

Permit No:
_____

HISTORIC
FRANKLIN
TENNESSEE

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:

- street closure parade
 other special event beer served (*separate permit required*)

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
_____ Jim Warren Park _____ Harlinsdale Farm Other: FRANKLIN CITY SQUARE / ROUNDABOUT +
1 BLOCK EACH WAY FROM SQUARE

2) Name/purpose of event: 41ST FRANKLIN CLASSIC

3) Date or dates of event: MONDAY, SEPTEMBER 2, 2019 - LABOR DAY

4) Time of Event: 6³⁰ AM - 11³⁰ AM

5) Time of Street Closure (if applicable): 6³⁰ AM - 11³⁰ AM

Set-Up Date/Time: 4³⁰ AM **Tear-down Date/Time:** 11⁰⁰ AM

*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:

MERCY COMMUNITY HEALTH CARE

a) Address: 1113 MURKIN ROAD, SUITE 319, FRANKLIN, TN 37064

b) Phone: 615-790-0567 **c) Cell:** 615-425-6312 **d) Fax:** _____

e) E-mail address: kkfgunn@gmail.com

7) Person in charge on day of event: KARLMO FUNN

Cell: 615-425-6312 **E-mail address:** kkfgunn@gmail.com



HISTORIC
FRANKLIN
TENNESSEE

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

Name: DONORUY BULLARD Cell: 615-413-1882 E-mail address: donatyb@mercytn.org

Name: KRISTI SYLVESTER Cell: 615-473-9539 E-mail address: kristis@mercytn.org

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

5K 10K 1K RUNNING EVENT IN AND AROUND DAWN-~~TRIP~~
TOWN FRANKLIN ON HOLIDAY MORNING.

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.* ✓

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

2500 - 3500

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. 35-45 / PARTICIPANT IN 5K / 10K EVENTS

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? _____

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

IN AND AROUND SQUARE² WILL BE CLOSED.

Revised February 2014



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 + ENTERTAINMENT.

22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.

SCHOOL OF ROCK PERFORMANCE BEFORE AWARDS + MUSIC DURING EVENT

23) During what time period is sound amplification requested? 8-10AM

24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). SEE ABOVE

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
Certificate of Insurance.

26) What, if any, vendors will be present at event? (i.e medical related, shirts, arts, etc.) **Please provide detailed list.** Use additional sheets. SPONSORS / MEDICAL

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. MERCY COMMUNITY HEALTHCARE

STAFF + VOLUNTEERS (OVER 100)

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, 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 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.

N/A

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.

10x10 EXCEPT FOR SPACE / REFRIGERATORS

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

denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial as

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.

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with *)

