



HISTORIC
FRANKLIN
TENNESSEE

ITEM #27
BOMA 04/23/13

MEMORANDUM

April 2, 2013

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator *ES*
Special Events Advisory Team

SUBJECT: Wounded Warriors Event Applications

Purpose

The purpose of this memo is to outline recommendations for approval of the Wounded Warriors Soldier Ride and 8K Event applications.

Background

“Soldier Ride” is a Wounded Warrior Project event that provides adaptive cycling opportunities to help wounded warriors restore their physical and emotional well-being. The event includes an 8K run for community supporters and a Soldier Ride (only soldiers will participate in the Soldier Ride). The event is scheduled for November 16th and will begin and end at Battleground Academy on Ernest Rice Lane. The ride consists of a 24-mile route, which comes through Downtown. The organization estimates 75 participants in the Soldier Ride and 1000 participants in the 8K. One hundred percent (100%) of the proceeds benefit the Wounded Warrior Project programs and initiatives.

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:**
 - Applicant will provide certificate of insurance naming the City as additional insured.
- **Police Department:**
 - Applicant will hire a total of eight Franklin Police Officers to provide rolling street closures and traffic control. Department will also provide on-shift officers to assist.
 - Applicant will work with Williamson County Sheriff’s Office for traffic control in areas outside of the City limits of Franklin.
 - Coordinators will meet with staff prior to the event to go over final logistics.
- **Building & Neighborhood Services:**
 - Special Event Electrical Permit may be required.



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- ***Solid Waste Department:***
 - Department will contact Battleground Academy to determine if extra containers or pick-ups will be required.

- ***Fire Department:***
 - EMS will also follow both routes in vehicle or bike.

OFFICE USE ONLY:
Permit No. _____



**HISTORIC
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TENNESSEE**

**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 application does not guarantee that your request will be granted.

Please check
all that apply:

- street closure parade
 other special event beer served (separate permit required)

Please supply the following information. 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 Park Liberty Park Eastern Flank Battlefield Park
 Fieldstone Farms Pinkerton Park
 Jim Warren Park Harlinsdale Farm Other: Battle Ground Academy

2) Name/purpose of event: Wounded Warrior Project Soldier Ride

3) Date or dates of event: November 16, 2013

4) Time of Event: 7:00 am - 3:00 pm

5) Time of Street Closure (if applicable): _____

Set-Up Date/Time: 7:00am 11/16/2013 **Tear-down Date/Time:** 2:00 pm 11/16/2013

*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 Requesting Permit:

Nicole Defazio Wounded Warrior Project

a) Address: 4899 Belfort Rd Jacksonville FL 32256

b) Phone: 904-446-0603 **c) Cell:** _____ **d) Fax:** _____

e) E-mail address: NDefazio@woundedwarriorproject.org

7) Person in charge on day of event: Nicole Defazio

Cell: 904-446-0603 **E-mail address:** NDefazio@woundedwarriorproject.org



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8) Name and Cell Number of at least two others available on day of event:

Name: Tara Sheehy Cell: 904-45-7308 E-mail address: TSheehya@woundedwarrior.org

Name: Amanda Becker Cell: 904-738-5814 E-mail address: ABecker@woundedwarriorproject.org

9) DETAILED description of event (use additional sheets):

Attached

10) **ENCLOSE A DETAILED MAP** of event site, detailing any temporary or permanent structures, street 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.*

11) An estimated number of participants and an estimated number of attendees expected to attend during the course of the event:

75

12) Please **attach a list** containing 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.

13) Is your organization based in Williamson County? Circle Yes or No

(if no, please state where: FL)

14) Is your organization authorized to do business in Tennessee? Circle Yes or No

15) Is your organization a tax-exempt organization as described by the Internal Revenue Code Section 501(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.

16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor. n/a

17) Will any charity, gratuity, or offers be solicited or accepted during the event? Circle Yes or No.

18) Is this event a fundraiser? Circle Yes or No. If yes, what organization will be benefactor of event? What percentage of funds will they receive? _____

19) Will parking in the area of the event need to be restricted or prohibited? Circle Yes or No.

