

OFFICE USE ONLY:
Permit No:



CITY OF FRANKLIN EVENT PERMIT APPLICATION

*Application is Due 90 Days Prior to Scheduled Event.
Please read application carefully and fully complete each section.
A non-refundable application fee of \$100 is due at time of filing.*

Note: Filing this application does not guarantee that your request will be granted.

Please check all that apply:

<input checked="" type="checkbox"/> street closure	<input type="checkbox"/> parade
<input type="checkbox"/> other special event	<input type="checkbox"/> beer served (<i>separate permit required</i>)

Please supply the following information. For additional space, use separate sheets of paper and attach to the application.

1) Location requested (if Temporary Street Closure only, list major roads to be closed):

____ Aspen Grove Park	____ Liberty Park	____ Eastern Flank Battlefield Park
____ Fieldstone Farms	____ Pinkerton Park	____ Main Street
____ Jim Warren Park	____ Harlinsdale Farm	Other: Hillsboro Del Rio

2) Name/purpose of event: Friends for Healing 5K/10K Race benefiting PCCT Williamson County

3) Date or dates of event: March 19, 2016

4) Time of Event: 7:30 am

5) Time of Street Closure (if applicable): _____

Set-Up Date/Time: March 19 at 6am **Tear-down Date/Time:** March 19 at 10am

*Note: Two (2) hours will be added before set-up time and two hours (2) will be added after tear-down to allow time for clean-up. Event is responsible for payment of Franklin Police Officers during this time. Read Additional Requirements section for more information.

6) Name of Applicant and Organization Requesting Permit: Abbie Culbertson
Pastoral Counseling Centers of Tennessee, Williamson County (DBA: Insight Counseling Centers)

a) Address: 506 Fair St., Franklin, TN 37064

b) Phone: 615-790-1539 **c) Cell:** 214-554-0886 **d) Fax:** 615-385-1879

e) E-mail address: aculbertson@pcctinc.org

7) Person in charge on day of event: Katherine Williams, Start2 Finish Event Management

Cell: 615-803-5936 **E-mail address:** kat@s2fnashville.com



8) Name and Cell Number of at least two others available on day of event:

Name: Carol Smith Cell: 615-397-6086 E-mail address: csmith@pcctinc.org

Name: Abbie Culbertson Cell: 214-554-0886 E-mail address: aculbertson@pcctinc.org

9) DETAILED description of event (use additional sheets):

Please see attached

10) **ENCLOSE A DETAILED MAP** of event site, detailing any temporary or permanent structures, street closures, parking, etc. If applicable, list the location, blocks, streets, and/or intersections in which such event will occur. **For large-scale events, map should be obtained from the City's GIS division.** Same as last year; Katherine will provide an email link

11) An estimated number of participants and an estimated number of attendees expected to attend during the course of the event:

300 participants, 50 attendees

12) Please **attach a list** containing the names, addresses, and phone numbers of the Chairperson of the organization and all other persons involved in the management or control of organization and/or committee.

13) Is your organization based in Williamson County? Circle Yes or No
(if no, please state where: _____)

14) Is your organization authorized to do business in Tennessee? Circle Yes or No

15) Is your organization a tax-exempt organization as described by the Internal Revenue Code Section 501(c)(3) or a not-for-profit organization? Circle Yes or No. If yes, please attach copy of IRS tax exemption letter providing proof of status.

16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor. see attached table

17) Will any charity, gratuity, or offers be solicited or accepted during the event? Circle Yes or No.

18) Is this event a fundraiser? Circle Yes or No. If yes, what organization will be benefactor of event? What percentage of funds will they receive? 100% of funds benefit the Pastoral

Counseling Centers of TN in Williamson County (DBA Insight Counseling Centers)

19) Will parking in the area of the event need to be restricted or prohibited? Circle Yes or No.



- 20) Will any sound amplification equipment be used during the event? Circle Yes or No. If no, please skip to Question #22.
- 21) For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)?
Announcements and recorded music
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
DJ and Emcee
- 23) During what time period is sound amplification requested? 6 am - 9 am
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). _____
- 25) Will any stages, amusement attractions, or amusement rides, including inflatables, be erected for the event? Circle Yes or No. If yes, Applicant must give specific details as to the location and type of games/activities, i.e. inflatables, Horseshoes, relay races, etc. along with the name of the company providing the stages and/or activities. Applicant must also include a copy of that company's insurance certificate indicating coverage and listing the City of Franklin as additional insured. ***For stages, tents, inflatables, etc. constructed on site prior to the event, that date must be included on Certificate of Insurance provided to the City of Franklin. Stages MUST be removed from site at end of event. ***Rented inflatables/interactives that are set-up and manned by applicant must be included specifically in applicant's Certificate of Insurance.
- 26) What, if any, vendors will be present at event? (i.e medical related, shirts, arts, etc.) **Please provide detailed list.** Will provide closer to event date
- 27) Will food, beverages, or merchandise be sold or given away? Circle Yes or No. If yes, clean-up is required. Please provide name of clean-up provider, contact, and phone number of person on-site during event. See Question #28. Start2Finish Event Management and volunteers
Katherine Williams, 615-803-5936
- 28) Events under 200 participants require a \$250 refundable security deposit at the time of approval. For events over 200, a \$1000 security deposit is required upon approval. If clean-up is not done properly, the organization requesting the permit will be fined (See Attachment A). Applicant's event coordinator or representative and a City of Franklin representative will conduct a Pre-Event meeting prior to event date for Pre-Event Check List Site Review. *At the end of the event, a Post-Event Check List shall be completed by the Applicant's event coordinator, or representative, and a City of Franklin representative to re-assess the site for trash and damage, and to secure with caution tape and signage (provided by event group) any tents left for removal.* Damage deposit will be refunded after a satisfactory Post Event Check List has been completed and signed off on by both the City of Franklin and organization requesting event.

- 29) **NOTE:* Events that include deep frying cooking oil operations are required to have a grease pit on-site and contract with a grease waste hauler to handle the grease waste and removal of the grease pit. A copy of this agreement shall be filed along with this application. The primary event sponsor is required to remove all cooking grease from the site immediately after the event. Illegal dumping of cooking grease will be prosecuted. *Please read Additional Requirements section of this application for more information.*
- 30) Will you require a temporary water tap? Circle Yes or No. If yes, please list exact locations:

- 31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes or No. If yes, a permit from the relevant board is required. *Please read Additional Requirements section of this application for more information.*
- 32) Will your event include tents or other temporary structures, propane use, or open flames? Circle yes or no. Events using tents of size 20 x 10 or larger require permitting from Franklin Fire Department. Safety measures must be provided on all tents, especially those set-up prior to the actual event. Tents should be taken down the date the event has ended. *Please read Additional Requirements section of this application for more information.*
- 33) Attach Good Neighbor Letter and Mailing List used. *Please read Additional Requirements section of this application for more information.*

TITLE VI OF THE 1964 CIVIL RIGHTS ACT

"No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The City of Franklin does not discriminate based on race, color or national origin in federal or state sponsored programs, pursuant to Title VI of the Civil Rights Acts of 1964 (42 U.S.C. 2000d). For more information or to file a complaint against the City of Franklin under Title VI of the 1964 Civil Rights Act, contact the Title VI Coordinator:

Risk Manager
 City of Franklin
 109 Third Avenue South
 Franklin, Tennessee 37064
 615.791.3277

The City of Franklin is committed to providing reasonable access and accommodations upon request for people with disabilities. Please call the Risk Management Department at (615)791-3277 for specific requests.



HISTORIC
FRANKLIN
TENNESSEE

**PLEASE READ ATTACHMENTS BEFORE SIGNING
APPLICATION.**

- 1) I/We agree to abide by all ordinances and regulations of the City of Franklin and all conditions placed upon the event by the City Administrator and the Board of Mayor and Aldermen.
- 2) I/We do swear or affirm that all of the information given in this application is true and complete.
- 3) I/We do hereby agree to assume the defense of and indemnify and save harmless the City, its aldermen, boards, commissions, officers, employees and agents, from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such event and the activities permitted in connection there with, and to submit a certificate of insurance prior to the event in an amount acceptable to the City Administrator.
- 4) I/We agree to provide a copy of this signed Event Application to any vendors, planners, and related parties associated with the event to ensure they are familiar with the guidelines set forth herein.
- 5) I/We understand that I/we assume the responsibility of the actions of any vendors, planners, and related parties for this event.
- 6) I/We understand that granting of Special Event Permit does not imply granting of other permit that is separately required.
- 7) The application for an event permit shall be filed not less than 90 days nor more than 364 days prior to the scheduled date of such event. Suggested filing is at least 180 days prior to scheduled event. Events should not be advertised or promoted until an event permit has been obtained from the City. Failure to file in a timely manner may result in denial of a permit.
- 8) The City reserves the right to require one or more City of Franklin police officers or other emergency personnel be present at any and all events that occur within the city limits. Please budget for this request at a rate of \$30 per hour at a minimum of two (2) hours.

BY:  Date: 9-15-15
 (Signature and title – must be officer of organization)

Approved by the Board of Mayor and Aldermen on January 12, 2016.

 Dr. Ken Moore, Mayor

 Eric S. Stuckey, City Administrator

If you have questions concerning your request, please call 615-550-6606.

 * **Return application to:** *
 * City Administrator's Office *
 * City Hall *
 * 109 Third Ave South *
 * Franklin, TN 37065 *
 * 615-791-3217 *
 * 615-790-0469 (FAX) *

9) DETAILED description of event

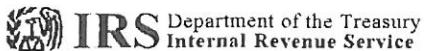
The Friends for Healing 5k and 10k race is a fundraiser for the Pastoral Counseling Centers of Tennessee (PCCT) in Williamson County (DBA Insight Counseling Centers). PCCT is a registered 501(c)3 non-profit that exists to restore lives to wholeness – mentally, emotionally and spiritually. In order to accomplish this important work, we seek to provide excellent professionally licensed psychotherapy to any individual, couple or family in our community, offer help and healing from a heart of compassion and personal faith that accepts and respects the beliefs of every individual with whom we work, and to raise and provide financial support to help those who cannot otherwise afford care.

The 5k and 10k races will begin simultaneously at 7:30 am on Saturday, March 19, 2016. Last year the inaugural race had less than 250 participants. This year, our goal is 300 participants. The race will be set up and managed on the race day by Start2Finish Event Management. Our race website is: <http://friendsforhealing.racesonline.com>.

16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor.

	Early Bird	Pre-Registration	Race Day
5K - Individual	\$30	\$35	\$40
5K - 2 Person	\$40	\$50	N/A
10K - Individual	\$35	\$40	\$45
10K - 2 Person	\$50	\$60	N/A

Vendors will be able to set up a booth for sponsoring at \$250 or more (\$100 for a fellow non-profit).



Department of the Treasury
Internal Revenue Service

P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248367569
Apr. 23, 2015 LTR 4168C 0
58-1731899 000000 00

00026508
BODC: TE

PASTORAL COUNSELING AND
CONSULTATION CENTERS OF TENNESSEE
100 VINE CT
NASHVILLE TN 37205



026075

Employer Identification Number: 58-1731899
Person to Contact: Mrs. Black
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Apr. 14, 2015, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in December 1984.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Pastoral Counseling Centers of Tennessee, Inc.
2015 Board of Directors

Wells Johnson, President

3614A Dodge Pl.
Nashville, TN 37204
Cell: 615-426-8682
Work: 615-259-1004
Email: wellsjohnson@gmail.com

