

RESOLUTION 15-95

**RESOLUTION TO APPROVE A SPECIAL EVENTS PERMIT FOR THE
GREY GHOST 5K**

WHEREAS, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

WHEREAS, representatives of the Grey Ghost 5K have made application to the Spring Hill Board of Mayor and Aldermen; and

WHEREAS, the City of Spring Hill staff recommends approval.

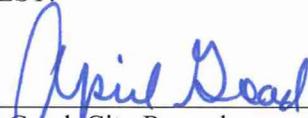
NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE, approves a Special Event Application and authorizes staff to issue a permit for the Grey Ghost 5K to be held on October 3, 2015.

Passed and adopted this 21th day of September, 2015.



Rick Graham, Mayor

ATTEST:



April Goad, City Recorder

LEGAL FORM APPROVED:



Patrick Carter, City Attorney

CITY OF SPRING HILL
Special Events Application
Checklist

Event: Grey Ghost 5K

Date of Event: 10/3/2015

Application Completed:

Certificate of Insurance

Street Closure Permit

Business License Verified

Beer Permit Requested

Permit Review Fee Paid

Approved

Denied

DATE: _____

CITY OF SPRING HILL SPECIAL EVENT APPLICATION

PERMIT# _____



Application Date: 8/28/15

Event Date: 10/3/2016

Street Closure Required: (Yes) / No

IF yes, *Street Closure Permit* must be attached.

FEES REQUIRED:

Permit Review Fee: \$20.00

Deposit/Bond Required- *Determined by City Administrator:*
Amount: \$ _____

EVENT DETAILS:

NAME OF EVENT: Grey Ghost 5K

Applicant/Organization: Jon Stephenson / Rotary

* Organization shall provide Certificate of Insurance, no less than \$250,000.

Copy Attached: _____

** Provide copy of business license. IF nonprofit: 501c3

Copy Attached: _____

Representative Name & Contact Information: PH# 615-812-8619 EMAIL jonstephenson@kw.com

5083 Main St Spring Hill TN 37174
(Street) (City) (State) (Zip)

Event location: Oaklawn Plantation

Time event will begin: 6 am Time event will end: 10 am

Time & place event will: assemble 10/2 Disassemble: 10/3

Upon signing this application, the applicants shall 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 special event and the activities permitted in connection therewith.

Print Name of Event Applicant

Signature

| | |
|-----------------------------|------|
| Notes/Instructions | |
| | |
| | |
| CITY ADMINISTRATOR APPROVAL | DATE |
| PERMIT ISSUED | DATE |

No Food Sales

6. Type of barricades/warning devices the applicant is planning on utilizing for the closure:

Provided by city of SH

7. Contact Information for person/organization responsible for collection/removal of all trash, garbage, and litter caused by or arising out of the event or road closure (Municipal Code 16-305):

Name: Jon Stephenson Phone Number: 615-812-8619

Standards for Issuance of Permit

1. The applicant has not knowingly and with intent to deceive, made any false, misleading or fraudulent statements of material fact in the application for a permit or in any other document required.
2. The time, duration, and size of the special event will not substantially disrupt the orderly and safe movement of other traffic or create a public nuisance.
3. The event is of a size or nature such that it will not require the diversion of so great a number of public safety officers of the city as to prevent normal public safety protection to the city.
4. The concentration of persons will not unduly interfere with proper fire and police protection of, or ambulance service to, areas contiguous to such event.
5. The event will not unduly interfere with the movement of firefighting equipment on the way to a fire or 911 call.
6. The event will not unduly interfere with the orderly operation of parks, hospitals, churches, schools, or other public and quasi-public institutions in the city.
7. Half of the roadway's width for the entire length of the closure shall remain clear of objects (tables, BBQ grills, etc.) in order to accommodate public safety vehicles in the event of an emergency.

