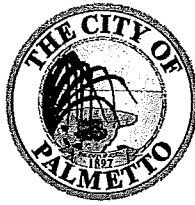


**TAB 2**



**SPECIAL FUNCTION PERMIT APPLICATION**

EVENT NAME: PHS Homecoming Parade EVENT DATE: Nov 2, 2012  
APPLICANT: BRYAN Wilkes EVENT TIME: 5:00 PM  
ADDRESS: 1200 17<sup>th</sup> St W, Palmetto, FL 34221 PHONE: 941-504-6425  
CONTACT: BRYAN Wilkes PHONE: SAME

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: \_\_\_\_\_

ANTICIPATED ATTENDANCE: \_\_\_\_\_

**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): N/A

**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: PHS Homecoming Parade Event Date: 10/2/2012

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

[Signature]  
Permittee

CITY APPROVAL:

City Clerk	<u>[Signature]</u>	Date <u>10/3/12</u>
Public Works Director	<u>[Signature]</u>	Date <u>10-3-12</u>
Police Department	<u>[Signature]</u>	Date <u>10-03-12</u>
North River Fire	<u>[Signature]</u>	Date <u>10/11/12</u>
APPROVED BY COMMISSION:	<u>[Signature]</u>	Date _____

Internal use only  
Date Received: 9/28/12  
By: A. 1038



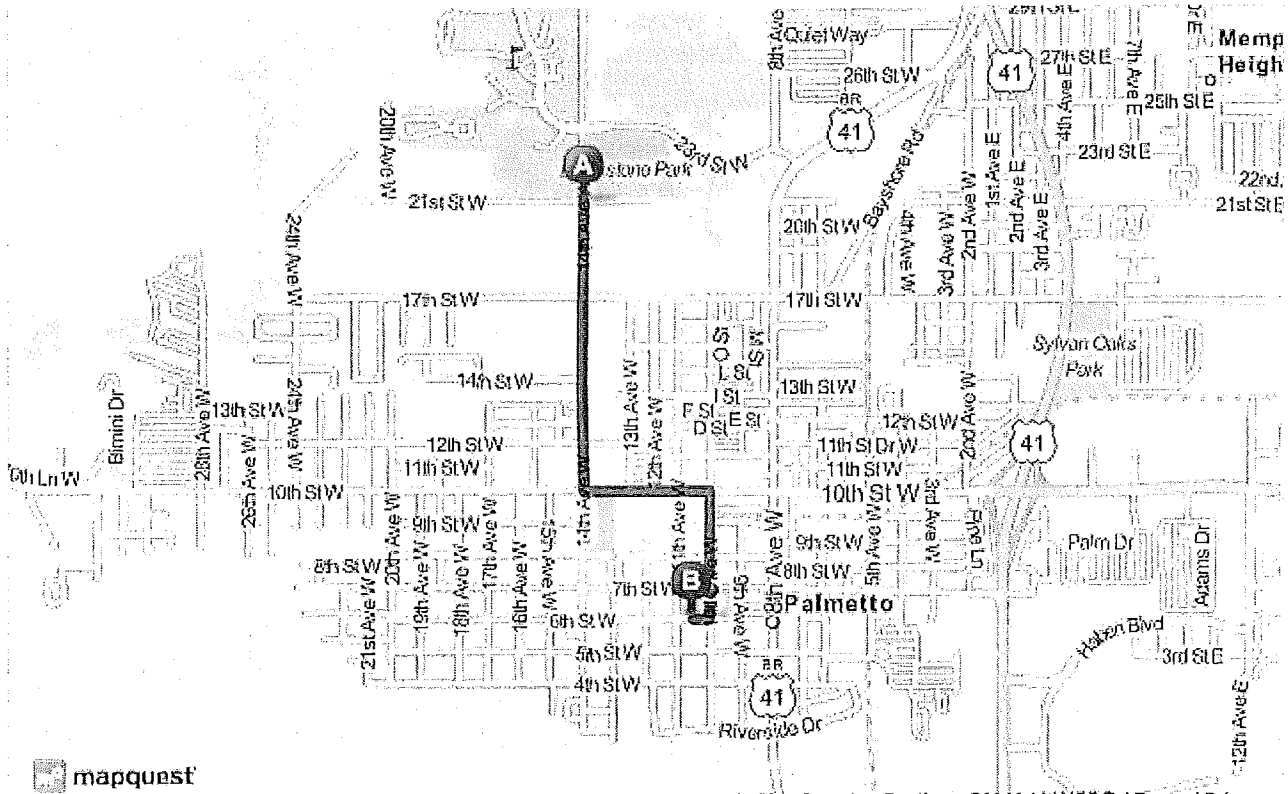
Notes

Trip to:

**Sutton Park**  
**1050 6th St W**

Palmetto, FL 34221

1.48 miles / 4 minutes



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*Route*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/26/2012

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).

<b>PRODUCER</b> Marsh USA Inc. 1560 Sawgrass Corporate Pkwy, Suite 300 Sunrise, FL 33323 Attn: FLauderdale.CertRequest@marsh.com  1270-CAS-12-13	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Genesis Insurance Company		38962
<b>INSURER B :</b> Safety National Casualty Corp.		15105
<b>INSURER C :</b> _____		
<b>INSURER D :</b> _____		
<b>INSURER E :</b> _____		
<b>INSURER F :</b> _____		

**COVERAGES**                      **CERTIFICATE NUMBER:** ATL-003115202-01                      **REVISION NUMBER:** 2

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.

R	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SCHOOL LIABILITY  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			YXB301101E \$1,000,000 SIR	07/01/2012	07/01/2013	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ EXCLUDED
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ INCLUDED
							GENERAL AGGREGATE	\$ 10,000,000
							PRODUCTS - COMP/OP AGG	\$ INCLUDED