Gary Briggs

1208 Charlton Drive
Antioch, TN 37013
Cell: 615-504-7692
Email: Gary.Briggs@HCAHealthcare.com

Stephen Cottingham

P. O. Box 58151
Nashville, TN 37205
Cell: 615-946-2634
Work: 615-342-3911
Email: skcottingham@gmail.com

Caroline Coulton

2200 Harding Place #6
Nashville, TN 37215
Cell: 615-330-2270
Email: cwcoulton@aol.com

Stephanie Hickerson

6320 Hwy 64 E
Wartrace, TN 37183
Cell: 615-796-3366
Email: hickersonstephanie@yahoo.com

Anne Laurence Johnson

619 Chesterfield Way
Nashville, TN 37212
Cell: 615-585-5588
Email: johnson.laurence@gmail.com

Thomas Kleinert

Vine Street Christian Church
4101 Harding Road
Nashville, TN 37205
Work: 615-269-5614
Email: Thomas@vinestreet.org

Steven Meriwether

604 Estes Rd.
Nashville, TN 37215
Home: 615-512-6399
Email: smeriwether@ibcnashville.org

Rusty McIntire, Vice President

Vanderbilt University
311 Kirkland Hall
Nashville, TN 37240
Work: 615-343-3140
Home: 370-0889
Email: russell.m.mcintire@vanderbilt.edu

Fern Richie

32 Foxhall Close
Nashville, TN 37215
Cell: 615-351-1665
Email: fernrichie@gmail.com

Russell Riebeling

313 Woodmont Circle
Nashville, TN 37205
Cell: 615-351-0935
Email: Russell.Riebeling@gmail.com

Maggie Tarpley

1506 Clairmont Place
Nashville, TN 37215
Cell: 478-2416
Work: 615-322-1548
Home: 615-269-7714
Email: Margaret.Tarpley@vanderbilt.edu

Merry Beth Ward

Marketing Committee Chair
2731 Sharondale Court
Nashville, TN 37215
Cell: 615-878-3865
Email: merrybeth@gmail.com

Jonathan Weaver

555 Great Circle Road
Nashville, TN 37228
Cell: 865-216-7841
Email: jweaver@KraftCPAs.com

Tabitha Woods Jackson

1406 Lady Nashville Ct.
Hermitage, TN 37076
Cell: 818-209-2430
Email: Tabitha@rizenministries.org

THE PASTORAL COUNSELING CENTER OF FRANKLIN

506 Fair Street Franklin, TN 37064 (615) 790-1539

STAFF

Carol Smith, Center Coordinator

Franklin Pastoral Counseling Ctr
506 Fair Street
Franklin, TN 37064
(615) 790-1539 & (615) 383-2115, ext. 74
csmith@pcctinc.org

Chris O'Rear, Executive Director

Pastoral Counseling Centers of TN, Inc.
100 Vine Street
Nashville, TN 37205
(615) 383-2115, ext. 24
corear@pcctinc.org

ADVISORY COUNCIL

Parker McGee, Chair

1004 Bunker Hill Dr.
Arrington, TN 37014

mcgee.parker@gmail.com

Rev. Matthew Kelley

Christ United Methodist Church
508 Franklin Rd.
Franklin, TN 37069
(615) 319-8372
matt@christumc.net

