Public Works Director _____ | Date _____ |
| Planning & Zoning _____ | Date _____ |
| Risk Management _____ | Date _____ |
| Parks Department _____ | Date _____ |
| Police Department _____ | Date _____ |
| North River Fire <u>[Signature]</u> | Date <u>04/01/08</u> |
| APPROVED BY COMMISSION: _____ | Date _____ |

Internal use only
Date Received: 4/1/08 [Signature]

Special Function Permit/Temporary Use Permit Application

Arthritis Walk, Arthritis Foundation
Lee Lewis, 720-0714

Thursday, May 15, 2008
6:00 p.m. – 9:00 p.m.

Bradenton to Palmetto walk Southbound west lane of Green Bridge

COSTS associated with the Arthritis Walk:

| | |
|---|-------------|
| 3 employees @ \$29.00/hour (3 hours each) | \$261.00 |
| 1 truck @ 7.50/hour (3 hours) | 22.50 |
| Cones (125 @ .35) | 43.75 |
| Safety signs (4 @ 1.50) | <u>6.00</u> |
| Total: | \$333.25 |

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/09/2008

PRODUCER 770.232.0202 FAX 770.232.9202

McCart Insurance & Risk Management
2405 Satellite Boulevard #200
Duluth GA 30096
Attn: Tina Gill

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED ARTHRITIS FOUNDATION

Florida Chapter
408 12th Street
West Bradenton, FL 34205

INSURER A: One Beacon

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------------|--|-------------------|----------------------------------|-----------------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 710-01-93-25-0001 | 05/01/2008 | 05/01/2009 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: Arthritis Walk 2008

Date: May 15, 2008

Loc.: Old Main St. & 3rd Ave. West (Bradenton) & Palmetto Pier (Palmetto)

City of Palmetto is additional insured as required by contract only with respect to the above-referenced event.

[Email: dponder@palmettofl.org]

CERTIFICATE HOLDER

City of Palmetto
Attn: Dianne Ponder
516 8th Avenue West
Palmetto, FL 34221

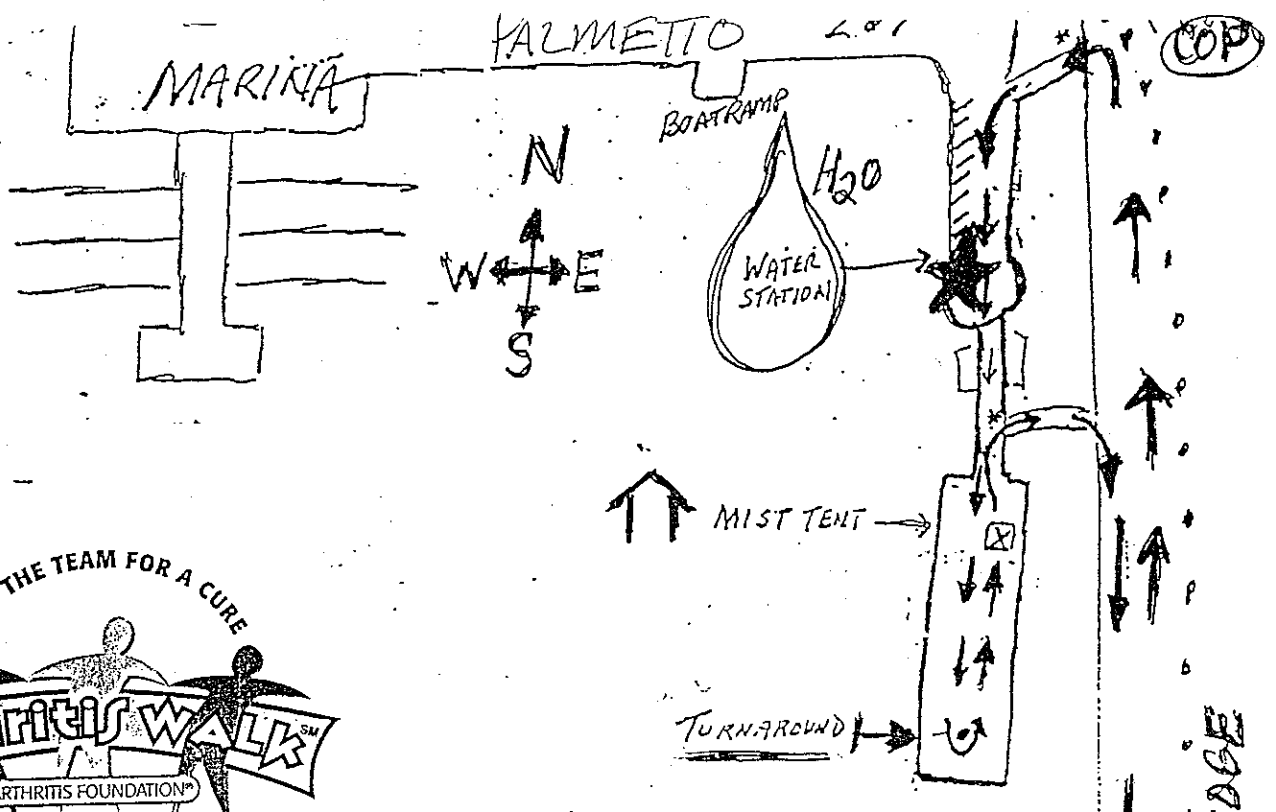
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

