ITEM #29 BOMA 09/11/2012

OFFICE USE ONLY:					
Permit No:					



CITY OF FRANKLIN EVENT PERMIT APPLICATION

Application is Due 90 **Days Prior** to Scheduled Event. Please read application carefully and fully complete each section. A non-refundable application fee of \$100 is due at time of filing.

	Note: Filing this ap	that your request will be granted.					
	Please check	☑ street closure	□ parade				
	all that apply:	dother special event	☐ beer served (separate permit required)				
Plea	ase supply the following i	nformation. For additional space,	use separate sheets of paper and attach to the application.				
1)	Location requested (if Temporary Street Closure only, list major roads to be closed):						
	Aspen Grove P Fieldstone Farr Jim Warren Pa	nsPinkerton Pa	COLUMN TO THE PROPERTY OF THE				
2)	Name/purpose of e	event: RACE 4 THE	CURE SK ROAD RACE				
3)	Date or dates of ev	vent: SEPTEMBER 1	5, 2012				
4)	Time of Event: 073a						
5)	Time of Street Closure (if applicable): 0630 - 0930						
	Set-Up Date/Time: SEP 15, 0600 Tear-down Date/Time: SEP 15, 0930						
*Note: Two (2) hours will be added before set-up time and two hours (2) will be added after tear-down to allow time for clean-up. Event is responsible for payment of Franklin Police Officers during this time. Read Additional Requirements section for more information.							
6)	Name of Applicant	and Organization Requestin	g Permit:				
	THE WE	STHAVEN FOUNDAT	707				
	a) Address: P.o	. Box 1535 Fe	MKLIN. TH 37065.				
	b) Phone:	c) Cell: <u>243</u>	-1866 d) Fax:				
		omcast. net.					
7)	Person in charge o	n day of event: NICOL	E CUNNINGHAM				
	Cell: 584-	0485 E-mail add	Iress: haileysmomel @ hotmail. com				

1



	Name and Cell Number of at least two others available on day of event: $rac{F-R}{TE}$
-	Name: JAMES BALLARD Cell: 901-517-6695 E-mail address: Jballard 07 eg
-	Name: JOHN FRASER Cell: 243 - 1866 E-mail address: Frasesgroup @ a
	DETAILED description of event (use additional sheets): 5 K ROAD RACE. 2 SHORT CHILDREN'S RUNS
	ENCLOSE A DETAILED MAP of event site, detailing any temporary or permanent structures, stree closures, parking, etc. If applicable, list the location, blocks, streets, and/or intersections in which such event will occur. For large-scale events, map should be obtained from the City's GIS division.
	An estimated number of participants and an estimated number of attendees expected to attender during the course of the event:
	400
į	Please <u>attach a list</u> c ontaining the names, addresses, and phone numbers of the Chairperson of the organization and all other persons involved in the management or control of organization and/or committee.
t	he organization and all other persons involved in the management or control of organization and/or
1	he organization and all other persons involved in the management or control of organization and/or committee.
t (he organization and all other persons involved in the management or control of organization and/orcommittee. s your organization based in Williamson County? Circle Yes or No
to III (I III	the organization and all other persons involved in the management or control of organization and/ocommittee. Is your organization based in Williamson County? Circle Yes or No If no, please state where:) Is your organization authorized to do business in Tennessee? Circle Yes or No Is your organization a tax-exempt organization as described by the Internal Revenue Code Section
t (1: 1: 5 e	the organization and all other persons involved in the management or control of organization and/ocommittee. It is your organization based in Williamson County? Circle Yes or No If no, please state where: So your organization authorized to do business in Tennessee? Circle Yes or No So your organization a tax-exempt organization as described by the Internal Revenue Code Section (0)(3) or a not-for-profit organization? Circle Yes or No. If yes, please attach copy of IRS tax exemption letter providing proof of status.
to ()	the organization and all other persons involved in the management or control of organization and/orcommittee. It is your organization based in Williamson County? Circle Yes or No If no, please state where: So your organization authorized to do business in Tennessee? Circle Yes or No So your organization a tax-exempt organization as described by the Internal Revenue Code Section (01(c)(3) or a not-for-profit organization? Circle Yes or No. If yes, please attach copy of IRS tax exemption letter providing proof of status. Will you charge an admission/participation fee (including vendors)? If yes, please specify how



