

OFFICE USE ONLY:

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

4TH AVENUE SOUTH

\_\_\_\_\_ Jim Warren Park

\_\_\_\_\_ Harlinsdale Farm

Other: 4 ALLEY NEXT TO 4TH AVENUE GARAGE

2) Name/purpose of event: CELEBRATION OF NATIONS

3) Date or dates of event: SATURDAY, OCTOBER 8TH, 2016

4) Time of Event: 10 A.M. - 8 P.M.

5) Time of Street Closure (if applicable): 6 A.M. - 11 P.M.

Set-Up Date/Time: 6 A.M. 10/8/2016

Tear-down Date/Time: 8 P.M. 10/8/2016

\*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:

SISTER CITIES OF FRANKLIN & WILLIAMSON COUNTY

a) Address: P.O. BOX 977, FRANKLIN, TN 37065

b) Phone: 615-790-5815

c) Cell: 615-479-7751

d) Fax: 931-486-0136

e) E-mail address: SBBARC@THEARCWC.ORG

7) Person in charge on day of event: SCOTT DUCAJ

Cell: 615-479-7751

E-mail address: TNBUGLE@AOL.COM



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

Name: MIKE WYATT Cell: 615-260-4863 E-mail address: MKENT@COMCAST.NET

Name: SHARON BUTDRFF Cell: 615-790-5815 E-mail address: SBBARC@THEARCWC.ORG

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

(SEE INSERT)

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:

500

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. FREE ADMISSION - 20 FOOD + CRAFT VENDOR \$150 EACH

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? SISTER CITIES OF FRANKLIN + WILLIAMSON COUNTY - 100% AFTER EXPENSE'S

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

(JUST ON THE 4TH AVENUE SOUTH CLOSED STREET)

Revised February 2014





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- 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  
THROUGHOUT THE DAY.
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.  
1 STAGE - MEDIUM SIZE SPEAKERS
- 23) During what time period is sound amplification requested? 10 A.M. - 8 P.M.
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). INTERNATIONAL DANCING &  
BANDS. BAND SIZE 1-8. NOTHING LARGE  
OR TOO LOUD.
- 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.** Use additional sheets. 10 FOOD VENDORS  
15 CRAFTERS
- 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. SISTER CITIES OF FRANKLIN  
SCOTT DUCAJ 615-479-7751
- 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:  
YES. THE FIRE HYDRANT ON 4TH  
AVENUE SOUTH PLEASE:
- 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.





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**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: [Signature] COFA FESTIVAL DIRECTOR Date: 7/13/16  
(Signature and title – must be officer of organization)

Approved by the Board of Mayor and Aldermen on \_\_\_\_\_, 20\_\_.

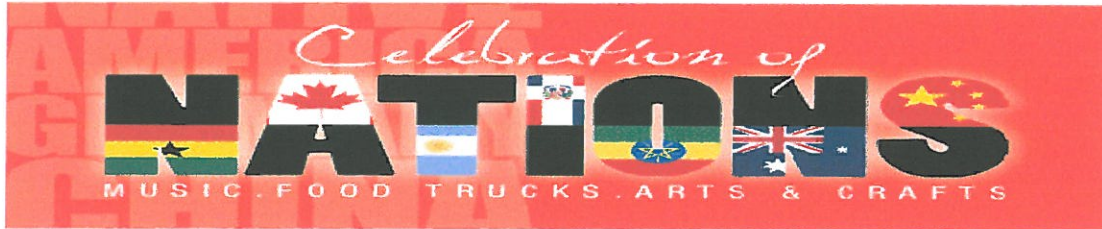
\_\_\_\_\_  
Dr. Ken Moore, Mayor

\_\_\_\_\_  
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) \*  
\*  
\*\*\*\*\*

2016



**Sister Cities of Franklin and Williamson County  
Present  
9<sup>th</sup> Annual Celebration of Nations  
Festival  
in Downtown Historic Franklin, TN**

Welcome to the "9<sup>th</sup> Annual Celebration of Nations". This event is set for Saturday, October 8<sup>th</sup>. The Sister Cities' goal for the Celebration of Nations is to create a passion for global diversity and understanding of the interconnectedness of people through presenting the ethnic traditional arts, foods and sensory experiences of various immigrant cultures. The festival is a unique experience for citizens of the surrounding community to learn more about our neighbors both here and abroad. This event happens in Historic Downtown Franklin and includes 1 Stage, Beer Tasting Station (10 x 20 tent), and multiple craft and food vendors. They will be in 20 different 10 X 10 spaces. 8 food Vendors, 1 Beer tasting Station, 9 craft vendors.