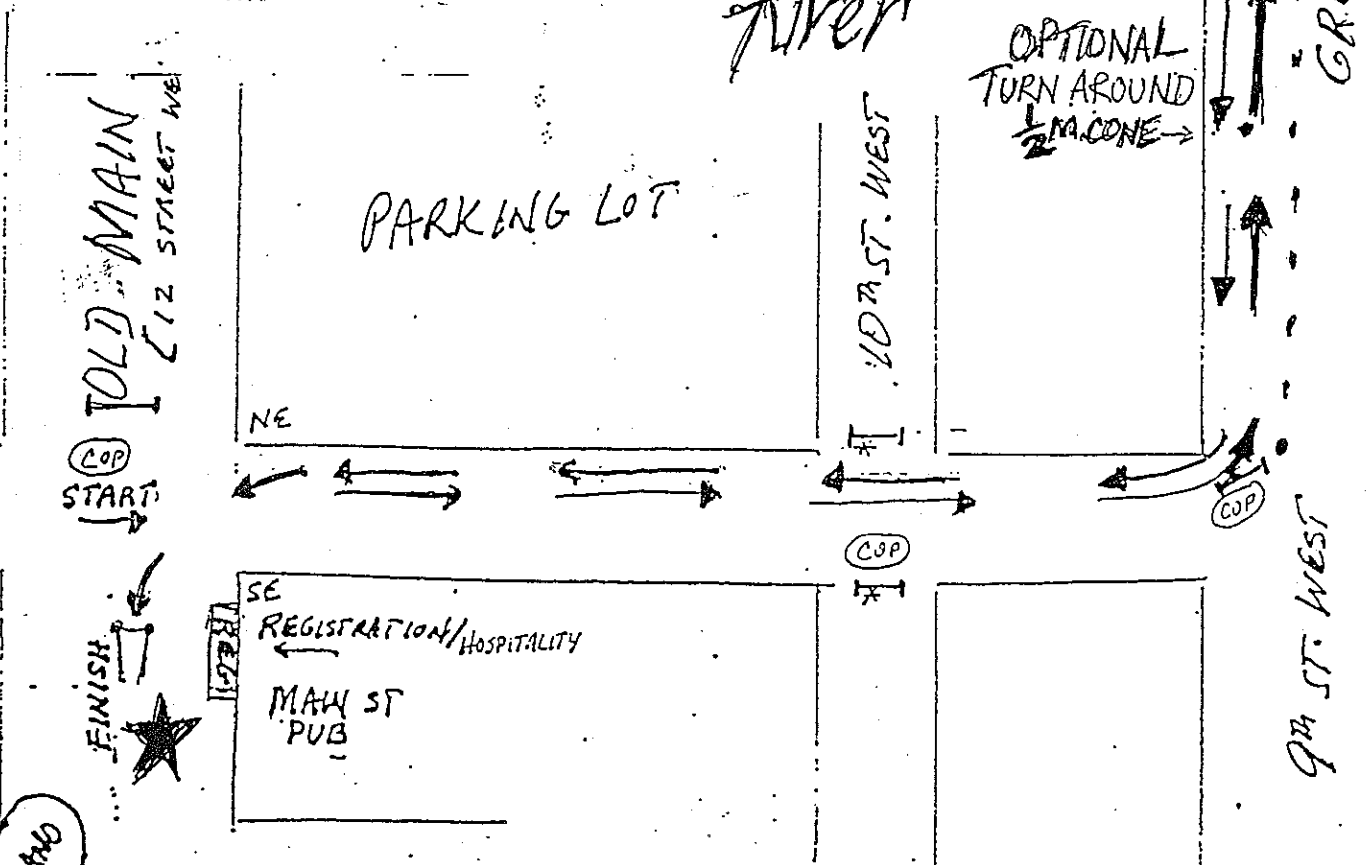
Tina Gill/MICBYA

Tina L. Gill



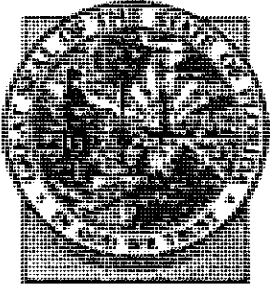
www.arthritis.org

Manatee River



GET DOWN
DOWN TOWN

DOWNTOWN
BRADENTON



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

March 18, 2008

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: CH25

ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.
408 12TH ST W
BRADENTON, FL 34205-7821

RE: ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.
REGISTRATION#: CH25
EXPIRATION DATE: April 27, 2009

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Nina J McLeod

Nina J McLeod
Regulatory Consultant
1-800-HELP-FLA, (850) 488-2221
Fax: 850-410-3804
E-mail: mcleodn@doacs.state.fl.us



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
08/09/06

| | | | |
|--------------------|----------------|-----------------|------------------------|
| 85-8012671979C-9 | 12/23/2003 | 12/31/2008 | 501(C)(3) ORGANIZATION |
| Certificate Number | Effective Date | Expiration Date | Exemption Category |

This certifies that

ARTHRITIS FOUNDATION FLA CHAPTER INC
408 12TH ST W
BRADENTON FL 34205-7821

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
REQUEST FOR TEMPORARY CLOSING/SPECIAL USE OF STATE ROAD

FORM 820-040-65
 MAINTENANCE - 02/92