Amy Hostler

305 Millhouse Dr.
Franklin, TN 37064
(615) 906-8503
amyhostler@yahoo.com

J Edward Campbell

1809 Turning Wheel Lane
Franklin, TN 37067
(615) 405-0989
jedward@campbellx2.com

SUPPORTING MEMBERS

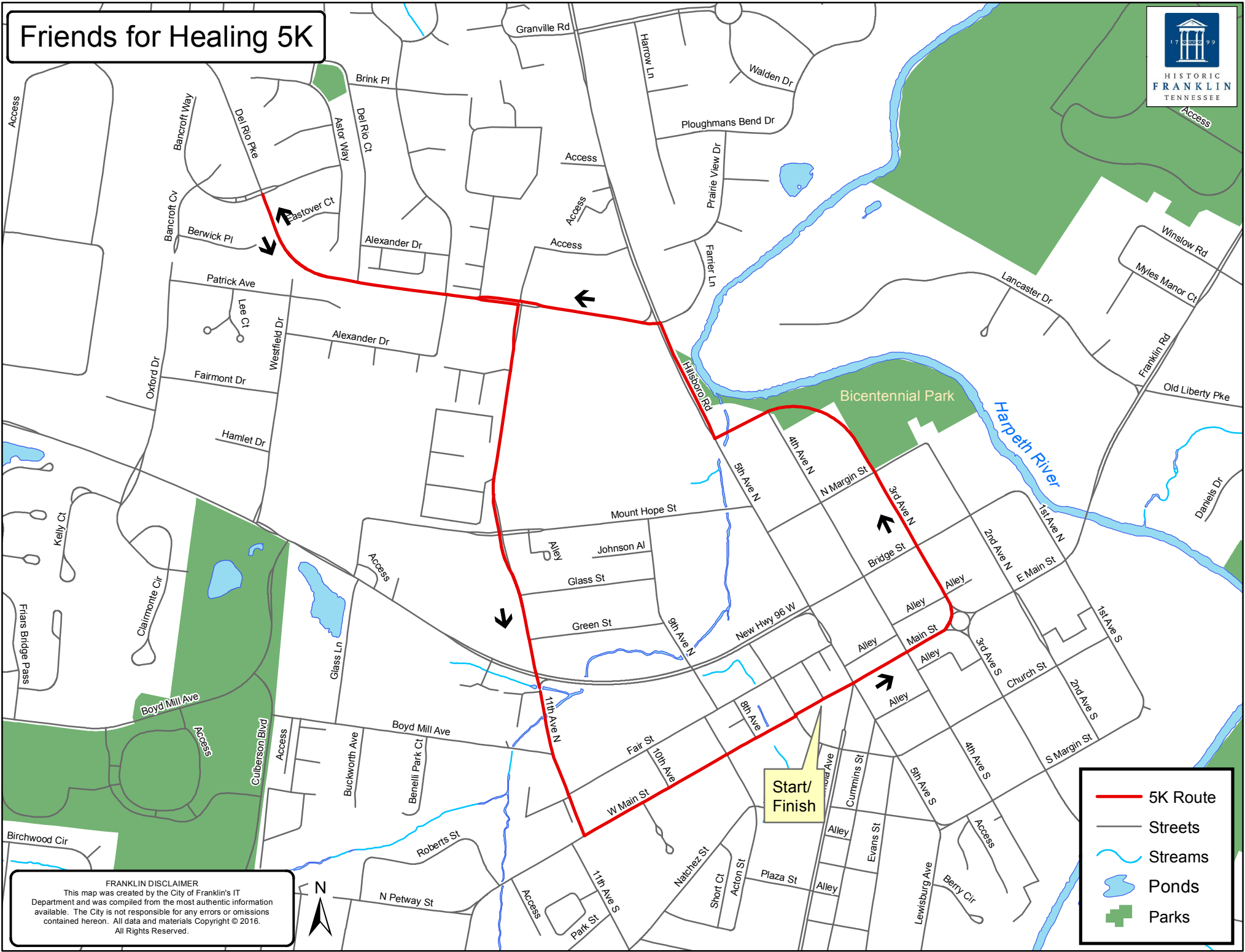
Taylor Cochran

Pastoral Counseling Centers of TN, Inc.
100 Vine Street
Nashville, TN 37205
(615) 383-2115, ext. 33
tcochran@pcctinc.org

Abbie Culbertson

Pastoral Counseling Centers of TN, Inc.
100 Vine Street
Nashville, TN 37205
(615) 383-2115, ext. 21
aculbertson@pcctinc.org

