

TAB 3



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: Walk For Life
APPLICANT: Manatee Glens
ADDRESS: 391 16th Avenue West, Bradenton
CONTACT: Calaina Goodyear
calaina.goodyear@manateeglens.org

EVENT DATE: 9/22/12
EVENT TIME: 7:00am-1:00pm
PHONE: 782-4319
PHONE: 782-4366

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: Please see attached map

ANTICIPATED ATTENDANCE: 1000+

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: N/A
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. 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: Walk For Life

Event Date: 9/22/2012

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

Calanna Goodyear
Permittee

CITY APPROVAL:

City Clerk

Public Works Director

Police Department

North River Fire

APPROVED BY COMMISSION:

Date 5/30/12

Date 5-30-12

Date 5-30-12

Date 5-24-12

Date _____

Internal use only

Date Received: _____

By: _____

Manatee Glens

Walk For Life

Sutton Park in Palmetto

The Walk Route- Starts at Sutton Park in Palmetto

South on 10th Ave. to Riverside Dr.,

East on Riverside Dr. to 8th Ave.

South on 8th Ave. across Green Bridge to 3rd Ave.

West on 3rd Ave. to 10th St.

North on 10th St. to Barcarrota Blvd.

West on Barcarrota to 12th St.

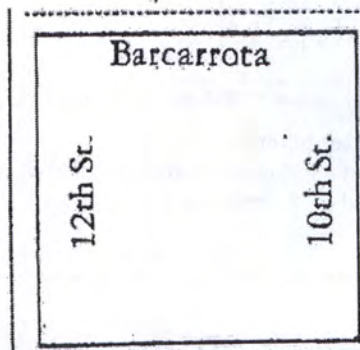
South on 12th St. to 3rd Ave.

East on 3rd Ave. to 9th St.

Then back across the Green Bridge to Palmetto's Sutton Park

★ - Police

Bradenton



3rd Ave.

9th St.

8th Ave.

Green Bridge

South bound lane closed- Westside

Sutton Park

10th Ave.

Riverside Dr

ACORD™**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YY)
5/8/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

NEGLEY ASSOCIATES
103 Eisenhower Parkway, Suite 101
Roseland, NJ 07068
(973) 830-8500

CONTACT**NAME:****PHONE**

(A/C, No, Ext): ()

FAX

(A/C, NO): ()

E-MAIL**ADDRESS:****INSURERS AFFORDING COVERAGE****NAIC #**

INSURER A: Mental Health Risk Retention Group

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Manatee Glens Corporation
391 6th Avenue West
Bradenton, FL 34205

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	CCL0001964	02/10/2012	02/10/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
	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 <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXEC OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				<input type="checkbox"/> W/C STATUTORY LIMITS <input type="checkbox"/> OTHER E L EACH ACCIDENT E L DISEASE - EACH EMPLOYEE \$ E L DISEASE - POLICY LIMIT
		<input type="checkbox"/>	<input type="checkbox"/>				\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: Special Event- "Annual Walk for Life" September 22, 2012

This certificate holder as shown below is an additional insured, but only with respect to the operations of Manatee Glens Corporation and the special event, "Walk for Life" to be held on September 22, 2012

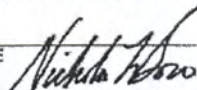
CERTIFICATE HOLDER

City of Palmetto
516 8th Ave., West
Palmetto, FL 34221

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Copyright, 1988-2010 ACORD CORPORATION. All rights reserved.

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	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXEC OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				<input type="checkbox"/> W/C STATUTORY LIMITS E L EACH ACCIDENT E L DISEASE - EACH EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
		<input type="checkbox"/>	<input type="checkbox"/>				\$

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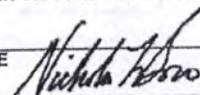
CERTIFICATE HOLDER

City of Bradenton
Office of City Clerk
101 Old Main St., 2nd Floor
Bradenton, FL 34205

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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REQUEST FOR TEMPORARY CLOSING/SPECIAL USE OF STATE ROAD

- Instructions: 1. Obtain signatures of local law enforcement and city/county officials.
 2. This form must be submitted by the local governmental authority to FDOT to obtain written approval. Allow adequate time for the review.
 3. Attach any necessary maps or supporting documents.

NAME OF ORGANIZATION MANatee GILens		PERSON IN CHARGE Caialina Goodyear		DATE
ADDRESS OF ORGANIZATION 391 Wm Avenue West Bradenton, FL 34205				TELEPHONE NUMBER 941-782-4319
TITLE OF EVENT Walk For Life				
DATE OF EVENT 9/22/12	STARTING TIME OF EVENT 7am	DURATION OF EVENT (APPROX.) 6 hours	ACTUAL CLOSING TIME (INCLUDING SETTING UP BARRIERS, ETC.) 8:00am to 10:30am	
PROPOSED ROUTE (INCLUDE STATE ROAD NUMBER, SPECIFIC LOCATION, ETC. - INCLUDE MAPS) Please see map attached.				
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.) City of Palmetto Police Department				
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)		SIGNATURE OF CHIEF OF LAW ENFORCEMENT AGENCY		DATE SIGNED
TYPED NAME AND TITLE OF CITY/COUNTY OFFICIAL		SIGNATURE OF CITY/COUNTY OFFICIAL		DATE SIGNED

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.

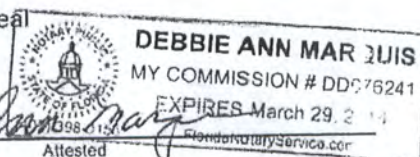
In case of non-compliance with the Department's requirements in effect as of the approved date of this permit, this permit is void and the facility will have to be brought into compliance or removed from the R/W at no cost to the Department.

Submitted by: Manatee Gilens
Permittee

Place Corporate Seal

Man Ray President/CEO
Signature and Title

Debbie Ann Marquis
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