 Page 1 of 2

INSTRUCTIONS: OBTAIN SIGNATURES OF LOCAL LAW ENFORCEMENT AND CITY/COUNTY OFFICIALS PRIOR TO SUBMITTING TO DEPARTMENT OF TRANSPORTATION. ATTACH ANY NECESSARY MAPS OR SUPPORTING DOCUMENTS.

| | | | |
|---|--------------------------------------|---|---|
| NAME OF ORGANIZATION <i>Arthritis Foundation</i> | | PERSON IN CHARGE <i>Lee Lewis</i> | DATE <i>3-31-08</i> |
| ADDRESS OF ORGANIZATION <i>410 12th St. W., Bradenton, FL 34205</i> | | | TELEPHONE NUMBER <i>941-708-3901</i> |
| TITLE OF EVENT <i>Arthritis Walk</i> | | | |
| DATE OF EVENT <i>5-15-08</i> | STARTING TIME OF EVENT <i>6pm</i> | DURATION OF EVENT (APPROX.) <i>3 Hours</i> | ACTUAL CLOSING TIME (INCLUDING SETTING UP BARRIERS, ETC.) <i>9:00 PM</i> |
| PROPOSED ROUTE (INCLUDE STATE ROAD NUMBER, SPECIFIC LOCATION, ETC. - INCLUDE MAPS) <i>U.S. Business 41 Bridge between Bradenton + Palmetto, FL. Closing south bound west lane across the bridge from Palmetto to Bradenton for the Arthritis Walk. Set out cones + signs 6:15pm. Pick up cones + signs 8:15pm. Approximately 500 plus walkers.</i> | | | |
| DETOUR ROUTE (INCLUDE ALTERNATE ROUTES - INCLUDE MAPS) | | | |

NAME OF DEPT. RESPONSIBLE FOR TRAFFIC CONTROL, ETC. (CITY POLICE, SHERIFF'S DEPT., FLORIDA HWY. PATROL, ETC.) (INCLUDE PRECINCT NO.)