Applicant Name (Print): Jon P. Stephenson

Applicant Signature and Date:  8/12/16

Chief of Police Signature and Date: _____

Reviewed by City Administrator On: _____

Lt. Kenny Seibold.
486-2252 x 224
Kseibold@springhilltn.org



Spring Hill Police Department
3636-A Royal Park Blvd.
Spring Hill, TN 37174

Temporary Street Closure Application

The SHPD must receive completed applications at least 10 days in advance of the scheduled date of closure. (Municipal Code 16-304)

A "temporary street closure" shall refer to a condition created by special event or private gathering to be conducted within or on any street or intersection in the City of Spring Hill that requires all lanes of travel to be closed for public safety purpose. Any request for temporary street closure(s) is deemed a request for a special event and requires a special event permit. Any temporary street closure authorized in whole or in part by the city for municipal purposes, including but not limited to, conveyance of traffic, or travel is exempt from this chapter. (Municipal Code 16-301)

1. Date(s) of event: 10/3/15

2. Beginning and ending time of closure:
6am - 10am

3. Block to be closed:
Denning LN from HWY 31 to Oaklawn
Example: Buckner Ln. between Duplex Rd. and Stewart Campbell Pt.

4. Applicant Information:
Name: Jon Stephenson Address: 5083 Main St, Spring Hill
Phone Number: 615-812-8619 Email: jonstephenson@kw.com

5. Please provide a description of the event below. Include information regarding: a) the type of event planned, b) number of people attending the event (estimate), c) activities/entertainment to be included at the event (this application is not a waiver for the City's ordinance on sound amplification equipment or the City's ordinance on noise as outlined in title 11 chapter 4.), d) whether or not sales of food, beverages (including alcohol/beer), or other merchandise will occur, e) will the street closure occupy all or only a portion of the street or intersection involved:
Grey Ghost 5K, 1500 people

CITY OF SPRING HILL SPECIAL EVENT APPLICATION

PERMIT# _____



Application Date: _____

Event Date: 10/3/2016

Street Closure Required: Yes / No

IF yes, Street Closure Permit must be attached.

FEES REQUIRED:

Permit Review Fee: \$20.00

Deposit/Bond Required- Determined by City Administrator:
Amount: \$ _____

EVENT DETAILS:

NAME OF EVENT: Grey Ghost 5K

Applicant/Organization: Jon Stephenson / Rotary

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** Provide copy of business license. IF nonprofit: 501c3

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Representative Name & Contact Information: PH# 615-812-8619 EMAIL jonstephenson@kw.com

5083 Main St Spring Hill TN 37174
(Street) (City) (State) (Zip)

Event location: Oaklawn Plantation

Time event will begin: 6am Time event will end: 10am

Time & place event will assemble: 10/2 Disassemble: 10/3

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Print Name of Event Applicant

Signature

| | |
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| Notes/Instructions | |
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| CITY ADMINISTRATOR APPROVAL | DATE |
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No Food Sales

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Provided by city of SH

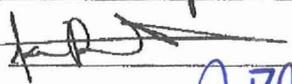
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Applicant Name (Print): Jon P. Stephenson

Applicant Signature and Date:  8/12/15

Chief of Police Signature and Date:  9/1/15

Reviewed by City Administrator On: _____



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
8/18/2015

| | | | | |
|--|--|---|--|--------------------|
| AGENCY | | CARRIER United States Fire Insurance Company | | NAIC CODE 21113 |
| POLICY NUMBER SRPG-101-0715/USS289450 | | EFFECTIVE DATE 10/02/2015 12:01 AM | NAMED INSURED(S) Rotary Club of Spring Hill, TN – David St. Charles | |

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

| | | | | | | | | |
|---|--|--|----------------------|-----------------|--------|------------------|-------------------------|-----------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | |
| | | Oaklawn Plantation 3331 Denning Lane Spring Hill, TN 37174 | | | | | | LOCATION: |
| | | REFERENCE / LOAN #: | INTEREST END DATE: | | | | VEHICLE: | BOAT: |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | | | | AIRPORT: | AIRCRAFT: |
| | | REASON FOR INTEREST: | | E-MAIL ADDRESS: | | ITEM CLASS: | | ITEM: |
| | | | | | | ITEM DESCRIPTION | | |
| | | | | | | FAX (A/C, No): | | |

| | | | | | | | | |
|---|--|------------------------|----------------------|-----------------|--------|------------------|-------------------------|-----------|
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The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.