2

(the circle drive
in front of the school)

Revised July 2011



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- 20) Will any sound amplification equipment be used during the event? Circle Yes or No. If no, please skip to Question #22. No
- 21) For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)?
n/a
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
n/a
- 23) During what time period is sound amplification requested? n/a
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). n/a
- 25) Will any stages, amusement attractions, or amusement rides, including inflatables, be erected for the event? Circle Yes or No. Yes. 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.
- 27) 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. n/a
- 28) 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.



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- 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 or No. If yes, please list exact locations:

- 31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes or 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. (only 10x10 structure.)*
- 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 Act 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.



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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.
- 3) I/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: *Maude Dea* Date: 2/6/2013
 (Signature and title – must be officer of organization)

Approved by the Board of Mayor and Aldermen on _____, 20____.

 Dr. Ken Moore, Mayor

 Eric S. Stuckey, City Administrator

If you have questions concerning your request, please call 615-550-6606.

 *
 * **Return application to:** *
 * City Administrator's Office *
 * City Hall *
 * 109 Third Ave South *
 * Franklin, TN 37065 *
 * 615-791-3217 *
 * 615-790-0469 (FAX) *
 *
 *

Event Overview

Soldier Ride is a Wounded Warrior Project initiative that provides adaptive cycling opportunities across the country to help wounded warriors restore their physical and emotional well-being. It is a unique, rehabilitative cycling experience that honors our military men and woman as they courageously battle the physical and psychological damages of war. Through the exhilaration of cycling, warriors embrace the possibilities for the future in a supportive environment with fellow injured service members.

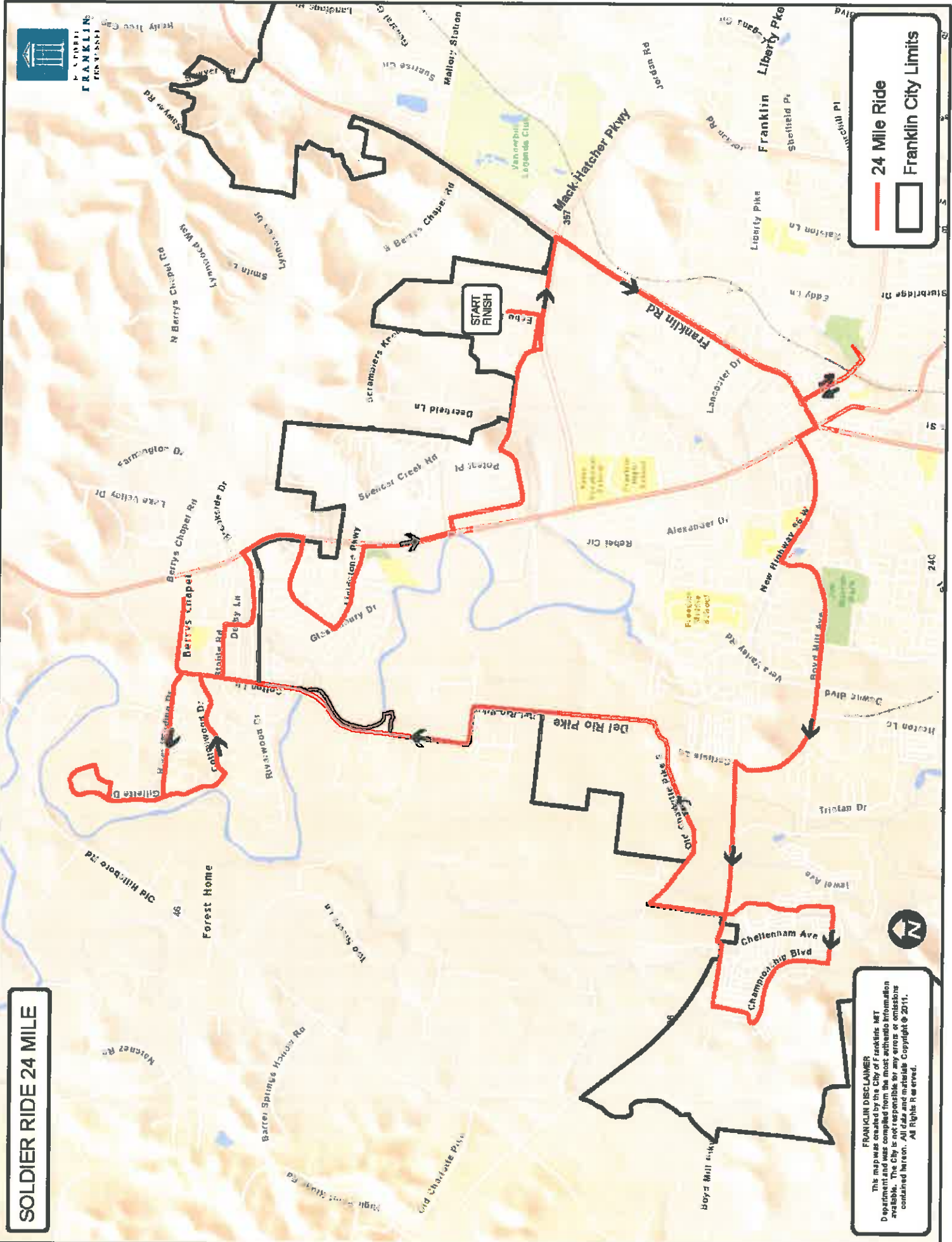
Soldier Ride will occur simultaneously as Wounded Warrior Project's 8K Run, which will include community supporters. While the 8K run is a larger community event, Soldier Ride exclusively serves warriors and therefore will be guests at the 8K. We plan to set up in the circle (see attached map) and set up bikes, one 10X10 tent and a port-a-pottie (if possible). The warriors will take off at 9am, with the walk/run departing closely after the warriors. The warriors will return from the 25 mile bike ride and take part in the festivities of the 8K event.