SPECIAL CONDITIONS

THIS SECTION IS TO BE COMPLETED WHEN PERMITTING SPECIAL USE OF A STATE ROAD FOR FILMING

LICENSED PYROTECHNICS OPERATOR _____ LICENSE NO. _____

APPROVAL OF LOCAL FIRE DEPARTMENT _____

LIABILITY INSURANCE CARRIER _____ POLICY EFFECTIVE DATE _____

COVERAGE AMOUNT _____ (\$1,000,000 MINIMUM)

LENGTH OF COVERAGE _____ DAYS

FEDERAL AVIATION ADMINISTRATION APPROVAL FOR LOW FLYING FILMING _____

ADDITIONAL LIABILITY INSURANCE AMOUNT _____ (\$5,000,000 MINIMUM)

| | | |
|---|--|--------------------------------|
| TYPED NAME AND TITLE (INCLUDE BADGE NO IF APPROPRIATE) <i>MICHAEL B. MAYER, DEPUTY CHIEF OF POLICE</i> | SIGNATURE OF CHIEF OF LAW ENFORCEMENT AGENCY <i>[Signature]</i> | DATE SIGNED <i>04/01/08</i> |
| TYPED NAME AND TITLE OF CITY/COUNTY OFFICIAL <i>LAWRENCE E. BUSTLE, JR., MAYOR</i> | SIGNATURE OF CITY/COUNTY OFFICIAL <i>[Signature]</i> | DATE SIGNED <i>4/2/08</i> |

AUTHORITIES: CHAPTER 14-65, FLORIDA ADMINISTRATIVE CODE; RULES OF THE DEPARTMENT OF TRANSPORTATION - TEMPORARY CLOSING AND SPECIAL USE OF STATE ROADS, SECTIONS 317.406(1), 496.06 AND 316.008, FLORIDA STATUTES.

The Permittee, shall indemnify, defend, and hold harmless the Department and all of its officers, agents, and employees from any claim, loss, damage, cost, charge, or expense arising out of any acts, actions, neglect, or omission by the Permittee, its agents, employees, or subcontractors during the performance of the Contract, whether direct or indirect, and whether to any person or property to which the Department or said parties may be subject, except that neither the Permittee nor any of its subcontractors will be liable under this Article for damages arising out of the injury or damage to persons or property directly caused or resulting from the SOLE negligence of the Department or any of its officers, agents or employees.

Contractor's obligation to indemnify, defend, and pay for the defense or at the Department's option, to participate and associate with the Department in the defense and trial of any damage claim or suit and any related settlement negotiations, shall be triggered by the Department's notice of claim for indemnification to Contractor. Contractor's inability to evaluate liability or its evaluation of liability shall not excuse Contractor's duty to defend and indemnify within seven days after such notice by the Department is given by registered mail. Only an adjudication or judgment after highest appeal is exhausted specifically finding the Department SOLELY negligent shall excuse performance of this provision by Contractor. Contractor shall pay all costs and fees related to this obligation and its enforcement by the Department. Department's failure to notify Contractor of a claim shall not release Contractor of the above duty to defend.

It is understood and agreed that the rights and privileges herein set out are granted only to the extent of the State's right, title, and interest in the land to be entered upon and used by the Permittee, and the Permittee will, at all times, assume all risk of and indemnify, defend and save harmless the State of Florida and the Department from and against any and all loss, damage, cost, or expense arising in any manner on account of the exercise or attempted exercises by said Permittee of the aforesaid rights and privileges.

During the event, all safety regulations of the Department shall be observed and the holder must take measures, including placing and display of safety devices, that may be necessary in order to safely conduct the public through the project area in accordance with the Federal Manual on Uniform Traffic Control Devices (MUTCD), as amended, and the Department's latest Roadway and Traffic Design standards.

In case of non-compliance with the Department's requirements in effect as of the approved date of this permit, this permit is void and the facility shall have to be brought into compliance or removed from the R/W at no cost to the Department.

Submitted by: Architect's Foundation Place Corporate Seal
Permittee
Lee Lewis Community Development
Signature and Title Coordinator Attested

Department of Transportation Approval: This Request is Hereby Approved

Recommended for approval _____ Title _____ Date _____

Approved by: _____ Date _____
District Secretary or Designee

DISTRIBUTION: Original - Permittee
1st copy - District Maintenance Office
2nd copy - Local Maintenance Engineer