20) Will any sound amplification equipment be used during the event? Circle (Yes) or No. If no, FRANKLIN please skip to Question #22. 21) For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)? ANNOUNCEMENTS OULLY 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply. SMALL, PORTABLE PA SYSTEM 23) During what time period is sound amplification requested? <u>0730 - 0930</u> 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). ANHOUNCEMENTS ONLY 25) Will any stages, amusement attractions, or amusement rides, including inflatables, be erected for the event? Circle Yes or (No). If yes, Applicant must give specific details as to the location and type of games/activities, i.e. inflatables, Horseshoes, relay races, etc. along with the name of the company providing the stages and/or activities. Applicant must also include a copy of that company's insurance certificate indicating coverage and listing the City of Franklin as additional insured. ***For stages, tents, inflatables, etc. constructed on site prior to the event, that date must be included on Certificate of Insurance provided to the City of Franklin. Stages MUST be removed from site at end of event. ***Rented inflatables/interactives that are set-up and manned by applicant must be included specifically in applicant's Certificate of Insurance. 26) What, if any, vendors will be present at event? (i.e medical related, shirts, arts, etc.) Please provide detailed list. Use additional sheets. Will food, beverages, or merchandise be sold or given away? Circle Yes or No. If yes, clean-up is required. Please provide name of clean-up provider, contact, and phone number of person on-site during event. See Question #28. CLEANUP PROVIDED BY WESTHAVEN RESIDENT VOLUNTEERS.

Events under 200 participants require a \$250 refundable security deposit at the time of approval. For events over 200, a \$1000 security deposit is required upon approval. If clean-up is not done properly, the organization requesting the permit will be fined (See Attachment A). Applicant's event coordinator or representative and a City of Franklin representative will conduct a Pre-Event meeting prior to event date for Pre-Event Check List Site Review. At the end of the event, a Post-Event Check List shall be completed by the Applicant's event coordinator, or representative, and a City of Franklin representative to re-assess the site for trash and damage, and to secure with caution tape and signage (provided by event group) any tents left for removal. Damage deposit will be refunded after a satisfactory Post Event Check List has been completed and signed off on by both the City of Franklin and organization requesting event.



29) *NOTE: Events that include deep frying cooking oil operations are required to have a grease pit on-site and contract with a grease waste hauler to handle the grease waste and removal of the grease pit. A copy of this agreement shall be filed along with this application. The primary event sponsor is required to remove all cooking grease from the site immediately after the event. Illegal dumping of cooking grease will be prosecuted. Please read Additional Requirements section of this application for more information.

30)	Will you require a temporary water tap? Circle Yes of No. If yes, please list exact locations:

- 31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes of No. If yes, a permit from the relevant board is required. Please read Additional Requirements section of this application for more information.
- 32) Will your event include tents or other temporary structures, propane use, or open flames? Circle yes or no Events using tents of size 20 x 10 or larger require permitting from Franklin Fire Department. Safety measures must be provided on all tents, especially those set-up prior to the actual event. Tents should be taken down the date the event has ended. Please read Additional Requirements section of this application for more information.
- 33) Attach Good Neighbor Letter and Mailing List used. Please read Additional Requirements section of this application for more information.

TITLE VI OF THE 1964 CIVIL RIGHTS ACT

"No person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

The City of Franklin does not discriminate based on race, color or national origin in federal or state sponsored programs, pursuant to Title VI of the Civil Rights Acts of 1964 (42 U.S.C. 2000d). For more information or to file a complaint against the City of Franklin under Title VI of the 1964 Civil Rights Act, contact the Title VI Coordinator:

Rodney Escobar Risk Manager City of Franklin 109 Third Avenue South Franklin, Tennessee 37064 615.791,3277

The City of Franklin is committed to providing reasonable access and accommodations upon request for people with disabilities. Please call the Risk Management Department at (615)791-3277 for specific requests.



PLEASE READ ATTACHMENTS BEFORE SIGNING APPLICATION.

- 1) I/We agree to abide by all ordinances and regulations of the City of Franklin and all conditions placed upon the event by the City Administrator and the Board of Mayor and Aldermen.
- 2) I/We do swear or affirm that all of the information given in this application is true and complete.
- J/We do hereby 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 such event and the activities permitted in connection there with, and to submit a certificate of insurance prior to the event in an amount acceptable to the City Administrator.
- 4) I/We agree to provide a copy of this signed Event Application to any vendors, planners, and related parties associated with the event to ensure they are familiar with the guidelines set forth herein.
- 5) I/We understand that I/we assume the responsibility of the actions of any vendors, planners, and related parties for this event.
- 6) I/We understand that granting of Special Event Permit does not imply granting of other permit that is separately required.
- 7) The application for an event permit shall be filed not less than 90 days nor more than 364 days prior to the scheduled date of such event. Suggested filing is at least 180 days prior to scheduled event. Events should not be advertised or promoted until an event permit has been obtained from the City. Failure to file in a timely manner may result in denial of a permit.
- 8) The City reserves the right to require one or more City of Franklin police officers or other emergency personnel be present at any and all events that occur within the city limits. Please budget for this request at a rate of \$30 per hour at a minimum of two (2) hours.

BY: TREASURER Date: 7/1" (Signature and little – must be officer of organization)	7/12
Approved by the Board of Mayor and Aldermen on . 20 .	*****************
Approved by the Board of Mayor and Aldermen on, 20	* Return application to:
	🛱 City Administrator's Office
Dr. Ken Moore, Mayor	City Hall 109 Third Ave South Franklin, TN 37065
Eric S. Stuckey, City Administrator	-
If you have questions concerning your request, please call 615-550-6606.	*



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Department	Date	Initials	Attach Any Comments		
Administration			Comments:	Yes	No
Business Office			Comments:	Yes	No
Codes	AND THE PROPERTY OF THE PROPER		Comments:	Yes	No
Engineering			Comments:	Yes	No
Finance			Comments:	Yes	No
Fire			Comments:	Yes	No
Information Technology			Comments:	Yes	No
Law			Comments:	Yes	No
Parks	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Comments:	Yes	No
Planning			Comments:	Yes	No
Police			Comments:	Yes	No
Risk Manager			Comments:	Yes	No
Solid Waste			Comments:	Yes	No
Streets			Comments:	Yes	No
Water/Wastewater			Comments:	Yes	No

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

OCT 3 2008

THE WESTHAVEN FOUNDATION INC 401 CHELTENHAM AVE FRANKLIN, TN 37064-8664

Employer Identification Number: 26-2449732 DLN: 17053198332008 Contact Person: YVONNE LIGGETT . ID# 31296 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: June 30 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: October 19, 2007 Contribution Deductibility: Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

No

Addendum Applies:

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter:

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

THE WESTHAVEN FOUNDATION INC

. We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Enclosures: Publication 4221-PC

Board of Trustees The Westhaven Foundation

President

Mark McCutcheon

1900 Townsend Blvd Franklin, TN 37064

615-394-7782

Vice President

Charles Grimes

310 Cheltenham Ave

615-218-1501 Franklin, TN 37064

Vice President

Matt Magallenes

615 - 483 - 7547

514 Ardmore Place Franklin, TN 37064

Secretary

Dina Kraus

118 Addison Ave

Franklin TN 37064

615-790-7946

Treasurer

John Fraser

1306 State Blvd

Franklin, TN 37064

615-243-1866

Anne Waters

408 Pearre Springs Way

615-516-4616 Franklin, TN 37065

Dan Klatt

114 Lewisburg Ave

Franklin, TN 37064

NA

Amy Law

401 Cheltenham Ave Franklin, TN 37064

615-642-2948

John Griffith

1106 Gray Fox Lane

Franklin, TN 37064

N/A.

