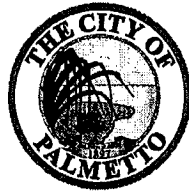


**TAB 1**



**SPECIAL FUNCTION PERMIT APPLICATION**

EVENT NAME: Fall Festival  
APPLICANT: First Baptist Church  
ADDRESS: 1020 4 st W  
CONTACT: Allen Smith

EVENT DATE: Oct. 31, 2009  
EVENT TIME: 5:00 - 7:30pm  
PHONE: 722-7795  
PHONE: \_\_\_\_\_

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Fall Festival on Church grounds 5<sup>th</sup> Street and 11<sup>th</sup> Avenue. Will have train in street (11<sup>th</sup> Ave) and would like to close.  
4:00 - 8:00pm

ANTICIPATED ATTENDANCE: 500+

**CITY SERVICES REQUIRED:**

POLICE: Streets Blocked: ~~\_\_\_\_\_~~ Traffic Control: \_\_\_\_\_ Security: \_\_\_\_\_ Other: \_\_\_\_\_  
PUBLIC WORKS: Barricades: X Clean-up: \_\_\_\_\_ Set-up: \_\_\_\_\_ Other: \_\_\_\_\_

*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): \_\_\_\_\_

**INSURANCE REQUIREMENT:** Insurance naming the City of Palmetto as an "Additional Insured" must be provided to the City Clerk ten (10) days prior to any event that is part of the Special Function Permit. . **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: Fall Festival

Event Date: Oct 31, 2009

**HOLD HARMLESS AGREEMENT**

First Baptist Church agrees to indemnify and hold harmless the City of Palmetto  
(Name of Organization/Person)

from any and all liability, defense costs, including other fees, loss or damage the City of Palmetto may suffer as a result of claims, demands, costs, or judgments against it arising from First Baptist Church's activities as indicated in the Special Function Application form.  
(Name of Organization/Person)

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

*[Handwritten Signature]*  
\_\_\_\_\_  
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>9/24/09</u>
Risk Management	<u>[Signature]</u>	Date	<u>9/24/09</u>
Parks Department	<u>Geoff Seneer (see attachment)</u>	Date	<u>9/24/09</u>
Police Department	_____	Date	_____
North River Fire	_____	Date	_____
APPROVED BY COMMISSION:	_____	Date	_____

Internal use only  
Date Received: [Signature]

RECEIVED

SEP 24 2009

FAXED  
SEP 24 2009

Special Function Permit Application  
Page 2

EVENT: Fall Festival Event Date: Oct 31, 2009

HOLD HARMLESS AGREEMENT

First Baptist Church agrees to indemnify and hold harmless the City of Palmetto  
(Name of Organization/Person)

from any and all liability, defense costs, including other fees, loss or damage the City of Palmetto may suffer as a result of claims, demands, costs, or judgments against it arising from First Baptist Church activities as indicated in the Special Function Application form.  
(Name of Organization/Person)

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

[Signature]  
Permittee

CITY APPROVAL:

Public Works Director _____	Date _____
Risk Management _____	Date _____
Parks Department _____	Date _____
Police Department _____	Date _____
North River Fire <u>[Signature]</u> _____	Date <u>9/24/09</u>
APPROVED BY COMMISSION: _____	Date _____

Internal use only  
Date Received: [Signature]

RECEIVED

SEP 24 2009

CITY CLERK

FAXED  
SEP 24 2009

Special Function Permit Application  
Page 2

EVENT: Fall Festival Event Date: Oct 31, 2009

HOLD HARMLESS AGREEMENT

First Baptist Church agrees to indemnify and hold harmless the City of Palmetto  
(Name of Organization/Person)

from any and all liability, defense costs, including other fees, loss or damage the City of Palmetto may suffer as a result of claims, demands, costs, or judgments against it arising from First Baptist Church activities as indicated in the Special Function Application form.  
(Name of Organization/Person)

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

[Signature]  
Permittee

CITY APPROVAL:

Public Works Director _____	Date _____
Risk Management _____	Date _____
Parks Department _____	Date _____
Police Department <u>Deputy Chief [Signature]</u>	Date <u>9-24-09</u>
North River Fire _____	Date _____
APPROVED BY COMMISSION: _____	Date _____

Internal use only  
Date Received: [Signature]

RECEIVED  
SEP 24 2009  
CITY HALL

FAXED  
SEP 24 2009  
BY: [Signature]

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/23/2009

PRODUCER (813) 708-0001  
The Harless Agency, Inc.  
2004 W. Thonotosassa Rd, #102

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.

Plant City FL 33563-

INSURERS AFFORDING COVERAGE NAIC #

INSURED  
FIRST BAPTIST CHURCH OF PALMETTO, INC.  
1020 4TH STREET WEST.

INSURER A: GUIDEONE INSURANCE

INSURER B:

INSURER C:

INSURER D:

PALMETTO FL 34221-

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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	1266-614	10/01/2009	10/01/2010	EACH OCCURRENCE \$ 1,000,000
	X	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
		CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER				PRODUCTS - COMP/OP AGG \$ 2,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
						\$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
		OTHER				E.L. DISEASE - POLICY LIMIT \$

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

THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS TO A FALL FESTIVAL TO BE HELD ON 10/31/09 FROM 12:00PM TO 9:00PM AT 11TH AVENUE WEST. 11TH AVENUE WILL BE CLOSED BETWEEN 4TH AND 5TH.

fax no. 941-729-0380

### CERTIFICATE HOLDER

( ) - ( ) -  
  
CITY OF PALMETTO  
516 18TH 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE