

TAB 4



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: A Toast to the Tomatoes
APPLICANT: Palmetto Historical Commission
ADDRESS: 515-10th Ave W. - Palmetto
CONTACT: Mandy Polson

EVENT DATE: Nov. 21, 2009
EVENT TIME: 10AM - 4PM
PHONE: _____
PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Guided tours of historic buildings, craft and give aways
- No Food Vendor -

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: _____ 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: 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.**

EVENT: A Toast to the Tomato

Event Date: NOV. 21, 2009

INDEMNITY

Palmetto Historical Commission (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.

[Signature]
Permittee

FAXED
OCT 05 2009
BY: PD/NRF
[Signature]

CITY APPROVAL:

Public Works Director [Signature]
Planning & Zoning _____
Risk Management [Signature]
Parks Department GEORGE SEGER
Police Department _____
North River Fire _____

Date 10-6-09
Date _____
Date 10/5/09
Date 10/5/09
Date _____
Date _____
Date _____

APPROVED BY COMMISSION: _____

Internal use only
Date Received: 10/5/09
OCT-05-2009 11:46AM From: [Signature]

Special Function Permit Application
Page 2

EVENT: A Toast to the Tomato

Event Date: Nov. 21, 2009

INDemnITY

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[Signature]
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Date 10-6-09

Planning & Zoning [Signature]

Date _____

Risk Management [Signature]

Date 10/5/09

Parks Department KEVIN SEGER

Date 10/5/09

Police Department _____

Date _____

North River Fire [Signature]

Date 10/06/09

APPROVED BY COMMISSION: _____

Date _____

Special Function Permit Application
Page 2

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Event Date: Nov. 21, 2009

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[Signature]
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>10-6-09</u>
Planning & Zoning	<u>[Signature]</u>	Date	<u> </u>
Risk Management	<u>[Signature]</u>	Date	<u>10/5/09</u>
Parks Department	<u>Geoff Segge</u>	Date	<u>10/5/09</u>
Police Department	<u>[Signature]</u>	Date	<u>10-6-09</u>
North River Fire	<u> </u>	Date	<u> </u>

APPROVED BY COMMISSION: Date:

Internal use only 10/5/09
Date Received:
OCT-05-2009 11:46AM From:



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Palmetto's Christmas in the Park EVENT DATE: Dec. 4 + 5
 APPLICANT: Palmetto Historical Commission EVENT TIME: 5-9pm (4th)
 ADDRESS: 515-10th Ave W. Palmetto PHONE: 3-9pm (5th)
 CONTACT: Mandy Polson PHONE: 723-4991

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Park Open House, Musical Entertainment photos w/santa, Crafts for vendors - Demetrios pizzeria, Tiny Tots University, Word of Mouth Barbecue
Insurance on file for all three

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
 PUBLIC WORKS: Barricades: _____ Clean-up: _____ Set-up: _____ Other: _____
close off 6th st. between 10th Ave + 11th Ave. - See below *

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: 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.

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* We would like to borrow 8 tables (6 ft) and 36 chairs

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 PLEASE CONTINUE TO PAGE 2.

We also need lights trimming all of buildings

EVENT: Palmetto's Christmas in the Park Event Date: Dec. 4 + 5

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[Signature]
Permittee

FAXED
OCT 05 2009
PD/NRF
BY: [Signature]

CITY APPROVAL:

Public Works Director <u>[Signature]</u>	Date <u>10-6-09</u>
Planning & Zoning <u>[Signature]</u>	Date _____
Risk Management <u>[Signature]</u>	Date <u>10/5/09</u>
Parks Department <u>Geoff Seiger (see attachment)</u>	Date <u>10/5/09</u>
Police Department _____	Date _____
North River Fire _____	Date _____
APPROVED BY COMMISSION: _____	Date _____

Internal use only
Date Received: 10/5/09 [Signature]
OCT-05-2009 11:45AM From:

Special Function Permit Application
Page 2

EVENT: Palmetto's Christmas in the Park Event Date: Dec. 4 + 5

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the Palmetto Historical ^{COMMISSION} (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.

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Public Works Director <u>[Signature]</u>	Date <u>10-6-09</u>
Planning & Zoning <u>[Signature]</u>	Date _____
Risk Management <u>[Signature]</u>	Date <u>10/5/09</u>
Parks Department <u>Geoff Seger (SEE ATTACHMENT)</u>	Date <u>10/5/09</u>
Police Department _____	Date _____
North River Fire <u>[Signature]</u>	Date <u>10/6/09</u>
APPROVED BY COMMISSION: _____	Date _____

[Signature]

Special Function Permit Application
Page 2

EVENT: Palmetto's Christmas in the Park Event Date: Dec. 4 & 5

INDEMNITY

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[Signature]
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>10-6-09</u>
Planning & Zoning	<u>[Signature]</u>	Date	
Risk Management	<u>[Signature]</u>	Date	<u>10/5/09</u>
Parks Department	<u>[Signature] (see ATTACHMENT)</u>	Date	<u>10/5/09</u>
Police Department	<u>[Signature]</u>	Date	<u>10-6-09</u>
North River Fire	<u>[Signature]</u>	Date	
APPROVED BY COMMISSION:	<u>[Signature]</u>	Date	

Internal use only
Date Received: 10/5/09
OCT-05-2009 11:45AM From:

To: City Commission
Through: Allen Tusing, Public Works Director
From: Geoff Seger, Parks Director
Re: Palmetto's Christmas in the Park
Palmetto Historical Park
Date: December 4, 2009 - 5:00 p.m. – 9:00 p.m.
December 5, 2009 – 3:00 p.m. – 9:00 p.m.