1	Name: * Chairman - Rebecca Dyer	Street: 522 Dabney Drive	City: Franklin, TN	Zip: 37064
	Employer: Healthtrust Purchasing Group	Email: rdyesrq@yahoo.com	Telephone: 615-319-0142	Yrs. on Board: 5 (2014)
2	Name: * Vice Chairman - Kent Waltman	Street: 2020 Fieldstone Parkway Suite 900-82	City: Franklin, TN	Zip: 37069
	Employer: CJC Technologies	Email: kwaltman@cjcweb.com	Telephone: 205-240-8776	Yrs. on Board: 3 (2016)
3	Name: Kimberly Aliotte	Street: 1215 Chickasaw Drive	City: Brentwood, TN	Zip: 37027
	Employer:	Email: kimberly.aliotte@gmail.com	Telephone: 615-300-8203	Yrs. on Board: 2 (2017)
4	Name: Craig Ballentine	Street: 117 Azalea Lane	City: Franklin, TN	Zip: 37064
	Employer: Patterson, Hardee & Ballentine CPA's	Email: craig@phbcpas.com	Telephone: 615-512-2951	Yrs. on Board: 7 (2012)
5	Name: Todd Matthews	Street: 514 Federal Street	City: Franklin, TN	Zip: 37067
	Employer: Sun Trust Bank - Healthcare	Email: todd.matthews@suntrust.com	Telephone: 206-478-4126	Yrs. on Board: 4 (2015)
6	Name: Kristen Toth	Street: 3252 Locust Hollow	City: Nolensville, TN	Zip: 37135
	Employer: St. Thomas Health	Email: ktoth64@gmail.com	Telephone: 615-804-7864	Yrs. on Board: 4 (2015)
7	Name: Dumkele Anifowoshe	Street: 725 CoolSprings Blvd., Suite 600	City: Franklin, TN	Zip: 37067
	Employer: KelAni CPA / Self-employed	Email: dumkelea@gmail.com	Telephone: 615-310-6256	Yrs. on Board: 2 (2017)
8	Name: Lydia Mabel Arroyo	Street: 228 Gillette Drive	City: Franklin, TN	Zip: 37069
	Employer: Baker, Donelson, Bearman, Caldwell & Berkowitz, PC	Email: marroyo@bakerdonelson.com	Telephone: 615-838-1844	Yrs. on Board: 1 (2018)
9	Name: Tania Davila	Street: 2030 Silverton Circle	City: Springhill, TN	Zip: 37174
	Employer: Fresenius Medical Care	Email: taniadavila9@gmail.com	Telephone: 615-319-1578	Yrs. on Board: 2 (2017)
10	Name: Gonzalo Elorza	Street: 5008 Huntmere Avenue	City: Franklin, TN	Zip: 37064
	Employer: LifePoint Health	Email: gonzalo.elorza@lpnt.net	Telephone: 615-498-0794	Yrs. on Board: 2 (2017)
11	Name: Lupita (Rosa Guzman) Martinez	Street: 1429 Governors Ridge Court	City: Franklin, TN	Zip: 37064
	Employer: WHEW 1380 AM Radio	Email: bonita1380amradio@gmail.com	Telephone: 615-405-7674	Yrs. on Board: 2 (2017)
12	Name: Matt Piatko	Street: 4613 Scottish Drive	City: Murfreesboro, TN	Zip: 37128
	Employer: My Nexus, Inc.	Email: mapiatko@hotmail.com	Telephone: 615-631-9975	Yrs. on Board: 3 (2016)
13	Name: Herbert Johnson	Street: 1167 Batbriar Road	City: Murfreesboro, TN	Zip: 37128
	Employer: Greater First Baptist Church	Email: revwhj@bellsouth.net	Telephone: 931-703-3000	Yrs. on Board: 1 (2018)
14	Name: Ashlie Kerr	Street: 1314 Glade Drive	City: Franklin, TN	Zip: 37069
	Employer: Vanderbilt Medical Center	Email: ashliekerr@hotmail.com	Telephone: 615-294-6516	Yrs. on Board: 1 (2018)
15	Name: Valerie Wilson	Street: 436 Ridgestone Drive	City: Franklin, TN	Zip: 37064
	Employer: HCA	Email: valerie.wilson@hcahealthcare.com	Telephone: 615-268-7696	Yrs. on Board: 1 day

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with *)

16	Name: Loretia Crosby	Street: 6237 Eskew Drive	City: Columbia, TN	Zip: 38401
	Employer: Willis Towers Watson	Email: loretia2694@yahoo.com	Telephone: 931-215-1295	Yrs. on Board: 1 day
17	Name: Will Brown	Street: 146 Lancaster Drive	City: Franklin, TN	Zip: 37064
	Employer: Stites & Harbison, PLCC	Email: wbrown@stites.com	Telephone: 615-347-0687	Yrs. on Board: 1 (2018)
18	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
19	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
20	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
21	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
22	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
23	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
24	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
25	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
26	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
27	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
28	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
29	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:
30	Name:	Street:	City:	Zip:
	Employer:	Email:	Telephone:	Yrs. on Board:

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 20 1984

MERCY HEALTH SERVICES INC
PO BOX 1346 112 9TH AVENUE SOUTH
FRANKLIN, TN 37065

Employer Identification Number:
62-1781969
DLN:
17053181032049
Contact Person:
R HUTCHINS ID# 52408
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
YES
Addendum Applies:
NO

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Letter 947 (DO/CG)

MERCY HEALTH SERVICES INC

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

The law requires you to make your annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your exemption application, any supporting documents and this exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are made widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form

