

**RESOLUTION 16-106**

**RESOLUTION TO APPROVE A SPECIAL EVENTS PERMIT FOR THE  
SPRING HILL ART WALK**

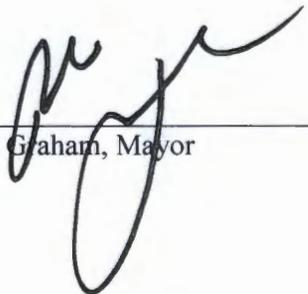
**WHEREAS**, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

**WHEREAS**, the Spring Hill Arts Center, representing the Spring Hill Art Walk, has made application to the Spring Hill Board of Mayor and Aldermen; and

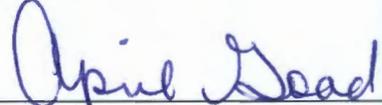
**WHEREAS**, the City of Spring Hill staff recommends approval.

**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 Art Walk to be held on September 17, 2016.

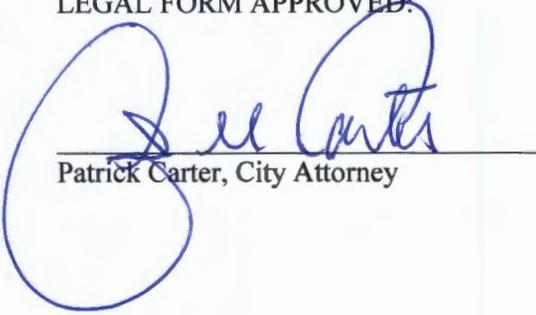
Passed and adopted this 15<sup>th</sup> day of August, 2016.

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

ATTEST:

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

LEGAL FORM APPROVED:

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



# CITY OF SPRING HILL SPECIAL EVENT PERMIT

PERMIT # 20160815

Name of Event: **SPRING HILL ART WALK**

Date/s of Event: September 17, 2016

Location: 1220 School Street to Ferguson Hall, Main Street

Street Closure: Yes/No (If yes, **Approved Street Closure Permit must be attached.**)

Applicant/Organization: Spring Hill Arts Center

Representative Contact Information:

Name: Arica Robinson Ph #: 931-446-2484

Approved by: 

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

**Event:** Spring Hill Art Walk

**Date of Event:** 9/17/2016

**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: 10/30/16

Event Date: 9/17/16

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

EVENT DETAILS:

NAME OF EVENT: Spring Hill Art Walk

Applicant/Organization: Arica Robinson with Spring Hill Art Center

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

Representative Name & Contact Information: PH# 931-446-2484 EMAIL arica@kevinrobinsondesign.com
2612 Sabin Way Spring Hill TN 37174
(Street) (City) (State) (Zip)

Event Location: Begins at SHAC art gallery 1220 School St follows main st. to Ferguson Hall.

Time event will begin: 3pm Time event will end: 8 pm

Time & place event will: assemble 9am Ferguson Hall Disassemble: 9pm Ferguson Hall

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.

Arica Robinson
Print Name of Event Applicant

Arica Robinson
Signature

Notes/Instructions
CITY ADMINISTRATOR APPROVAL DATE
PERMIT ISSUED DATE



**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: September 17<sup>th</sup>, 2016

2. Beginning and ending time of closure:  
9-16-16 morning till 9-17-17 9pm

3. Block to be closed:  
Ferguson Rd. between Main St and School St.  
 Example: Buckner Ln. between Duplex Rd. and Stewart Campbell Pt.

4. Applicant Information:

Name: Arica Robinson Address: 2612 Sabin Way  
 Phone Number: 931-446-2484 Email: arica@kevinrobinsondesign.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:

Spring Hill Art Walk will include artist showing art work at

Various locations along Main St. from Duplex Rd. to TN Children's Home. Food trucks and local musicians will also be participating in event. Road closure is to protect citizens walking the route and possibly for chalk art the day before event.

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

Road closed sign

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: Arica Robinson of Phone Number: 931-446-2484  
Spring Hill Art Center

#### 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): Arica Robinson

✓ Applicant Signature and Date: Arica Robinson 6-15-16

Chief of Police Signature and Date: D. Bl / 7-22-16

Reviewed by City Administrator On: \_\_\_\_\_

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> USI Southwest San AngeloCL 133 W. Concho Ave., Ste. 109 San Angelo, TX 76903 325 655-5656	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 325 655-5656		FAX (A/C, No): 325 658-4519	
	<b>E-MAIL ADDRESS:</b>			
<b>INSURED</b> Spring Hill Arts Center P.O. Box 1221 Spring Hill, TN 37174	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
	INSURER A : Philadelphia Indemnity Insuranc		18058	
	INSURER B :			
	INSURER C :			
	INSURER D :			
	INSURER E :			

**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 SUBR INSR 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		EV05484	09/17/2016	09/19/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)

<b>CERTIFICATE HOLDER</b> City of Spring Hill 199 Town Center Parkway 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 <i>J Marshall Hurling</i>
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# ART WALK

2016

SPRING HILL

