

**RESOLUTION 15-96**

**RESOLUTION TO APPROVE A SPECIAL EVENTS PERMIT FOR THE  
SPRING HILL COUNTRY HAM FESTIVAL**

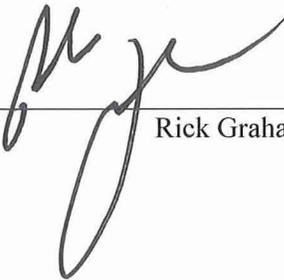
**WHEREAS**, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

**WHEREAS**, representatives of the Spring Hill Country Ham Festival 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 Spring Hill Country Ham Festival to be held on October 3, 2015.

Passed and adopted this 21<sup>th</sup> day of September, 2015.



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Rick Graham, Mayor

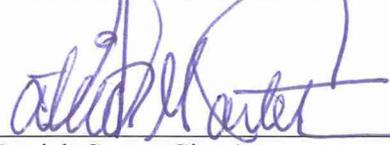
ATTEST:



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April Goad, City Recorder

LEGAL FORM APPROVED:



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Patrick Carter, City Attorney

**CITY OF SPRING HILL**  
**Special Events Application**  
**Checklist**

**Event:** SH Country Ham Festival

**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: 9-14-15

Event Date: 10-3-15

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: JOHN MAHER BUILDERS SPRING HILL COUNTRY HAM FESTIVAL

Applicant/Organization: CHF OF SPRING HILL COMMUNITY FOUNDATION

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

\*\* Provide copy of business license. ANDY MELORUM Copy Attached: \_\_\_\_\_

Representative Name & Contact Information: PH# 615-429-7115 EMAIL andy@countryhamfest.com

5016 SPEARLE CT. H334 SPRING HILL, TN 37174 (Street) (City) (State) (Zip)

Event Location: TENNESSEE CHILDRENS HOME

Time event will begin: 10:00 AM Time event will end: 8:00 PM

Time & place event will: assemble TN CHILDRENS HOME Disassemble: 6:00 AM 10-3-15

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.

ANDY MELORUM Print Name of Event Applicant

[Signature] Signature

Table with 2 columns: Approval/Issued, Date. Rows: Notes/Instructions, CITY ADMINISTRATOR APPROVAL, PERMIT ISSUED.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/17/2015

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 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).

PRODUCER <b>LANDERS INSURANCE AGENCY LLC</b> 1412 Trotwood Ave Ste 16 Columbia, TN 38401-4010	CONTACT NAME: <b>Judy Singleton</b>
	PHONE (A/C No, Ext): <b>(931) 380-2003</b> FAX (A/C, No): <b>(931) 490-9452</b>
	E-MAIL ADDRESS: <b>judy@hlandersagency.com</b>
INSURER(S) AFFORDING COVERAGE	
INSURER A: <b>Western World Insurance Group</b>	NAIC#
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		A	NPP8258750	10/3/15	10/4/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Incl \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)  
 According To The Terms and Conditions of The Policy. Tennessee Childrens Home is named as additional insured regarding liability. Country Ham Festival-10-3-15 Thru 10-4-15

CERTIFICATE HOLDER <b>Tennessee Children's Home</b> 804 Branham Hughes Road Spring Hill, TN 37174	CANCELLATION 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 
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