

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

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

☒ Harlinsdale Farm

Other: \_\_\_\_\_

**2) Name/purpose of event:** UNITE WILLIAMSON PRAYER BREAKFAST

**3) Date or dates of event:** OCTOBER 20, 2018

**4) Time of Event:** 9:00 AM - 10:30 AM

**5) Time of Street Closure (if applicable):** N/A

**Set-Up Date/Time:** \_\_\_\_\_ **Tear-down Date/Time:** \_\_\_\_\_

\*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:**

UNITE WILLIAMSON PRAYER BREAKFAST COMMITTEE by Lynne McAlister

**a) Address:** 723 Fair Street, Franklin, TN 37064

**b) Phone:** \_\_\_\_\_ **c) Cell:** 919.449.4232 **d) Fax:** \_\_\_\_\_

**e) E-mail address:** lynnemcalister@me.com

**7) Person in charge on day of event:** Mayor Ken Moore w/ help from Lynne McAlister

**Cell:** Moore - 615.495.4260 **E-mail address:** Ken.moore@franklin.tn.gov  
McAlister - 615.495.4260



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

Name: Kristy Williams Cell: 615.305.3610 E-mail address: KWilliams@WilliamsonHeritage.org

Name: Teryl O'Connor Cell: 615.525.3101 E-mail address: TOCONNOR@WILLIAMSONHERITAGE.ORG

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

This is the inaugural event, which is designed to bring the community together, via a breakfast, a speaker and prayer. Chief Faulkner is slated to be the key note speaker. 350 are expected to attend.

- 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:

Expected attendees 350.

- 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. Currently in process of applying for 501(c)(3) status.

- 16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor. NO

- 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.





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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 and Speech. There may be a choir, but I do not expect they would be amplified.
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.  
Simple microphone and speakers provided by SpringTree Media.
- 23) During what time period is sound amplification requested? 9am to 11am
- 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.** Use additional sheets. None
- 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. Catering Staff plus Terry O'Connor (615) 525-3101, Kristy Williams (615) 305-3610, Lynne McAlister (919) 449-4232 -Coordinate with City and Parks.
- 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

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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: LMc - Lynne McAlister - Event Coordinator Date: 3/15/18  
(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) \*  
\*  
\*  
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Imagery ©2018 DigitalGlobe, USDA Farm Service Agency, Map data ©2018 Google 100 ft

Please tell me if Parks has a preference on parking.

PARKING ?



# Unite Williamson



Restroom Trailer



Tent  
50' x 80'



Access

Parking Area



Hydrants



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 © 2018. All Rights Reserved.





SOUTEVE-01

JFARQUHAR

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/07/2018

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 have ADDITIONAL INSURED provisions or 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><br>Chappell, Smith & Associates<br>1006 Merylinger Court<br>PO Box 681209<br>Franklin, TN 37067   | <b>CONTACT NAME:</b> Jill Farquhar                 |                                      |               |
|   | <b>PHONE (A/C, No, Ext):</b> (615) 435-8293        | <b>FAX (A/C, No):</b> (615) 435-8793 |               |
|   | <b>E-MAIL ADDRESS:</b> jfarquhar@chappellsmith.com |                                      |               |
| <b>INSURED</b><br>Southern Events LLC dba Southern Events Party Rentals<br>George W. Cole IV and Jill Ann<br>Chip Cole<br>P.O. Box 680428<br>Franklin, TN 37068 | <b>INSURER(S) AFFORDING COVERAGE</b>               |                                      | <b>NAIC #</b> |
|   | <b>INSURER A:</b> Depositors Insurance Company     |                                      | 42587         |
|   | <b>INSURER B:</b> Amco Insurance Co.               |                                      | 19100         |
|   | <b>INSURER C:</b> Accident Fund Ins Co America     |                                      | 10166         |
|   | <b>INSURER D:</b>                                  |                                      |               |
|   | <b>INSURER E:</b>                                  |                                      |               |
| <b>INSURER F:</b>   |  |                                      |               |

## 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 INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | ACPLD03036814911 | 09/01/2001              | 09/01/2002              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| B        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY  |           |          | ACPBAA3036814911 | 09/01/2017              | 09/01/2018              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | ACPCAA3036814911 | 09/01/2017              | 09/01/2018              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000   |
| C        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | N/A      | WCV6120326-02    | 12/20/2017              | 12/20/2018              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 500,000<br>E.L. DISEASE - EA EMPLOYEE \$ 500,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                                      |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The City of Franklin is named as additional insureds as respects liability as per written agreement or contract.

## CERTIFICATE HOLDER

## CANCELLATION

City of Franklin  
109 3rd Ave. South  
Franklin, TN 37064

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



#12

Mayor Ken Moore - Chairman

230 Third Avenue

615-934-1124

Franklin, TN 37064

ken.moore@franklin.tn.gov

Teryl O'Connor

- Coordinator

370 Glenbower Place

Franklin, TN 37064

615-525-3101

TOConnor@WilliamsonHeritage.org

Kristy Williams

- Coordinator

4910 Maymanor Circle

Nashville, TN 37205

615-305-3610

KWilliams@WilliamsonHeritage.org

Lynne McAlister

- Coordinator

723 Fair Street

Franklin, TN 37064

919.449.4232

LynneMcAlister@me.com

**Staff Conditions:**

- Applicant will provide a Good Neighbor letter which will be distributed to affected neighborhoods.

***Risk Management:***

- Applicant will provide certificate of insurance naming the City as additional insured.

***Building & Neighborhood Services Department:***

- Applicant will contact the Department to determine if Special Event Electrical Permit is needed.

***Police Department:***

- Applicant will hire extra-duty Franklin Police Officers to handle traffic control.

***Sanitation & Environmental Services:***

- Applicant will work with department to develop a clean-up plan.

***Parks Department:***

- All coordinating regarding the event, including fees and pre-event site meetings, will be done with the Programming Division at the Parks Department.

***Fire Department/EMS***

- Applicant will contact department regarding tent requirements and to schedule inspection for tents.