

RESOLUTION 17-68

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

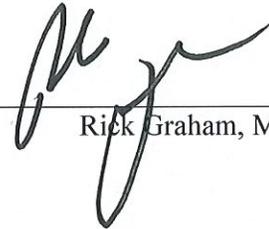
WHEREAS, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

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, all requirements in Title 16, Chapter 3 of the Spring Hill Municipal Code have been met.

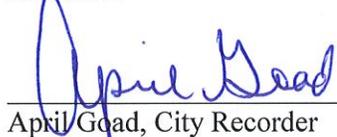
NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE, approves a Special Event Application and authorizes staff to issue a permit for the Spring Hill Art Walk to be held on Saturday, September 16, 2017.

Passed and adopted this 17th day of July, 2017.



Rick Graham, Mayor

ATTEST:



April Goad, City Recorder

LEGAL FORM APPROVED:



Patrick Carter, City Attorney

Rec'd 6/5/17
AHK



CITY OF SPRING HILL SPECIAL EVENT APPLICATION

PERMIT # _____

Application Date: 5-23-17

Event Date: Sat. Sept. 16, 2017

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: Spring Hill Arts Center : Arica Robinson

* *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@kevinrobinsoncreative.com

2612 Sabin Way Spring Hill TN 37174
(Street) (City) (State) (Zip)

Event Location: Old Spring Hill High School to Ferguson Hall Main Street

Time event will begin: 2:00 pm Time event will end: 8:00 pm

Time & place event will: assemble along Main St. Disassemble: along Main St.

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 Robin
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 16th, 2017
2. Beginning and ending time of closure:
9 AM to 10 PM
3. Block to be closed:
Hardin Alley from Main St to School St. and Ferguson Rd from Main St to 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@KevinRobinsonCreative.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:

This is for the 3rd annual Spring

Hill Art Walk. We estimate 500 to 1,000 in attendance. Food trucks, art, children's art activities and live music will be some of the activities.

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

last year we used cones the previous year a barricade was provided

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 Phone Number: 931.446.2484

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 5-23-17

Chief of Police Signature and Date: [Signature] 5/12/17

Reviewed by City Administrator On: _____



SPRIHL-10

LISH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/2/2017

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 have ADDITIONAL INSURED provisions or 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 Redman-Davis Insurance Agency P. O. Box 319 Columbia, TN 38402-0319	(931) 388-5387	CONTACT NAME: Sheri Likes	
		PHONE (A/C, No, Ext): 931-388-5387	FAX (A/C, No): 931-388-3243
		E-MAIL ADDRESS: sheri@redmandavis.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Mount Vernon Fire Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED
SPRING HILL ARTS CENTER
P.O. BOX 1221
Spring Hill, TN 37174-

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 VWD	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	N	N	NPP2564793	8/7/2016	8/7/2017	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	\$ Included
							Hired & Non-Owned Auto	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NR) 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)
ART WALK 9/16/2017

CERTIFICATE HOLDER

CANCELLATION

CITY OF SPRING HILL
P.O. BOX 789
Spring Hill, TN 37174-

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