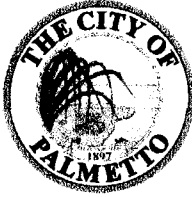


TAB 2



**SPECIAL FUNCTION PERMIT APPLICATION**

EVENT NAME: North Manatee Kiwanis 5K Challenge EVENT DATE: Oct. 6, 2012  
APPLICANT: Kiwanis Club of North Manatee EVENT TIME: 7AM - 12 NOON  
ADDRESS: PO Box 62, Palmetto FL 34221 PHONE: 526 7750  
CONTACT: Barbara Barnett PHONE: 962 4480

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Sutton Park  
5K run/walk, Kids fitness activities - 3 throw Frisbee, 40yd. dash, etc  
10<sup>th</sup> Avenue Closed between 6<sup>th</sup> + 7<sup>th</sup> Street

ANTICIPATED ATTENDANCE: 175

**CITY SERVICES REQUIRED:**

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

*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: 3 # of days: 4  
Proposed location(s): 10<sup>th</sup> Avenue between 6<sup>th</sup> and 7<sup>th</sup> Street

**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. Insurance may also be obtained by event sponsors through personal or commercial insurance policies. If it is necessary to purchase an insurance policy for an event, please refer to Exhibit B, and follow the directions to obtain a quote or purchase a policy.

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).

Special Function Permit Application  
Page 2

EVENT: North Manatee Kiwanis 5K Challenge Event Date: Oct 6, 2012

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

Barbara Barnett.  
Permittee

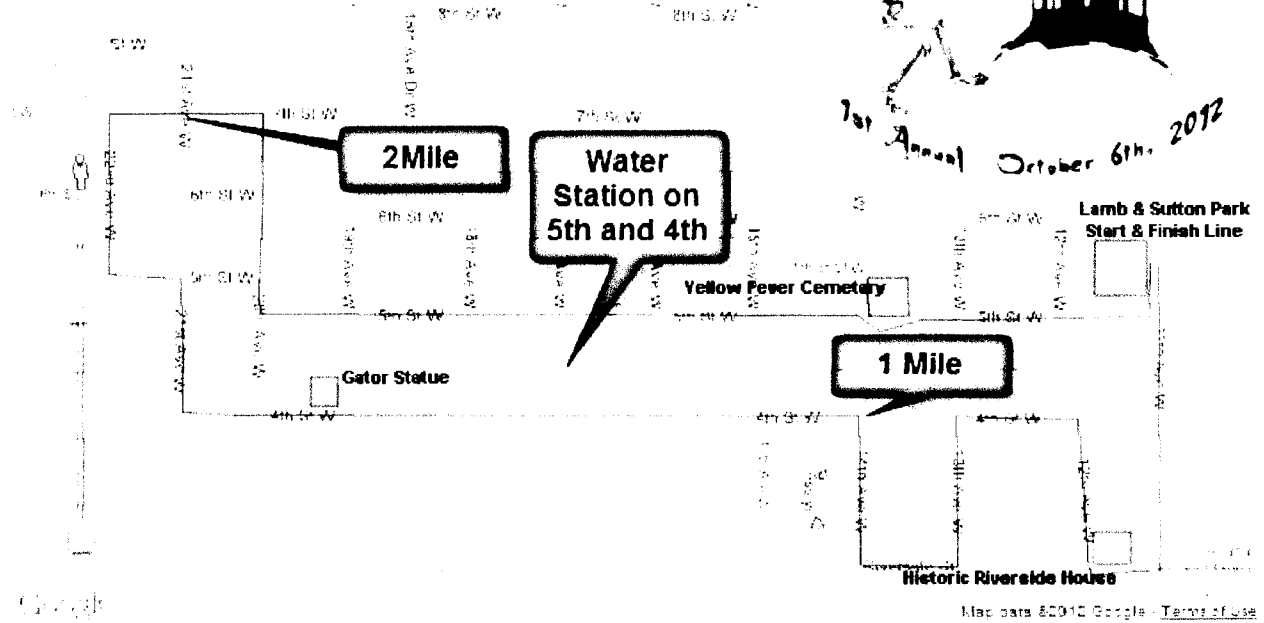
CITY APPROVAL:

City Clerk	<u>[Signature]</u>	Date <u>4/3/12</u>
Public Works Director	<u>[Signature]</u>	Date <u>4-4-12</u>
Police Department	<u>[Signature]</u>	Date <u>4/4/12</u>
North River Fire	<u>[Signature]</u>	Date <u>3/30/12</u>
APPROVED BY COMMISSION:	_____	Date _____