This will be the second year we will start from Battle Ground Academy and we look forward to returning again.

SOLDIER RIDE 24 MILE



CITY OF
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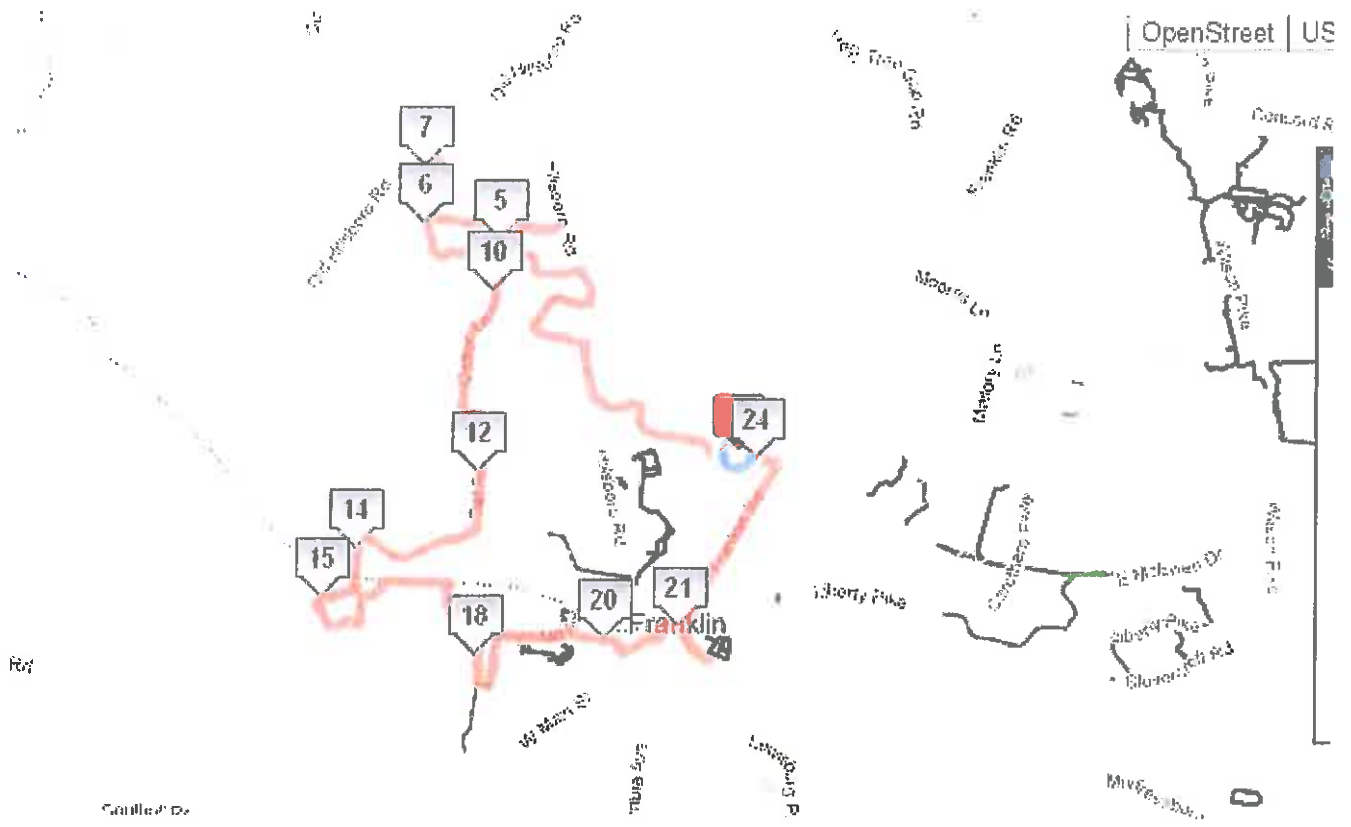
**START
FINISH**

