

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.

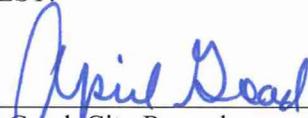
NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE, approves a Special Event Application and authorizes staff to issue a permit for the Grey Ghost 5K to be held on October 3, 2015.

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)

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Print Name of Event Applicant

Signature

Notes/Instructions	
CITY ADMINISTRATOR APPROVAL	DATE
PERMIT ISSUED	DATE

No Food Sales

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Provided by city of SH

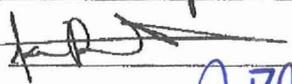
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Applicant Name (Print): Jon P. Stephenson

Applicant Signature and Date:  8/12/15

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

Reviewed by City Administrator On: _____



CERTIFICATE OF LIABILITY INSURANCE

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

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 LANDERS INSURANCE AGENCY, LLC 1412 TROTWOOD AVE STE 16 COLUMBIA, TN 38401-4979 (931) 380-2003	CONTACT NAME: PHONE (A/C, No, Ext): (931) 380-2003 FAX (A/C, No): (931) 490-9452	
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC #	
INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Rotary Club of Spring Hill, TN – David St. Charles 5083 Main Street Suite 4 Spring Hill, TN 37174	INSURER A: United States Fire Insurance 21113	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** USS289450 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			SRPG-101-0715	10/02/2015 12:01 AM	10/04/2015 12:01 AM	GENERAL AGGREGATE \$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG \$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY \$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						EACH OCCURRENCE \$1,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						FIRE DAMAGE (Any one fire) \$300,000.00
							MED EXP (Any one person) \$0.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED RETENTION \$						
							EACH OCCURRENCE \$
							GENERAL AGGREGATE \$
							EACH OCCURRENCE \$
							GENERAL AGGREGATE \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Certificate holder is added as an additional insured but only with respect to liability arising out of operations of the named insured during the policy period.
Covered Activity: 5K Fun Run-Spectator Coverage Only

CERTIFICATE HOLDER

Oaklawn Plantation
3331 Denning Lane
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

Landers Insurance Agency, LLC



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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