Internal use only  
Date Received: \_\_\_\_\_  
By: \_\_\_\_\_

Updated Course as of 3/27/2012

# North Manatee Kiwanis 5K Challenge





LOCK ALL UNITS PLEASE  
 Map to be provided!  
 Delivery: Friday 10/05/2012  
 Remove: Monday 10/08/2012

**BOBCAT DISPOSAL**  
**B. D. Acquisition, LLC**  
**DBA: Loader-Up & Andy's Loader Service**  
 7247 DELAINEY COURT  
 SARASOTA, FL. 34240  
 (941) 556-1426  
 FACSIMILE (941) 556-1430



**PORTABLE SANITATION SERVICE AGREEMENT (Date 03/29/2012)**

**BILLING INFORMATION**  
**Name** The Kiwanis Club of North Manatee  
**Address** 1160 Millcreek Road  
Bradenton, FL 34212  
**Phone** Barbara @ Lighthouse reno: 941-748-4899  
**Fax** \_\_\_\_\_  
**Contact** Barbara's cell: 941-526-7750

**SERVICE INFORMATION**  
**Name** Lamb & Sutton Park - exact location tbd  
**Address** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Contact** Barbara's cell: 941-526-7750

**Service Description:**

Quantity	Type	Rental Charge/Terms - One Month Minimum; (remainder prorated, taxes not included).
<u>3</u>	<u>Special Event Units</u>	<u>@ \$70 per unit = \$210.00</u>
	<u>Delivery Fee</u>	<u>@ \$25.00 flat rate = \$25.00</u>
		<b>Event total: \$235.00 (customer to provide tax exemption certificate)</b>

**Customer deposit or terms** Standard terms apply, please pay upon receipt of invoice post event Thank you!

**Delivery/Pickup or other fees** Delivery on Friday 10/05/2012 locked and pick up Monday 10/08/2012

*Normal use for weekly service constitutes 10 workers per 40 hour work week. Exceeding this limit will result in unsanitary conditions. We will charge for extra service if requested and/or recommend additional units. Normal wear and tear of units is expected. However, our driver's are instructed to notify us immediately of any damages that have occurred while on your job site. Toilet paper is replenished at every service; if the units are not over-used the weekly supply is more than adequate. We will notify you immediately if there are any charges to you for the repair or replacement of our units, up to a replacement cost of \$ 1,150.00 per unit. Payment for these charges is due upon receipt of invoice. Should any customer fail to pay Bobcat for any rental or other services provided and collection action becomes necessary, customer agrees to pay all costs of collection including reasonable attorneys fees, whether suit is filed or not. An occasional tipover will be uprighted and serviced by us at no charge. HOWEVER, wind/storm related tipovers take additional time, service and supplies for which we will charge \$ 25.00. This also applies to repeat tipovers which may occur at certain jobsites from time to time. The undersigned individual signing this agreement on behalf of customer acknowledges that he/she has read and understands the terms and conditions of this agreement and that he/she has the authority to sign the agreement on behalf of the customer. The undersigned authorizes Bobcat Disposal to take telephone orders and process them against this credit card and agrees to pay per the terms of the credit card, should customer fail to pay as required by this agreement then all past due balances shall accrue interest at the rate of 18% of the highest rate permissible by FL law. Our billing cycle is generated every 28 days; should either party hereto bring suit against the other for breach of contract, failure to pay or for any such claim in contract, tort or otherwise, the parties expressly agree that the exclusive county for venue of such suit shall be only Sarasota. Any customer requesting "tax exemption" must present exemption certification at time of signing agreement; if exemption form is not received at this time, sales tax will be applied as required by state laws.*

**ACCEPTANCE:** Barbara Burnett **DATE:** 3/29/2012

**CREDIT CARD INFORMATION:**

**Name on Credit Card** \_\_\_\_\_

**Address on Credit Card Stmt.** \_\_\_\_\_

**Cardholder (signature)** \_\_\_\_\_ **Date** \_\_\_\_\_

**CARD TYPE:** \_\_\_\_\_ **CARD #** \_\_\_\_\_

**EXP.** \_\_\_\_\_

\_\_\_\_\_ **Security code (Back of Card)**

*Thank you, we appreciate your business!*