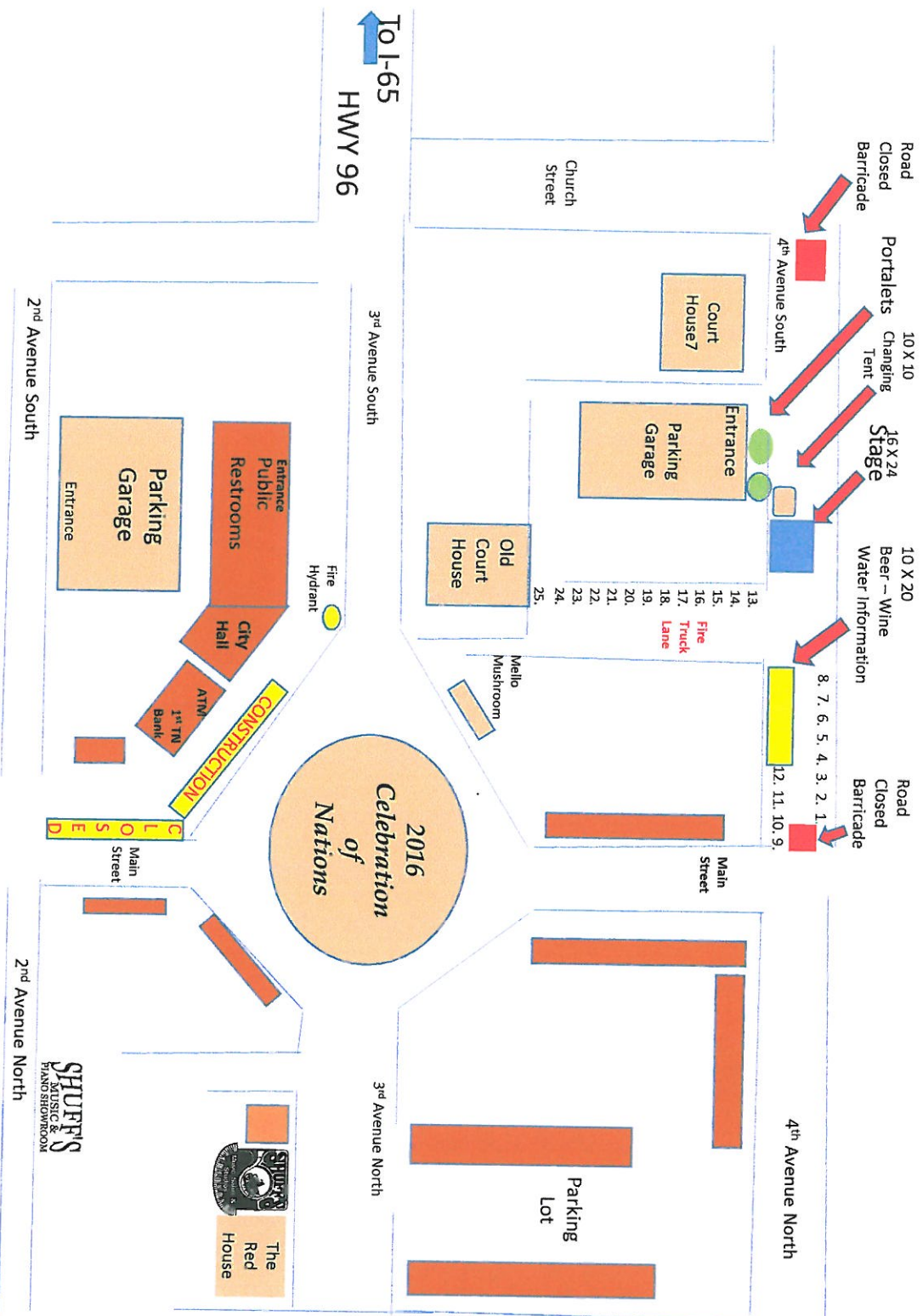
***Thank you for your consideration.***

***For more information, please visit: [www.TNeventINFO.com](http://www.TNeventINFO.com).***

**TnEvents**

All information provided by Scott Ducaj,



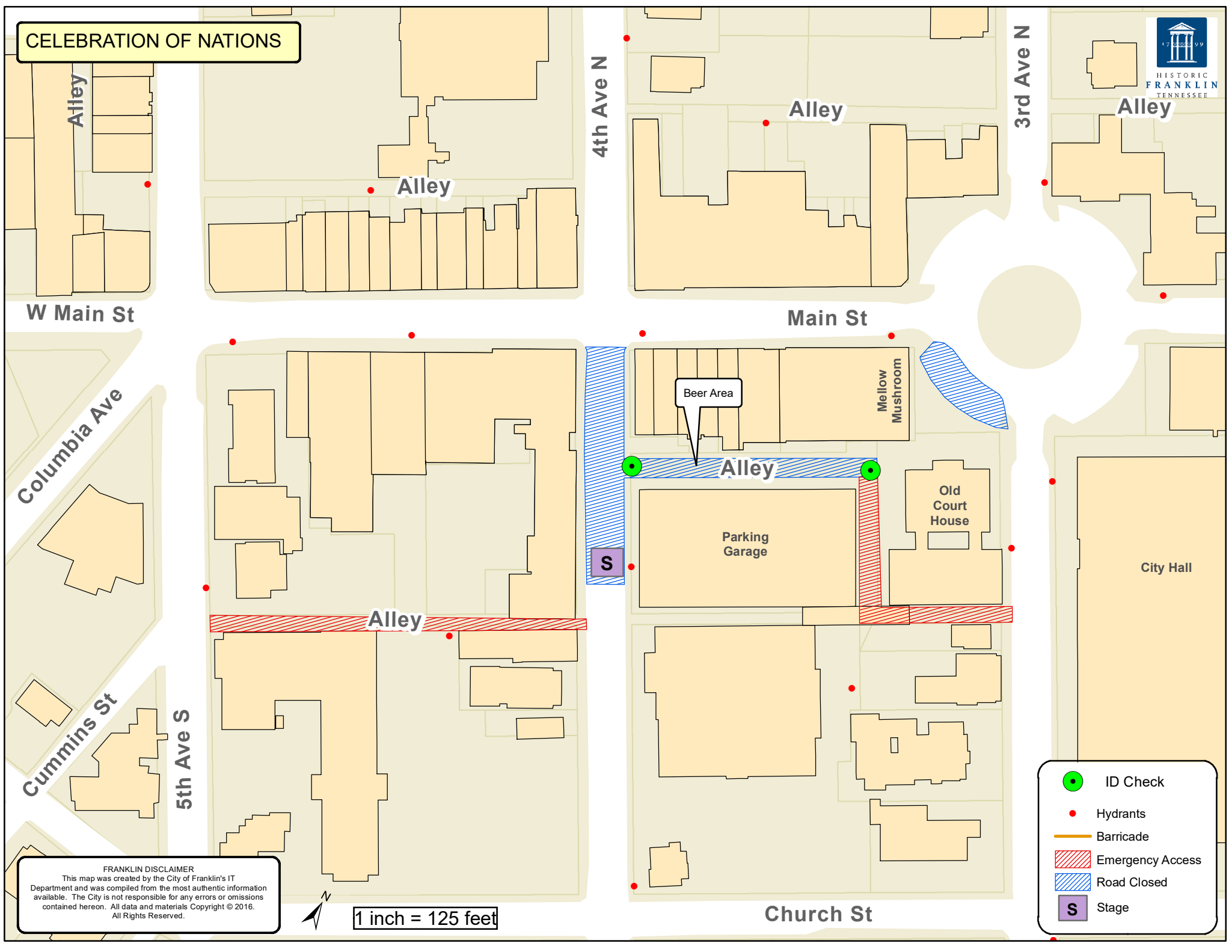


### Vendor Location

1. Food Vendor
2. Food Vendor
3. Food Vendor
4. Food Vendor
5. Food Vendor
6. Food Vendor
7. Food Vendor
8. Food Vendor
9. Food Vendor
10. Food Vendor
11. Food Vendor
12. Food Vendor
13. Craft Vendor
14. Craft Vendor
15. Craft Vendor
16. Craft Vendor
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24. Craft Vendor
25. Craft Vendor

**Tnevents**

# CELEBRATION OF NATIONS



**FRANKLIN DISCLAIMER**  
 This map was created by the City of Franklin's IT Department and was compiled from the most authentic information available. The City is not responsible for any errors or omissions contained hereon. All data and materials Copyright © 2016. All Rights Reserved.



1 inch = 125 feet

- ID Check
- Hydrants
- Barricade
- Emergency Access
- Road Closed
- S Stage





Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248164862  
May 29, 2009 LTR 4168C E0  
94-3425537 000000 00 000  
00016695  
BODC: TE

SISTER CITIES OF FRANKLIN TENNESSEE  
INC  
109 THIRD AVE S  
FRANKLIN TN 37064-2519

022442

Employer Identification Number: 94-3425537  
Person to Contact: Miss Campbell  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of May 19, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in September 2002, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate 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.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

*Michele M. Sullivan*

Michele M. Sullivan, Oper. Mgr.  
Accounts Management Operations I