24 Mile Ride
Franklin City Limits



FRANKLIN DISCLAIMER
This map was created by the City of Franklin, MS Department and was compiled from the most accurate information available. The City is not responsible for any errors or omissions contained herein. All data and materials Copyright © 2011. All Rights Reserved.

Soldier Ride Route





CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/05/2013

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 Aon Risk Services, Inc. of Florida 13901 Sutton Park Drive South Suite 360 - Building C Jacksonville FL 32224 USA	CONTACT NAME: PHONE (A/C. No. Ext): (904) 724-2001 FAX (A/C. No.): (904) 223-1155 E-MAIL ADDRESS:			
	INSURER(S) AFFORDING COVERAGE			
INSURED Wounded Warrior Project, Inc. 4899 Belfort Road Suite 300 Jacksonville FL 32256 USA	INSURER A:	Philadelphia Indemnity Ins Co	NAIC #	18058
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
	INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 570049014075** **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVOI	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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			PHPK848215 General Liability	03/31/2012	03/31/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/POF AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK848215 Automobile	03/31/2012	03/31/2013	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB378346 Umbrella SIR applies per policy terms & conditions	03/31/2012	03/31/2013	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: Wounded Warrior Project 8k Run, November 16, 2013- Franklin, TN
 City of Franklin is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability policy.

CERTIFICATE HOLDER City of Franklin 109 Third Avenue South Franklin TN 37064 USA	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 <i>Aon Risk Services Inc of Florida</i>

Holder Identifier :

Certificate No. : 570049014075

Organization Contacts

Name	Title	Address	Contact Information
Tara Sheehy	Events	4899 Belfort Rd, Ste. 300, Jacksonville, FL 32256	Office: (904)405-1319 Cell: (904)445-7308 Tsheehy@woundedwarriorproject.org
Brooke O'Brien	Events	4899 Belfort Rd, Ste. 300, Jacksonville, FL 32256	Office: (904)405-1320 Cell: (904)885-0796 bobrien@woundedwarriorproject.org
Nicole Gordon	Events	4899 Belfort Rd, Ste. 300, Jacksonville, FL 32256	Office: (904)405.1751 Cell: (904)349.4684 ngordon@woundedwarriorproject.org
Becky Ross	Community lead volunteer	287 Stratton Court, Brentwood, TN 37027	rc.ross@comcast.net

OFFICE USE ONLY:

Permit No:



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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 application does not guarantee that your request will be granted.

Please check
all that apply:

street closure

parade

other special event

beer served (*separate permit required*)

Please supply the following information. 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 Park
____ Fieldstone Farms
____ Jim Warren Park

____ Liberty Park
____ Pinkerton Park
____ Harlinsdale Farm

____ Eastern Flank BattleField Park
Gray fox Lane, Spencer Creek Road,
Other: *Deerfield Lane, Battleground Academy*

2) Name/purpose of event: Wounded Warrior Project® 8K Run

3) Date or dates of event: November 16, 2013

4) Time of Event: 7:00am - 11:30am

5) Time of Street Closure (if applicable): 8:30am - 10:30am (Police will hold + release traffic)
Set-Up Date/Time: 11/16/13 @ 5:30am **Tear-down Date/Time:** 11/16/13 @ 11:30am