Historical Commission has requested to borrow the following materials.

8 -6 feet tables
36 – Folding chairs


Staff will supply cones for the road closure at 10th and 11th Ave.

ACORD. CERTIFICATE OF LIABILITY INSURANCE		CP 18 98 DET-1	DATE (MM/DD/YYYY) 09/04/09
PRODUCER Bradenton Insurance, Inc. 1400 Ballard Park Drive West Bradenton FL 34205-6719 Phone: 941-748-0511 Fax: 941-748-6444		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.	
INSURED Demetrios Pizza House, Inc. 1720 Cortez Rd West Bradenton FL 34207		INSURERS AFFORDING COVERAGE	NAIC #
		INS. REP. A: Westfield Insurance Co	24112
		INS. REP. B: Florida Retail Federation	
		INS. REP. C:	
		INS. REP. D:	
		INS. REP. E:	
		INS. REP. F:	

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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC	CWP3290730	06/01/09	06/01/10	EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR): \$100,000 MED EXP (ANY ONE PERSON): \$5,000 PERSONAL AND FAMILIAL: \$1,000,000 GENERAL AGGREGATE: \$2,000,000 PRODUCTS - COMP/OP AGG: \$2,000,000
AUTOMOBILE LIABILITY <input checked="" 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	CWP3290730	06/01/09	06/03/10	COMBINED SINGLE LIMIT (EA OCCUR): \$1,000,000 BODILY INJURY (Per Person): \$ BODILY INJURY (Per Occur): \$ PROPERTY DAMAGE (Per Occur): \$
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 <input type="checkbox"/> DEDUCTIBLE RETENTION: \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	052032389	01/01/09	01/01/10	<input checked="" type="checkbox"/> NO STATE/TERRITORY LIMITS WITH ER EL EACH ACCIDENT: \$1000000 EL DISEASE - EA EMPLOYEE: \$1000000 EL DISEASE - POLY LIMIT: \$1000000
DESCRIPTION OF OPERATIONS / LOCATIONS / INCLUSIONS / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS				

CERTIFICATE HOLDER City of Palmetto 910 16th Street W 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: 
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Palmetto Historic Commission
 Halloween Social
 Christmas in the PARK



CERTIFICATE OF LIABILITY INSURANCE

SP 18 CAWE
CLAYT-1

DATE (MM/DD/YYYY)

09/03/09

PRODUCER Diok, Johnson & Jefferson, Inc Suite 102 8405 Us Hwy 301 N Parrish FL 34219 Phone: 941-776-3922 Fax: 941-776-3944		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 #	
INSURER A: Auto-Owners Insurance Company		16988	
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			

Clayton Allan
 1411 9th Avenue East
 Palmetto FL 34221

COVERAGES

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INSR ADJ/LTR	TYPE OF COVERAGE	POLICY NUMBER	POLICY PERIOD DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-ACC <input type="checkbox"/> LOC	20670825	07/01/09	07/01/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$300,000 MED EXP (ANY ONE PERSON) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RATED 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 \$ ACC \$
	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 OFF./MEMBER ENCLOSED* (MANDATORY IN FL) *If yes, describe wage/special provs/DHS 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:
 Catering
 City of Palmetto is named as Additional Insured with respect to the General Liability Coverage.

CERTIFICATE HOLDER CITYP03 City of Palmetto 600 17th St. W 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:
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Palmetto Historic Commission
 10/3/09 Yard Sale

ACORD CERTIFICATE OF LIABILITY INSURANCE		OP ID: AN TINY-1	DATE (MM/DD/YYYY) 09/09/09
PRODUCER Des Champs & Gregory, Inc Main Office 1812 Manatee Ave. W. Bradenton FL 34205-5927 Phone: 941-748-1812 Fax: 941-746-1400		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.	
INSURED Tiny Tots University, Inc. 930 9th St. W. Palmetto FL 34221		INSURERS AFFORDING COVERAGE INS. REP. A Stonington Insurance Co INS. REP. B INS. REP. C INS. REP. D INS. REP. E	NAIC #

COVERAGES

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INSURANCE LINE NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Abuse GEN. AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PER OBJECT <input type="checkbox"/> LOC	CC03004186705	08/10/09	08/10/10	EACH OCCURRENCE: \$1,000,000
	<input type="checkbox"/> 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				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 PRODUCTS - COMP/OP AGG: \$3,000,000
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (EA OCCURRENCE): \$ BODILY INJURY (Per occurrence): \$ BODILY INJURY (Per occurrence): \$ PROPERTY DAMAGE (Per occurrence): \$ AUTO ONLY - EA ACCIDENT: \$ OTHER THAN AUTO ONLY - EA ACCIDENT: \$
	<input type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION: \$				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYER/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED: IF YES, LIST SPECIAL PROVISIONS BELOW OTHER:				OCC STAFF: OFF- TORY LIMITS: TORY PER EACH ACCIDENT: \$ E.C. DISEASE - EA EMPLOYEE: \$ E.C. DISEASE - POLICY LIMIT: \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS					

CERTIFICATE HOLDER CITYPAL City of Palmetto 910 16th St 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 <i>L. Stewart Ferguson</i>
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Christmas event