								\$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			YXB301101E \$1,000,000 SIR	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SP4046636 \$1,250,000 SIR	07/01/2012	07/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 hereby noted and agreed that coverage provided hereon does not waive any insured's immunity provided under Florida Immunity Statutes. In no event shall Florida Sovereign Immunity Statutes be construed to ease underwriter's limits of liability hereon. City of Palmetto is included as Additional Insured where required by written contract with respect to General Liability.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Palmetto 316 8th Avenue West Palmetto, FL 34221	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 of Marsh USA Inc.  Manashi Mukherjee <i>Manashi Mukherjee</i>

To: City Commission  
Thru: Allen Tusing, Public Works Director  
From: Geoff Seger, Parks Director  
Re: Palmetto High School Home coming Parade/Associated Costs  
Date: October 4, 2012

Parks staff will close 10<sup>th</sup> Ave at 6<sup>th</sup> and 7<sup>th</sup> 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. 10<sup>th</sup> Ave. will be totally closed between 6<sup>th</sup> and 7<sup>th</sup> Street for two 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.

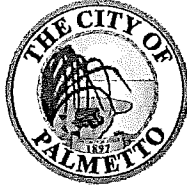
20 – 36” safety cones to close 10<sup>th</sup> Ave. – N/C

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: MLK PARADE EVENT DATE: 1-19-13  
APPLICANT: CHRIS LUKOWIOLK / PALMETTO YOUTH CENTER EVENT TIME: 11:00 AM - 2:30 PM  
ADDRESS: 501 17th ST WEST, PALMETTO 34221 PHONE: 722-0783  
CONTACT: CHRIS LUKOWIOLK (941) 722-0783 PHONE: 941-447-4626

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: SEE ATTACHED MAPS

ANTICIPATED ATTENDANCE: 5,000 - 10,000 PERSONS

**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. 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.

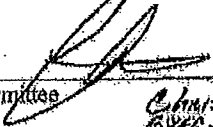
**SALE OR CONSUMPTION OF ALCOHOLIC BEVERAGES ON CITY PROPERTY IS STRICTLY PROHIBITED.**

If your event will include the use of loudspeakers, please review Chapter 5 of the Palmetto City Code of Ordinances which can be viewed online by visiting the City's website, [www.palmettofl.org](http://www.palmettofl.org), and following the City Ordinances link to the Municode website.

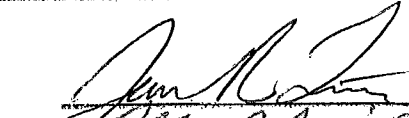
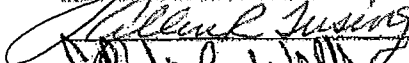
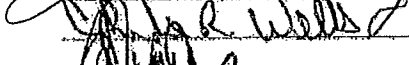
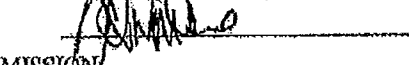
Special Function Permit Application  
Page 2

EVENT: MLK PARADE Event Date: 1-19-13

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

  
Permittee Chris Lukowinski  
EXEC. DIRECTOR  
PALMETTO YOUTH CENTER

CITY APPROVAL:

City Clerk		Date <u>10/9/12</u>
Public Works Director		Date <u>10-8-12</u>
Police Department		Date <u>10-03-12</u>
North River Fire		Date <u>10/11/12</u>
APPROVED BY COMMISSION		Date _____

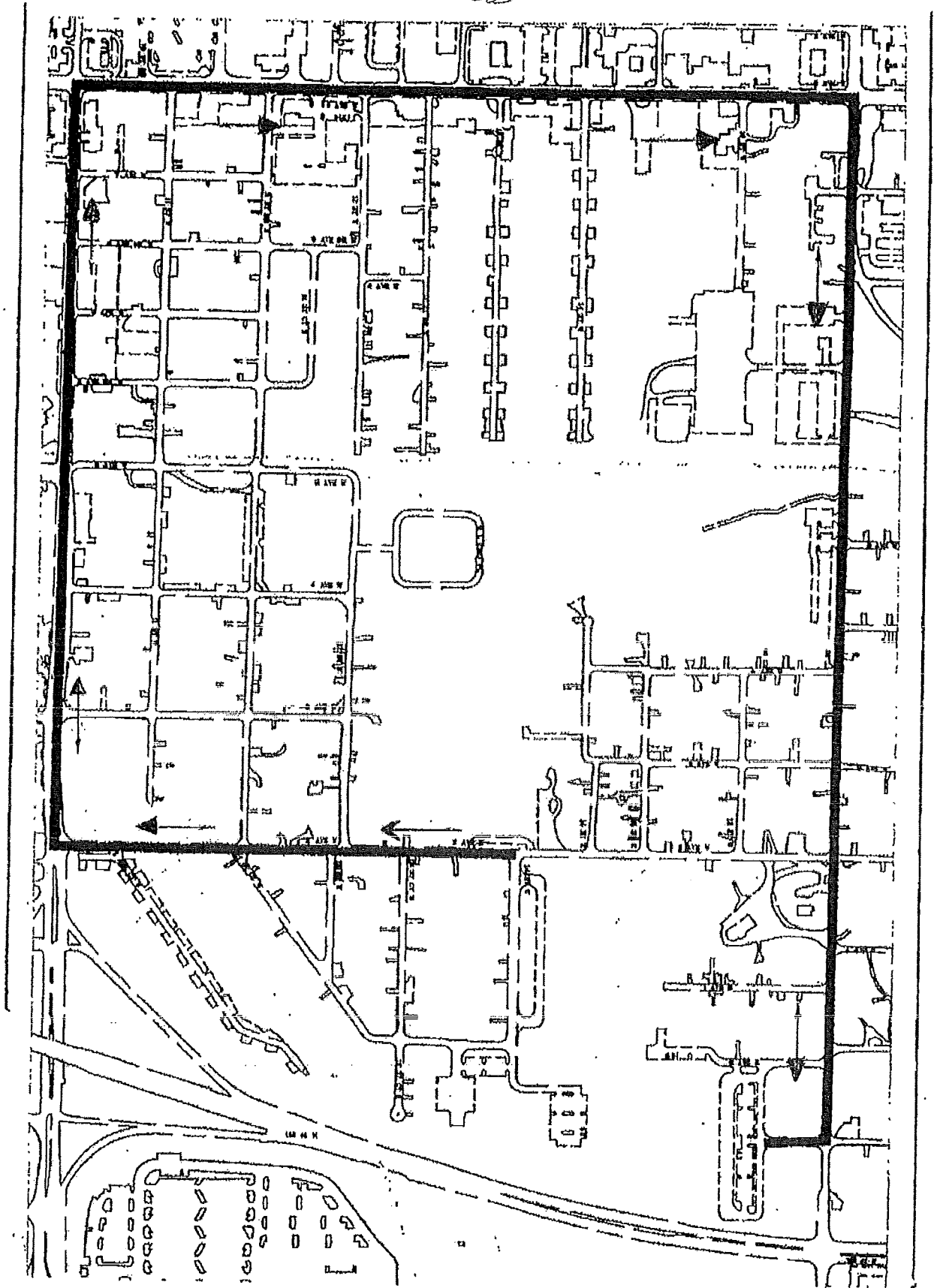
Internal use only  
Date Received: \_\_\_\_\_  
By: \_\_\_\_\_