MERCY HEALTH SERVICES INC

990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

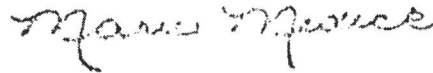
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director



1113 Murfreesboro Road • Suite 319
Franklin, TN 37064
(P) 615.790.0567
(T) 866.790.8388
(F) 615.595.8030
www.mercytn.org

August 13, 2019

Dear Neighbor,

We are writing to let you know of an event coming to your neighborhood this fall. The 41st Annual Franklin Classic benefiting Mercy Community Healthcare will be held in Historic Downtown Franklin and the surrounding area on Monday September 2, 2019. Set up begins at 3:00 am and the races begin at 7:00am. The Franklin Classic is a 5K, 10K and 1K Kids Fun Run. The proposed map route is attached to this letter. Runners will run only in a designated, coned lane. Streets will be re-opened to traffic once the runners have passed. We look forward to hosting the 41st Annual Franklin Classic in your neighborhood and hope you will raise the excitement level in your neighborhood by getting involved.

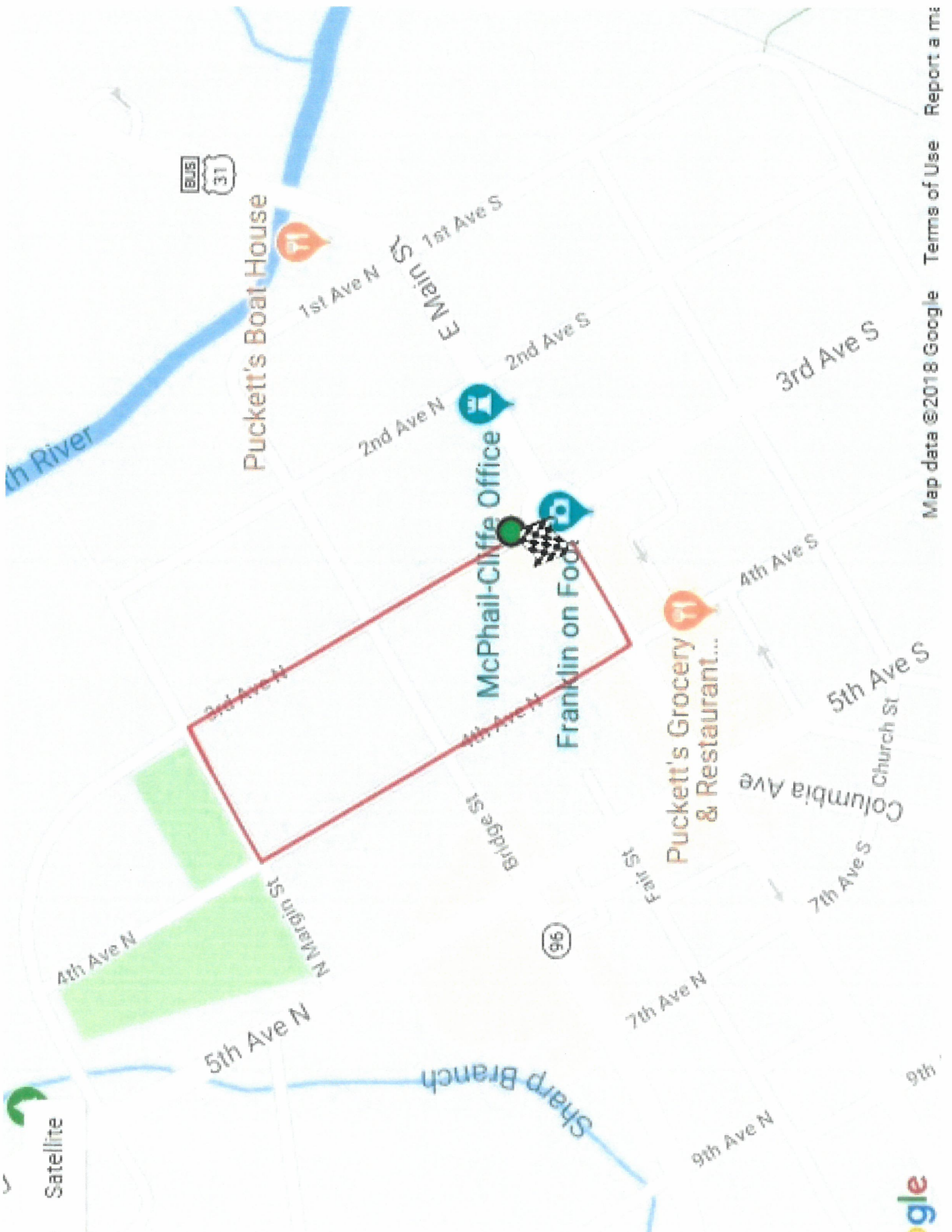
The Franklin Classic is held to raise awareness and provide vital program funding for our organization, Mercy Community Healthcare, www.mercytn.org. Mercy Community Health is a local 501(c)3 nonprofit organization providing complete primary healthcare, including sick and urgent care, counseling and social services, chronic illness management, and psychiatry services to patients of all ages, both insured and uninsured. Mercy exists to reflect the love and compassion of Jesus Christ by providing excellent healthcare for all and support to their families. Vision statement: Mercy Community Healthcare will transform the physical, mental and spiritual health of individuals through the healing power of Jesus Christ for generations to come. We hope you'll share in the excitement and participate on September 2nd! Visit www.franklinclassic.org for info and to register.