SOUTHERN LAND COMPANY

July 17, 2012

The City of Franklin City Hall Franklin, TN 37064

To whom it may concern,

Southern Land Company is in full support of the "Race 4 the cure" 5K Run/Walk and Family Fun Festival held within the Westhaven community and we look forward to participating in the event again this year. This community event is organized entirely by Westhaven residents and The Westhaven Foundation with the proceeds benefitting cancer research at Vanderbilt Children's Hospital. This event aligns with our overall vision for the neighborhood and encompasses the sense of community we strive for in all of our events. Previous races have been a great success and we expect this year's event will be the same.

Please do not hesitate to contact us if you have any questions.

Thank You,

Betsy Bergman

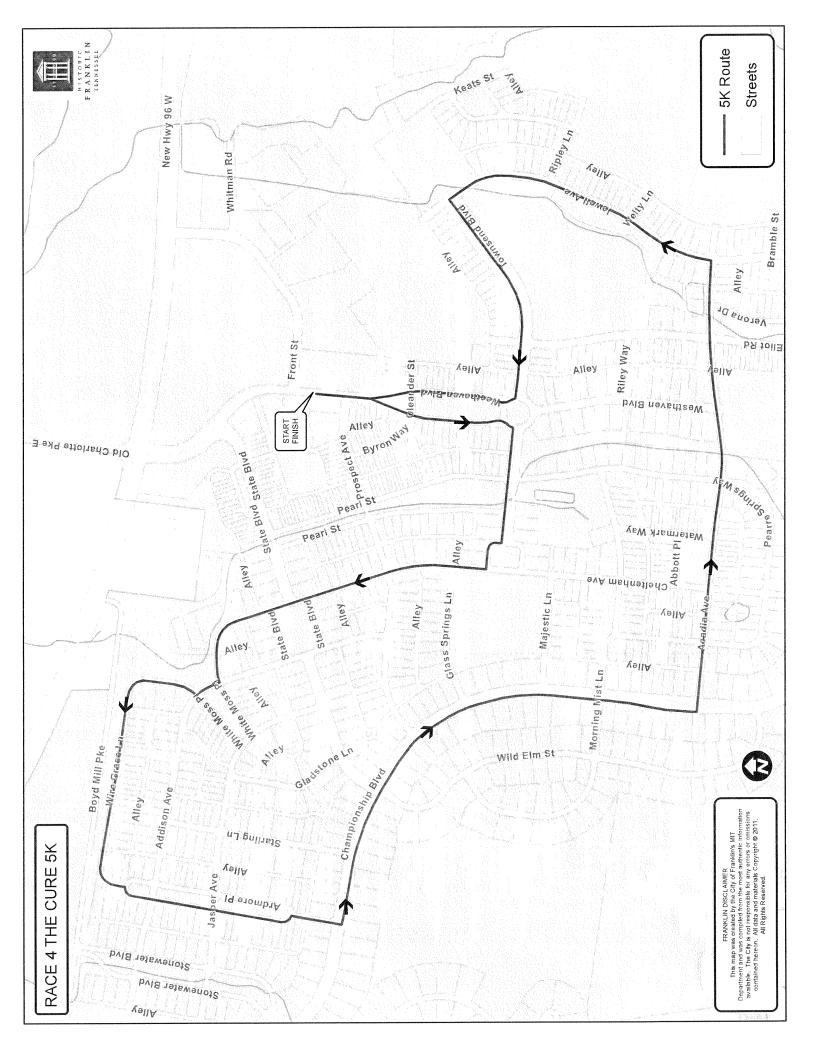
Community Manager

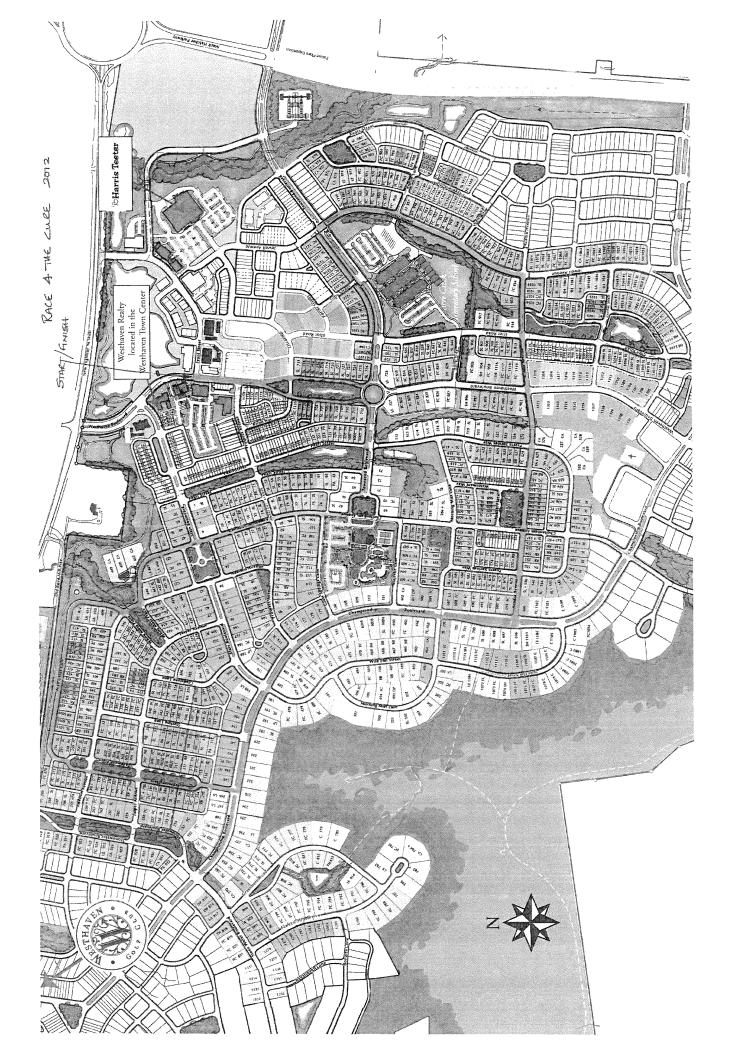
Southern Land Company

1550 W. McEwen Drive, Suite 200

Botsy Bergman

Franklin, TN 37067







August 20, 2012

TO:

Board of Mayor and Aldermen

FROM:

Eric Stuckey, City Administrator

Special Events Advisory Team

SUBJECT:

Westhaven 5K Event Application

Purpose

The purpose of this memo is to outline recommendations for the Westhaven 5K.

Background

The Westhaven Foundation has requested street closures for the Franklin 4 the Cure 5K run in Westhaven. This is an annual event. Estimated attendance is 400.

Recommendation

Staff recommends approval of the event application with the following recommendations:

- Applicant will provide a \$1,000 refundable damage deposit to City prior to event.
- Applicant will provide a Good Neighbor letter which will be distributed to affected neighborhoods.

• Risk Management:

o Applicant will provide certificate of insurance naming the City as additional insured.

• Police Department:

o Applicant will hire the recommended number of extra-duty Franklin Police Officers to open/close streets and to provide security and traffic control.

• Solid Waste Department:

o Applicant will utilize volunteers to provide trash/garbage pick-up.