Mail completed permit to:  
City of Palmetto  
P.O. Box 1209  
Palmetto, FL 34221

If you have any questions, please call Amber Foley at 941.742.4570



REVISED MAP 10-8-12



**EXHIBIT A**

**SPECIAL FUNCTION PERMIT INSURANCE REQUIREMENTS**

A Permittee for an event held on city property, city streets, public property, public streets, and any buildings or facilities owned, leased or operated by the city is required to maintain minimum liability insurance coverage in the amounts set forth below. Additional coverage may be required should the nature of the event or circumstances surrounding the event warrant such coverage. Appropriate documentation of required insurance shall be submitted with the Special Function Permit application.

Please note that the City maintains a Tenant/User Liability Insurance Program (TULIP) through which insurance coverage for special events on City property/facilities may be available to the applicant for a modest fee, depending on the nature of the event. To obtain a quote to purchase TULIP insurance, please see the attached information listed on Exhibit B.

**INSURANCE COVERAGE REQUIREMENTS**

Commercial General Liability and Worker's Compensation

*will be provided 7 days prior to event. [Signature]*

Workers' Compensation / Employer's Liability

1. Worker's Compensation: meets statutory limits in compliance with the workers' compensation laws of the State of Florida.
2. Employer's Liability: \$500,000 each accident, \$500,000 each employee (disease), \$500,000 disease (policy limit).

Commercial General Liability -- includes Bodily Injury Liability, Property Damage Liability, Personal Injury Liability and Advertising Injury Liability

Coverage Includes: Premises / Operations  
Products / Completed Operations  
Contractual Liability  
Independent Contractors

Limit of Liability: \$500,000 each occurrence/  
combined single limit or  
\$500,000 each occurrence /  
\$500,000 aggregate.



IFG Companies

COMMON POLICY DECLARATIONS

Policy Number 503B014819

Renewal of:

THE BURLINGTON INSURANCE COMPANY

Home Office: Burlington, North Carolina

Administrative Office: 238 International Road, Burlington, NC 27215 Claims Office: 238 International Road, Burlington, NC 27215

Item 1. Named Insured and Mailing Address

PALMETTO YOUTH CENTER
501 17 STREET WEST
PALMETTO
FL 34221

Co. Use:
Southern Cross Underwriters
13577 Feather Sound Drive
Suite 100
Clearwater
FL 33762

Code: 503

Surplus Lines Broker License No.: A065437

Item 2. Policy Period

Effective Date: 01/14/2012 Expiration Date: 01/15/2012
at 12:01 A.M., Standard Time at your mailing address shown above.