*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 Requesting Permit:
Tara Sheehy w/ Wounded Warrior Project®

a) Address: 4899 Belfort Road #300

b) Phone: 904-445-7308 **c) Cell:** same **d) Fax:** 904

e) E-mail address: Tsheehy@woundedwarriorproject.org

7) Person in charge on day of event: Tara Sheehy

Cell: 904-445-7308 **E-mail address:** Tsheehy@woundedwarriorproject.org



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TENNESSEE

8) Name and Cell Number of at least two others available on day of event:

Name: Emmit Martin Cell: _____ E-mail address: emmit@irunfortheparty.com
Name: Nicole Gordon Cell: 904-349-4684 E-mail address: woundedwarriorproject.org

9) DETAILED description of event (use additional sheets):

attached

10) **ENCLOSE A DETAILED MAP** of event site, detailing any temporary or permanent structures, street 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.*

11) An estimated number of participants and an estimated number of attendees expected to attend during the course of the event:

about 1000 participants and 150 attendees

12) Please **attach a list** containing 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.

13) Is your organization based in Williamson County? Circle Yes or No
(if no, please state where: Jacksonville, FL)

14) Is your organization authorized to do business in Tennessee? Circle Yes or No

15) Is your organization a tax-exempt organization as described by the Internal Revenue Code Section 501(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.

16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor. no participants will pay between \$15-\$35. Public attendance w/o participation is free

17) Will any charity, gratuity, or offers be solicited or accepted during the event? Circle Yes or No.

18) Is this event a fundraiser? Circle Yes or No. If yes, what organization will be benefactor of event? What percentage of funds will they receive? wounded warrior project will receive 100% of proceeds

19) Will parking in the area of the event need to be restricted or prohibited? Circle Yes or No.



20) Will any sound amplification equipment be used during the event? Circle Yes or No. If no, please skip to Question #22.

21) For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)?

Entertainment and general announcements

22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.

Mc + Band

23) During what time period is sound amplification requested?

7:00am-11:00am

24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.).

Band of 5 members w/ family friendly music. Small sound system will be used.

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.

1 Stage, 1 inflatable, and up to 10 pop-up tents will be set-up

26) What, if any, vendors will be present at event? (i.e. medical related, shirts, arts, etc.) **Please provide detailed list.** Use additional sheets.

only volunteers w/ WP and possible sponsors will be on-site. Can provide more closer to event.

27) 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.

WP will be responsible for clean-up efforts

28) 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 or No. If yes, please list exact locations:

- 31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes or 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.*
will have no tents larger than 10' x 10'
- 33) Attach Good Neighbor Letter and Mailing List used. *Please read Additional Requirements section of this application for more information.*

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Risk Manager
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- 2) I/We do swear or affirm that all of the information given in this application is true and complete.
- 3) I/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: Tara Sheehy Date: 2.3.13
 (Signature and title – must be officer of organization)

Approved by the Board of Mayor and Aldermen on _____, 20____.

 Dr. Ken Moore, Mayor

 Eric S. Stuckey, City Administrator

If you have questions concerning your request, please call 615-550-6606.

 *
 * **Return application to:** *
 * City Administrator's Office *
 * City Hall *
 * 109 Third Ave South *
 * Franklin, TN 37065 *
 * 615-791-3217 *
 * 615-790-0469 (FAX) *
 *

Event Description

The Wounded Warrior Project® 8k Run will take place on November 16, 2013 in conjunction with our long-standing Franklin-supported event, Soldier Ride®. The event will start and finish at Battle Ground Academy in Franklin with registration beginning at 7:00am, opening ceremony at 8:30am and kickoff at 9:00am. Soldier Ride will follow the attached 23.5 mile route while the 8k participants will follow the attached 4.97 mile route.

The event will have a live band playing family-friendly music for entertainment as well as a family zone with inflatables, games and healthy snacks for the children in attendance. One of our wounded warriors will serve as an MC making announcements pertinent to the event and will share his/her story with our audience.

Food will be given away, not sold, to participants at the event and Wounded Warrior Project merchandise will be given away for a minimum donation. There will be no alcohol at this event and only vendors who are registered sponsors or approved will be on-site.

