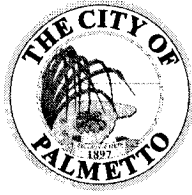


TAB 4



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: PHS Homecoming Parade

EVENT DATE: 10/11/10

APPLICANT: Palmetto High

EVENT TIME: 4:00 PM STAGE PARADE 5:00 PM

ADDRESS: 1200 17th St W Palmetto, FL 34221

PHONE: 941-504-6425

CONTACT: BRYAN WILKES

PHONE: _____

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: 4 PM STAGE IN FRONT OF STAGE AT SUTTON PARK
Begin AT 5 PM Go NORTH on 10th AVE TO 17th ST W
TURN LEFT AND Follow AROUND TO STADIUM.

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: N/A # 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: PALMETTO HIGH Homecoming

Event Date: 9/15/09

INDEMNITY

Palmetto High School (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.

Will Batten
Permittee

CITY APPROVAL:

Public Works Director: [Signature]

Date 9-15-10

Planning & Zoning _____

Date _____

Risk Management _____

Date _____

Parks Department _____

Date _____

Police Department: [Signature]

Date 9/15/10

North River Fire: [Signature]

Date 9/15/10

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: 9/15/10 [Signature]

School Board of Manatee County

P.O. Box 9069
Bradenton, Florida 34206-9069

TIM McGONEGAL
SUPERINTENDENT

* * *

215 MANATEE AVENUE WEST
BRADENTON, FL 34205
TELEPHONE (941) 708-8770
FAX (941) 708-8686

SCHOOL BOARD
JANE R. PFEILSTICKER
* CHAIRMAN *
ROBERT C. GAUSE
* VICE-CHAIRMAN *
BARBARA A. HARVEY
HARRY E. KINNAN
WALTER E. MILLER

September 14, 2010

Jim Freeman
City of Palmetto
516 8th Avenue West
Palmetto, FL 34221

This is to certify that the School District of Manatee County, Florida, is a qualified self-insured for all liability claims and related expenses pursuant to the provisions of Florida Statute §768.28 which allows coverage to a maximum amount of \$100,000 per person/claim and \$200,000 per occurrence. Additionally, this letter certifies that the School District of Manatee County is a qualified self-insured for Workers' Compensation in accordance with the requirements of Chapter §440.38 Florida Statutes.

This certification is in effect for the School District of Manatee County Palmetto High School's Homecoming Parade on October 1, 2010, from 4:00 PM through 7:00 PM.

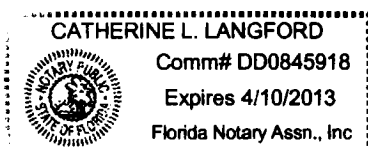
Sincerely,



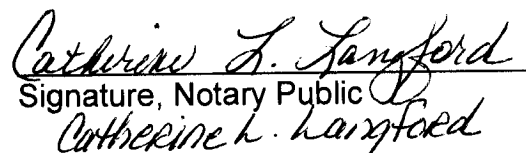
Forrest S. Branscomb, MPH, CSP, ARM, GBA
Director of Risk Management

STATE OF FLORIDA
COUNTY OF MANATEE

Sworn to me and subscribed before me on this 15 day of September 2010, by
Forrest S. Branscomb who is personally known to me.



DD0845918
4/10/2013



Signature, Notary Public
Catherine L. Langford

PALMETTO HS

PARADE ROUTE

OCTOBER 23RD

5 PM START

CONTACT

BRYAN WILKES

941-504-4425

17TH STREET West

16th

15th

14th

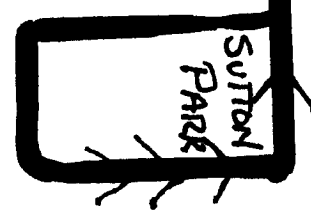
13th AVE W

10th ST W

10TH AVE WEST

12th

11th



1000'S

HIGH

PALMETTO

OFF

MANATEE COUNTY

F AIR GROUNDS

14th AVE W

To: City Commission
Thru: Allen Tusing, Public Works Director
From: Geoff Seger, Parks Director
Re: Palmetto High School Home coming Parade/Associated Costs
Date: September 15, 2010

Parks staff will close 10th Ave at 6th and 7th streets to insure the safety of all participants during the staging portion of the parade, we will also set up to detour north and south bound traffic to keep safe flow. 10th Ave. will be totally closed between 6th and 7th Street for one hour. Parade will start at 5:00 p.m.

At 5:00 p.m. Parks staff members with the help of the Palmetto Police Department will hold traffic back from all side streets along the parade route to insure a safe route for the participants in the Parade and the general public.

The following are the associated costs incurred to the City of Palmetto for staff, equipment and materials.

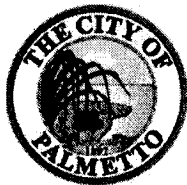
20 – 36” safety cones to close 10th Ave. – N/C

6 – Detour traffic signs – N/C

4 city vehicles, \$7.50 per hour, per vehicle – total \$60.00

4 Staff members:

Geoff Seger, Jim Michener, Bobby Jackson and Victor Pompey - \$250.94



SPECIAL FUNCTION PERMIT APPLICATION

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

EVENT DATE: 10-31-10
EVENT TIME: 5-7:30 pm
PHONE: 722-7795
PHONE: _____

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: would close 11th Ave. between 4th & 5th Street from 4:00 - 8:00 pm for foot traffic.

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. To purchase insurance policies of appropriate coverage through the City, please complete and submit the Special Events Application Quote Form (Exhibit B).

The Special Function Permit Application must be submitted to City Clerk's office 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).

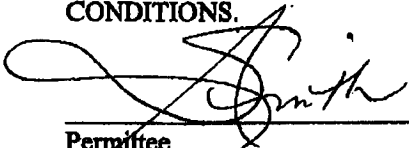
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PLEASE CONTINUE TO PAGE 2.**

Special Function Permit Application
Page 2

EVENT: Fall Festival

Event Date: 10-31-10

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



Permittee

CITY APPROVAL:

Public Works Director 

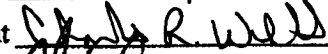
Date 9-22-10

Risk Management N/A


Date _____

Parks Department N/A

Date _____

Police Department 

Date 09/22/10

North River Fire 

Date 10/15/10

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: 9/16/10

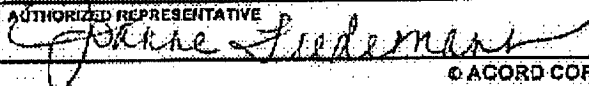
ACORD CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 09/14/2010
PRODUCER (B13) 708-0001 The Harless Agency, Inc. 2004 W. Thonotosassa Rd, #102	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR 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/ADULT LTR SHRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LMT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	1266-614	10/01/2010	10/01/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 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 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		/ /	/ /	<input type="checkbox"/> MC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER:		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS
 THE CERTIFICATE HOLDER IS INCLUDED AS AN ADDITIONAL INSURED AS RESPECTS TO A FALL FESTIVAL TO BE HELD ON 10/31/10 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 () - () - ATTN: KAREN 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 
---	---

ACORD 26 (2001/08)
 INS026 (01/09) 05

ELECTRONIC LASER FORMS, INC. (800) 327-0645

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Page 1 of 2