

**RESOLUTION 16-53**

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

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

**WHEREAS**, the Spring Hill Chamber of Commerce, representing the Spring Hill Wine Festival, has made application to the Spring Hill Board of Mayor and Aldermen; and

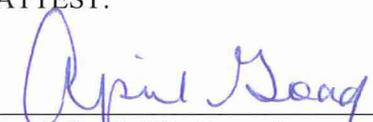
**WHEREAS**, the City of Spring Hill staff recommends approval.

**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 Wine Festival to be held on May 7, 2016.

Passed and adopted this 18<sup>th</sup> day of April, 2016.

  
\_\_\_\_\_  
Rick Graham, Mayor

ATTEST:

  
\_\_\_\_\_  
April Goad, City Recorder

LEGAL FORM APPROVED:

  
\_\_\_\_\_  
Patrick Carter, City Attorney

CITY OF SPRING HILL SPECIAL EVENT APPLICATION

PERMIT# \_\_\_\_\_



Application Date: 3/31/16

Event Date: 5/7/16

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: \$ \_\_\_\_\_

Non Profit: Yes

EVENT DETAILS:

NAME OF EVENT: Spring Hill Wine Festival

Applicant/Organization: Spring Hill Chamber of Commerce

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

Copy Attached: Yes

\*\* Provide copy of business license. IF Non Profit: 501 3C

Copy Attached: 501(c)6 attached

Representative Name & Contact Information: PH# 931-486-0625 EMAIL lauren@springhillchamber.com

Lauren Magli, Spring Hill Chamber, P.O. Box 1815 Spring Hill TN 37174  
(Street) (City) (State) (Zip)

Event location: Oaklawn Plantation - 3331 Denny Lane Spring Hill, TN 37174

Time event will begin: 5pm Time event will end: 9pm

Time & place event will: assemble Oaklawn 5-6+7-16 Disassemble: 5-7,8,9-16

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.

Lauren Magli

Lauren Magli 3/31/16

Print Name of Event Applicant

Signature

Notes/Instructions

CITY ADMINISTRATOR APPROVAL

DATE

PERMIT ISSUED

DATE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/29/2016

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).

<b>PRODUCER</b> Broussard and Associates, Inc. 5539 Main Street  Spring Hill TN 37174		<b>CONTACT NAME:</b> Thomas Broussard <b>PHONE (A/C, No, Ext):</b> (931) 451-0015 <b>E-MAIL ADDRESS:</b> Thomas@broussard-insurance.com		<b>FAX (A/C, No):</b> 615 656-2629	
<b>INSURED</b> Spring Hill Chamber of Commerce 5000 Northfield Ln. Door 100 Spring Hill TN 37174		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : MOUNT VERNON FIRE INSURER B : AMERICAN ZURICH INSURANCE COMPANY INSURER C : INSURER D : INSURER E : INSURER F :		<b>NAIC #</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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		NBP2551802	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		NBP2551802	03/01/2016	03/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED \$      RETENTION \$	Y		CUP2551777	03/01/2016	03/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	41-80004-16071-250817	03/01/2016	03/01/2017	PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Named as Additional Insured: Historic Oaklawn Plantation

<b>CERTIFICATE HOLDER</b> Historic Oaklawn Plantion 3331 Denning Lane Spring Hill, TN 37174	<b>CANCELLATION</b> 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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INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 28 2003**

SPRING HILL CHAMBER OF COMMERCE INC  
PO BOX 1815  
SPRING HILL, TN 37174

Employer Identification Number:  
45-0484327  
DLN:  
17053302045033  
Contact Person:  
JULIE CHEN ID# 31261  
Contact Telephone Number:  
(877) 829-5500  
Internal Revenue Code  
Section 501(c)(6)  
Accounting Period Ending:  
December 31  
Form 990 Required:  
Yes  
Addendum Applies:  
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(a) of the Internal Revenue Code as an organization described in the section indicated above.

Unless specifically excepted, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) for each employee to whom you pay \$100 or more during a calendar year. And, unless excepted, you are also liable for tax under the Federal Unemployment Tax Act for each employee to whom you pay \$50 or more during a calendar quarter if, during the current or preceding calendar year, you had one or more employees at any time in each of 20 calendar weeks or you paid wages of \$1,500 or more in any calendar quarter. If you have any questions about excise, employment, or other Federal taxes, please address them to this office.

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your 401(k) plan. For more information, please refer to the 401(k) plan document and bylaws. Also,

In the hearing of Form 990, Return of Income, you are required to file Form 990 normally more than 15 days before the due date of the return. If you are not filing Form 990 in the hearing of \$25,000 or less,

If a return is



*Open safe deposit  
box & put in*

AMERICAN EXPRESS RETIREMENT SERVICES  
401(k) PLANS, INVESTMENT MANAGEMENT, WORKPLACE EMPLOYEE FINANCIAL SERVICES,  
EMPLOYEE FINANCIAL EDUCATION (1.800.437.0600)

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