Please see the schedule of events below:

- 7:00am Day-of registration/packet pick-up begins with refreshments and live entertainment
- 8:30am Opening program begins
- 9:00am Race starts
- 10:00am Enjoy post-race refreshments and live entertainment
- 10:30am Closing program including awards ceremony and raffle announcements

Organization Contacts

Name	Title	Address	Contact Information
Tara Sheehy	Events	4899 Belfort Rd, Ste. 300, Jacksonville, FL 32256	Office: (904)405-1319 Cell: (904)445-7308 Tsheehy@woundedwarriorproject.org
Brooke O'Brien	Events	4899 Belfort Rd, Ste. 300, Jacksonville, FL 32256	Office: (904)405-1320 Cell: (904)885-0796 bobrien@woundedwarriorproject.org
Nicole Gordon	Events	4899 Belfort Rd, Ste. 300, Jacksonville, FL 32256	Office: (904)405.1751 Cell: (904)349.4684 ngordon@woundedwarriorproject.org
Becky Ross	Community lead volunteer	287 Stratton Court, Brentwood, TN 37027	rc.ross@comcast.net

BGA

To see all the details that are visible on the screen, use the "Print" link next to the map.



Imagery ©2012 Google; Map data ©2012 Google

S Berrys Chapel Rd

WOUNDED WARRIOR 8K

Banbury Park Ln
Stanley Park Ln
Warwick Park Ln
Bromley Park Ln
Black Horse Pkwy
Greystone Dr

Revere Ln
Arlington Pl
Monticello Rd
Williamsburg Pl



Wmack Hatchet her Memorial Pl Pkwy



FRANKLIN DISCLAIMER
This map was created by the City of Franklin's MIT Department and was compiled from the most authentic information available. The City is not responsible for any errors or omissions contained herein. All data and materials Copyright © 2013. All Rights Reserved.

- 8K Route
- Streets
- City Park
- Harpeth River
- Franklin City Limits

Daniel Mcmahon Ln

Fulton Greer Ln



WOUNDED WARRIOR PROJECT

8K RUN/WALK

PROPOSED ROUTE



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
02/05/2013

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
Aon Risk Services, Inc. of Florida
13901 Sutton Park Drive South
Suite 360 - Building C
Jacksonville FL 32224 USA

CONTACT NAME:
PHONE (A/C. No. Ex): (904) 724-2001 FAX (A/C. No.): (904) 223-1155
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE NAIC #

INSURED
Wounded Warrior Project, Inc.
4899 Belfort Road
Suite 300
Jacksonville FL 32256 USA

INSURER A: Philadelphia Indemnity Ins Co 18058
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570049014075

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. Limits shown are as requested

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBJECT	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			PHPK848215 General Liability	03/31/2012	03/31/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			PHPK848215 Automobile	03/31/2012	03/31/2013	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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			PHUB378346 Umbrella SIR applies per policy terms & conditions	03/31/2012	03/31/2013	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

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

RE: Wounded Warrior Project 8k Run, November 16, 2013- Franklin, TN
City of Franklin is included as Additional Insured as required by written contract, but limited to the operations of the Insured under said contract, per the applicable endorsement with respect to the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

City of Franklin
109 Third Avenue South
Franklin TN 37064 USA

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

Aon Risk Services Inc. of Florida

Holder Identifier :

Certificate No. : 570049014075

Wounded Warrior Project
4899 Belfort Road, Suite 300
Jacksonville, Florida 32256
☎ 904.296.7350
📠 904.296.7347



September 1, 2013

Dear Neighbors,

On November 16, 2013 the Wounded Warrior Project ® 8k Run will be held at Battle Ground Academy. We would like to inform you that part of the route will be coming by your house. The event will start at 7:00am with live entertainment and the run will begin at 9:00am. All interruptions to regular neighborhood activity is expected to be over by noon that day.

If you would like to participate in this event or learn more about Wounded Warrior Project, please visit www.woundedwarriorproject.org. If you have any questions or concerns, please contact the Signature Events team at Wounded Warrior Project via email at signatureevents@woundedwarriorproject.org. Thank you for your understanding and support.

Warmly,

Tara Sheehy and
The Signature Events Team

DUTY ★ HONOR ★ COURAGE ★ COMMITMENT ★ INTEGRITY ★ COUNTRY ★ SERVICE