You may contact the event organizer, Groundworks Management, by phone at (615)425-6312 or by email, kkfgwm@gmail.com. You may also contact Monique McCullough with the Franklin Special Events office regarding the event at MONIQUEM@franklintn.gov, (615) 550-6606.

We would like to thank you in advance for any support that you can provide for the 41st Annual Franklin Classic. We hope you will help raise the excitement level about this event in your neighborhood!

Sincerely,

Kristi Sylvester
Director of Marketing, Events and Development
Mercy Community Healthcare



Satellite



Satellite

Franklin High School

2

Del Rio Pike

Del Rio Pike

1

WESTFIELD
ESTATES

3

Downs Blvd

96

Jim Warren
City Park

4

Boyd Mill Ave

96

5th Ave S

3rd Ave S

Pinkerton

96

Lewisburg Ave

Carter House

Harpeth River

Franklin Estates
Mobile Home Park

96

246





**WESTFIELD
WESTATES**

Mt Hope Cemetery

**Jim Warren
City Park**

Franklin

2nd Ave N
E Main St
1st

3rd Ave S
Church St

5th Ave S
S Margin St
4th Ave S

11th Ave N
Boyd Mill Ave

11th Ave S
Clark St

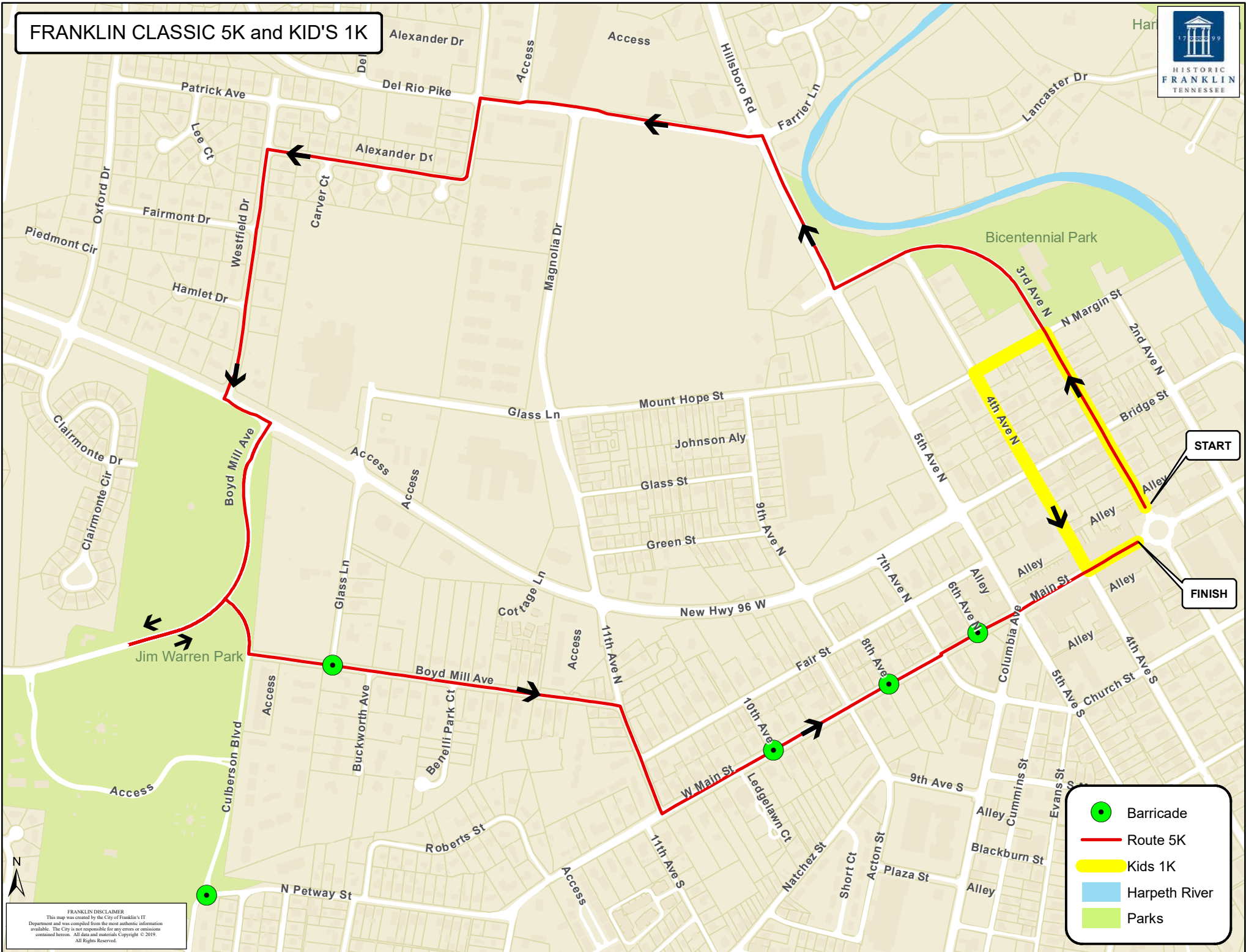
Cummins St
Evans St

Action St
Short Ct

Robert St
N Petway St

End Cir
ee Dr

FRANKLIN CLASSIC 5K and KID'S 1K



START

FINISH

- Barricade
- Route 5K
- Kids 1K
- Harpeth River
- Parks



FRANKLIN DISCLAIMER
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FRANKLIN CLASSIC 10K



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START FINISH

- Barricade
- Route 10K
- Harpeth River
- Parks

Staff Conditions:

Recommendation

Staff recommends approval of the event application with the following recommendations:

- Applicant will provide a \$1,000 refundable damage deposit to City prior to event.
- Applicant will meet with staff at least 30 days prior to event to finalize layout for activities on the Square.
- Applicant will provide a Good Neighbor letter which will be distributed to affected neighborhoods. Applicant will also post signs in affected neighborhoods at least 7 days before event.
- **Risk Management:**
 - Applicant will provide certificate of insurance naming the City as additional insured.
- **Police Department:**
 - Applicant will hire recommended number of extra-duty Franklin Police Officers to provide street closures and traffic control during the event.
 - Applicant will provide volunteers to assist with event.
 - Applicant has requested amplification on stages located on the Square. Pursuant to Franklin Municipal Code Section 11-403(3), these are the only locations at which amplified sound will be permitted during this event.
- **Building & Neighborhood Services Department:**
 - Electrical permit may be required.
- **Sanitation and Environmental Services Department:**
 - Department will provide extra roll-outs and recycling bins/bags for the applicant to use.
 - Applicant shall return all roll-outs (full or empty) and all recycling bags and frames to the alley behind Mellow Mushroom.
 - Applicant must clean up all trash along the route at the conclusion of the run.