Friends for Healing 5K

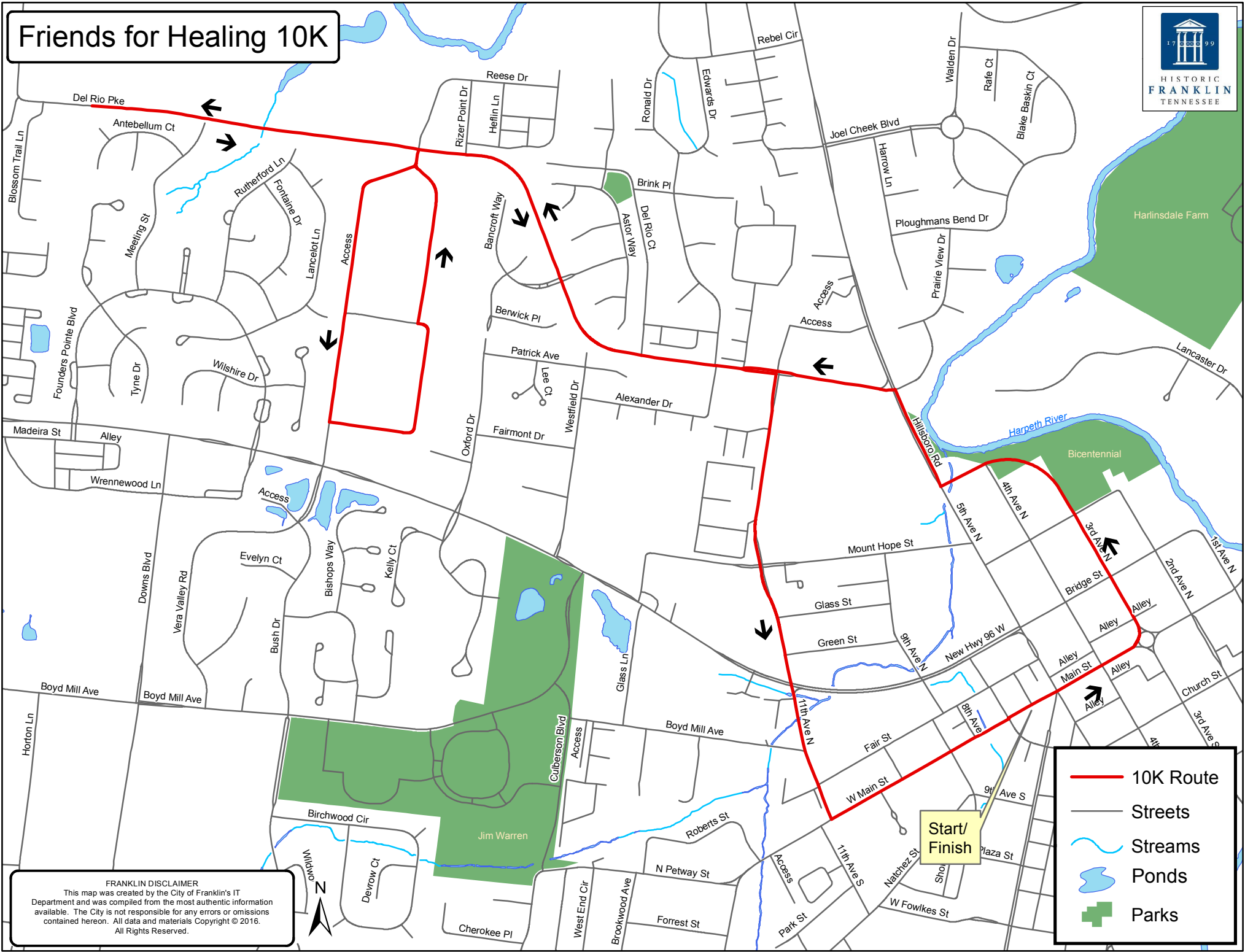


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- 5K Route
- Streets
- ~ Streams
- Ponds
- + Parks

Friends for Healing 10K



- 10K Route
- Streets
- ~ Streams
- Ponds
- Parks

Start/
Finish

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