Item 3. In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage.

Table with 2 columns: Coverage Part(s) and Premium. Includes Commercial General Liability with a premium of \$450.00.

Total Policy Premium or Deposit Premium \$ 450.00

Other Charges (if applicable)

POLICY FEE 35.00
TAX 24.25
STAMPING FEE .49
FHCF 6.31

Total Other Charges \$ 66.05

Total Amount Due\* \$ 516.05

\* Premium is: [X] Flat [ ] Auditable

Policy Minimum Premium \$ 450.00

In the event you cancel this policy, we will retain 100% FULLY EARNED

Item 4. Forms and Endorsements applicable to this policy: See "Listing of Forms and Endorsements" (IFG-I-0150)

Item 5. Form of Business. [ ] Individual [ ] Partnership [ ] Joint Venture
[ ] Limited Liability Company [X] Other Organization, Including a Corporation
[ ] Trust

Business Description: MARTIN LUTHER KING DAY PARADE

NO FLAT CANCELLATION

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

SURPLUS LINES INSURERS' POLICY RATES AND FORMS ARE NOT APPROVED BY ANY FLORIDA REGULATORY AGENCY. This insurance is issued pursuant to the Florida Surplus Lines law. Persons insured by surplus lines carriers do not have the protection of the Florida Insurance Guaranty Act to the extent of any right of recovery for the obligation of an insolvent unlicensed insurer.

Countersigned:

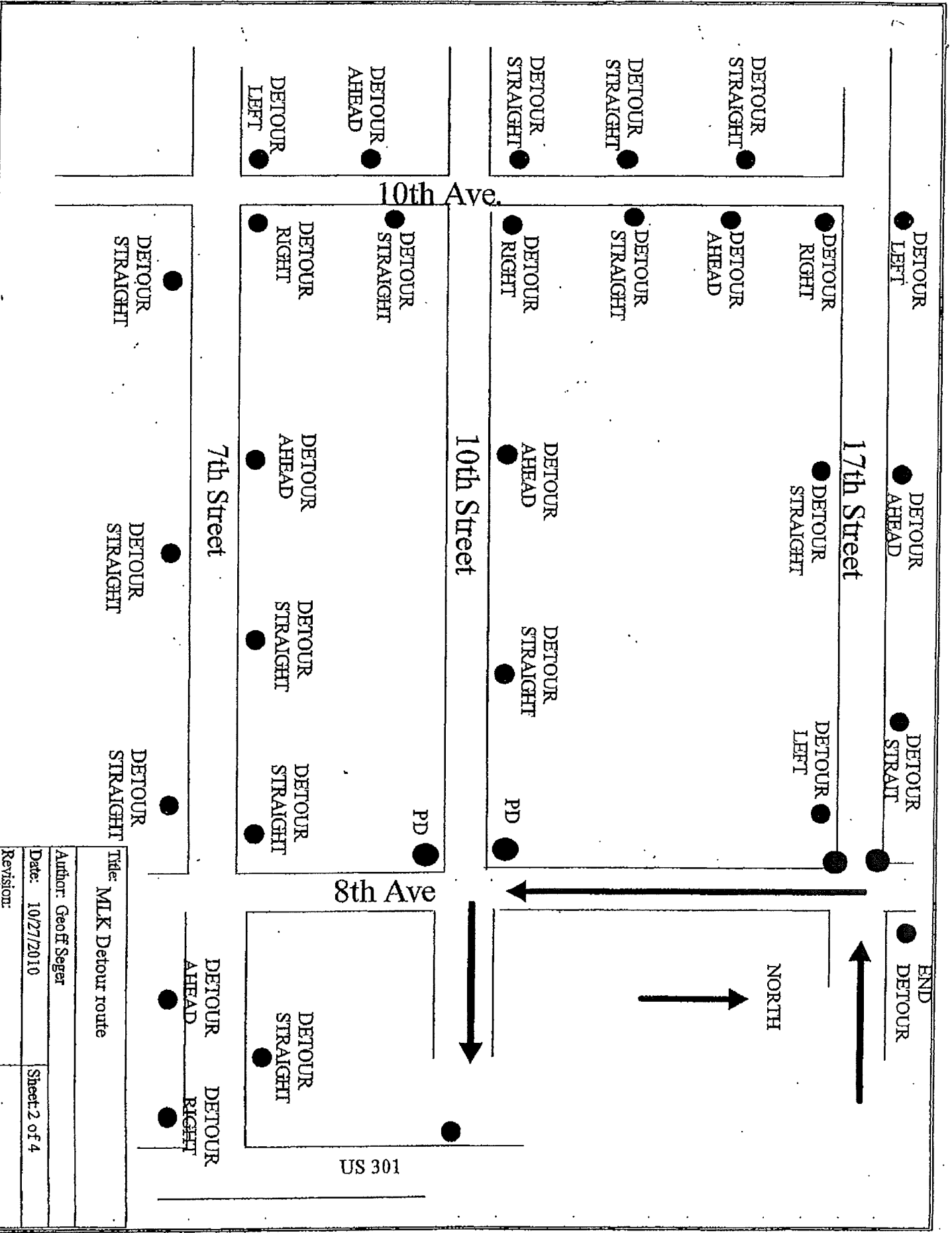
Date: Feb 15, 2012

Issue Date: 02/01/12

By:

James L. Delmonico

Authorized Representative

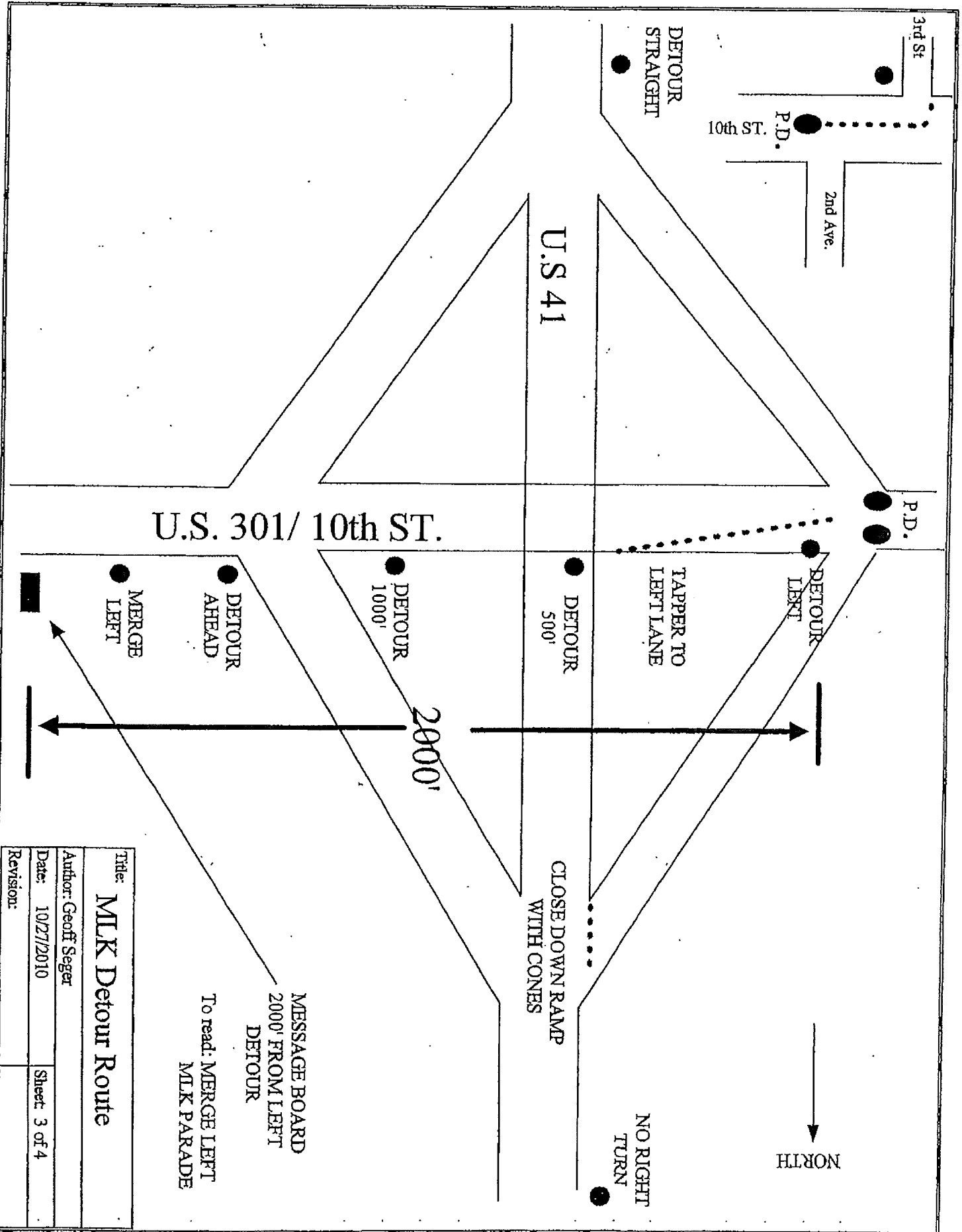


Title: MLK Detour route

Author: Geoff Seger

Date: 10/27/2010 Sheet: 2 of 4

Revision:



U.S. 301/ 10th ST.

U.S 41

DETOUR STRAIGHT

10th ST. P.D.

2nd Ave.

3rd St

P.D.

DETOUR LEFT

TAPPER TO LEFT LANE

DETOUR 500'

DETOUR 1000'

2000'

DETOUR AHEAD

MERGB LEFT

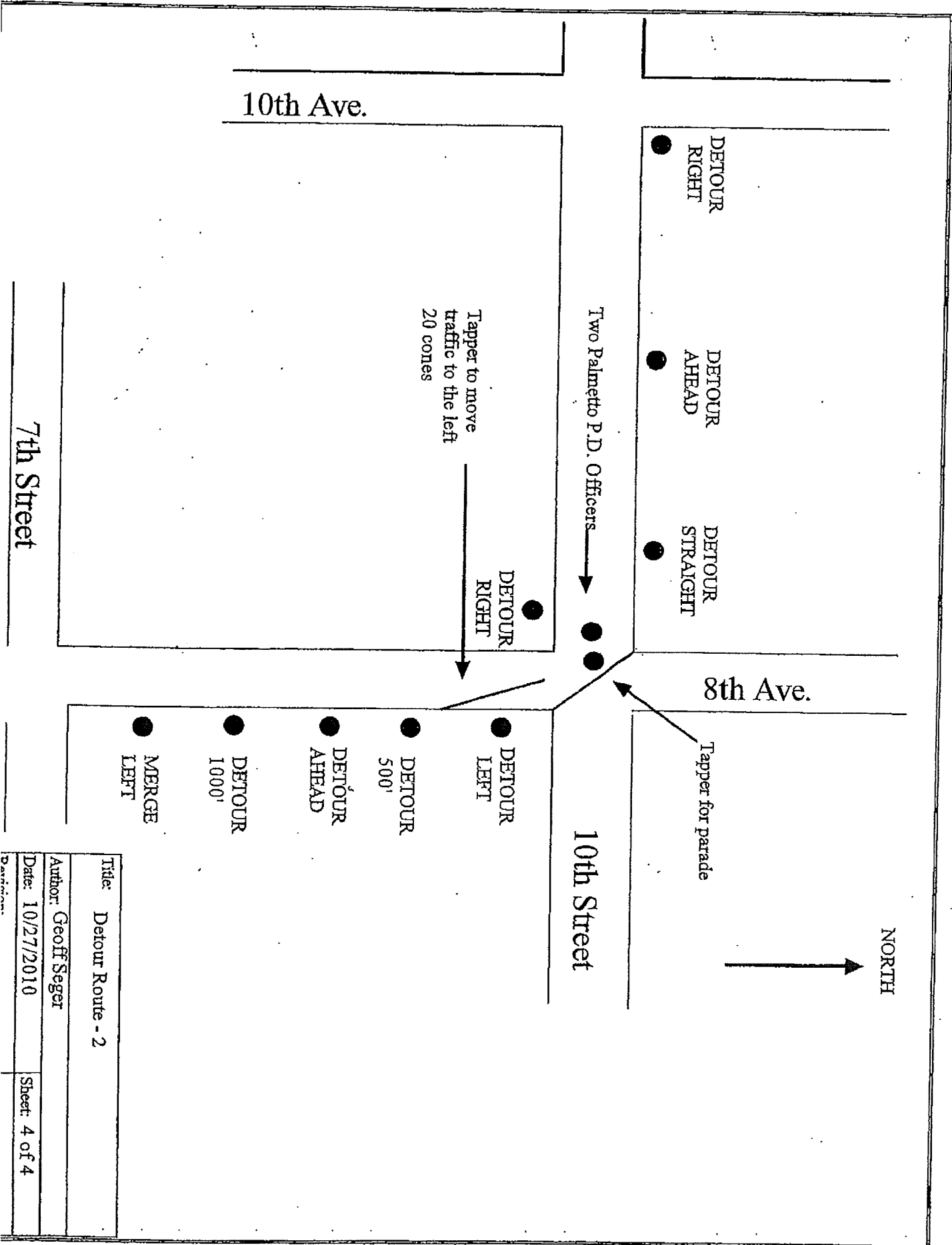
CLOSE DOWN RAMP WITH CONES

NO RIGHT TURN

NORTH

MESSAGE BOARD  
2000' FROM LEFT  
DETOUR  
To read: MERGB LEFT  
MLK PARADE

Title: <b>MLK Detour Route</b>	
Author: Geoff Seger	
Date: 10/27/2010	Sheet: 3 of 4
Revisions:	



10th Ave.

DETOUR  
RIGHT

DETOUR  
AHEAD

DETOUR  
STRAIGHT

Tapper to move  
traffic to the left  
20 cones

Two Palmetto P.D. Officers →

DETOUR  
RIGHT

8th Ave.

Tapper for parade →

NORTH  
↓

10th Street

DETOUR  
LEFT

DETOUR  
500'

DETOUR  
AHEAD

DETOUR  
1000'

MERGE  
LEFT

Title: Detour Route - 2

Author: Geoff Seger

Date: 10/27/2010

Part of...

Sheet: 4 of 4



# Palmetto Youth Center



October 1, 2012

North River Fire Department

Dear Chief:

I am writing to confirm that I understand that participants in the upcoming MLK Parade must all be briefed so that they will not only stay within the confines of the street as designated for the parade's travel, but also must limit any dancing, performances, or other delays to 20 seconds or less.

We will not only brief participants in the mandatory pre-parade meeting, but will also include these instructions on the application/agreement that is distributed to participants.

Additionally, we will have a greater number of Parade Marshall's and monitors along the route, ensuring that participants comply with these rules.

As always, I appreciate your assistance.

Sincerely,

Chris Lukowiak  
Executive Director

---

501 17th Street West, Palmetto, FL 34221

(941)722-0783



[www.palmettoyc.com](http://www.palmettoyc.com)