



HISTORIC  
FRANKLIN  
TENNESSEE


ITEM #8  
WRKS 06/25/13

# MEMORANDUM

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June 17, 2013

**TO:** Board of Mayor and Aldermen

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

**SUBJECT:** Tennessee Hemophilia and Bleeding Disorders Foundation Event

## Purpose

The purpose of this memo is to outline recommendations for the Tennessee Hemophilia and Bleeding Disorders Foundation event at Harlinsdale Farm.

## Background

The Tennessee Hemophilia and Bleeding disorders Foundation has requested an event permit for the Park at Harlinsdale Farm. The event will consist of a walk and a fall festival with vendors (medical manufacturers and home health providers), food, and family activities and games. Anticipated attendance is 350.

## Recommendation

Staff recommends approval with the following conditions:

- Applicant will provide Good Neighbor Letter which will be distributed to area residents.
- **Risk Management:**
  - Applicant will provide certificate of insurance naming the City as additional insured.
- **Police Department:**
  - Applicant will hire two (2) extra-duty Franklin Police Officer to provide security and traffic control during the event.
- **Fire Department:**
  - Tent permit and inspection will be required
- **Parks Department:**
  - Park Facility Usage Fees are as follows:
    - Saturday, November 9, 2013 **\$350**
    - Refundable Damage Deposit of **\$500**
    - Parks Staff fees: \$25 per hour for one staff person.
    - Applicant will work with Parks Department for all other coordination and logistics for event

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:

<input type="checkbox"/> street closure	<input type="checkbox"/> parade
<input checked="" type="checkbox"/> other special event	<input type="checkbox"/> beer served ( <i>separate permit required</i> )

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):**

<input type="checkbox"/> Aspen Grove Park	<input type="checkbox"/> Liberty Park	<input type="checkbox"/> Eastern Flank BattleField Park
<input type="checkbox"/> Fieldstone Farms	<input type="checkbox"/> Pinkerton Park	
<input type="checkbox"/> Jim Warren Park	<input checked="" type="checkbox"/> Harlinsdale Farm	Other: _____

**2) Name/purpose of event:** Tennessee Hemophilia and Bleeding Disorders Foundation

**3) Date or dates of event:** Saturday, Nov. 9, 2013 Walk / Fall Festival

**4) Time of Event:** 10 AM - 4 PM

**5) Time of Street Closure (if applicable):** n/a

**\* Set-Up Date/Time:** Nov 9, 8AM **Tear-down Date/Time:** Nov 9, 4PM

\*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:**

Tennessee Hemophilia and Bleeding Disorders Foundation

**a) Address:** 1819 Ward Drive Suite 102 Murfreesboro, TN 37129

**b) Phone:** 615-900-1486 **c) Cell:** 615-406-7706 **d) Fax:** \_\_\_\_\_

**e) E-mail address:** mary@thbdf.org

**7) Person in charge on day of event:** Mary Hord Executive Director

**Cell:** 615-406-7706 **E-mail address:** mary@thbdf.org

→ Tent may require  
Friday, Nov 8 set-up



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

Name: Amy Maddy Cell: 615-668-9390 E-mail address: amy@thbdf.org

Name: Kent Russ Cell: 615-347-6041 E-mail address: kent.russ@comcast.net

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

- see 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:

300-400 participants ; 20 "booth" sponsors ; 30-40 volunteers

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: \_\_\_\_\_)

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. Vendor rates vary, see attached

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? National Hemophilia Foundation ≈ 30%  
Tennessee Hemophilia and Bleeding Disorders Foundation ≈ 70%

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

Parking will be designated by the Parks Department.

Revised January 2011



- 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.)?  
Announcements and Entertainment
- 
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.  
THBDF owns a small portable system that will be used for
- 23) During what time period is sound amplification requested? 11-3 announcements and a DJ.
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.).  
A DJ will provide contemporary "pop" (family friendly) music on a 750 watt sound system (without subwoofers)
- 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.
- 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. \_\_\_\_\_

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:  


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No

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- 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.*
- 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

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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: Mary E. Good Executive Director Date: April 18, 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.*

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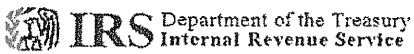
## City of Franklin Event Permit Application

### Supplemental Information

25. Yes, at this time we anticipate that we will have a Photo Booth (provided and manned by Active Entertainment) as well as various activities and games (horseshoes and/or other similar games, owned by THBDF). Insurance Certificate will be provided by Wade and Egbert Insurance and will name the City of Franklin as an additional insured.

26. At this time we anticipate vendors to include Medical Manufacturers (to include Baxter, Bayer, Biogen Idec, CSL Behring, Grifols, Novo Nordisk, OctaPharma, and possibly others), and Home Health Care Providers (Accredo, Bio Plus, CVS Caremark, Family Factor, Matrix, Paragon, Walgreens, and possibly others).

27. Yes, we will serve drinks and snacks, and we are currently exploring the possibility of grilling hamburgers and hot dogs. All food will be provided free of charge and will be served by our volunteers. We will be doing our own clean-up and will utilize an on-site dumpster provided by a vendor recommended by the Parks Department.



Department of the Treasury  
Internal Revenue Service

P.O. Box 2508  
Cincinnati OH 45201

In reply refer to: 0248162365  
Aug. 18, 2011 LTR 4168C E0  
62-1662856 000000 00

00013079  
BODC: TE

TENNESSEE HEMOPHILIA & BLEEDING  
DISORDERS FOUNDATION  
1819 WARD DR STE 102  
MURFREESBORO TN 37129-0567

Employer Identification Number: 62-1662856  
Person to Contact: Robert C Voss  
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Aug. 09, 2010, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1997.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website [www.irs.gov/eo](http://www.irs.gov/eo) for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.



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Aug. 18, 2011 LTR 4168C E0  
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TENNESSEE HEMOPHILIA & BLEEDING  
DISORDERS FOUNDATION  
1819 WARD DR STE 102  
MURFREESBORO TN 37129-0567

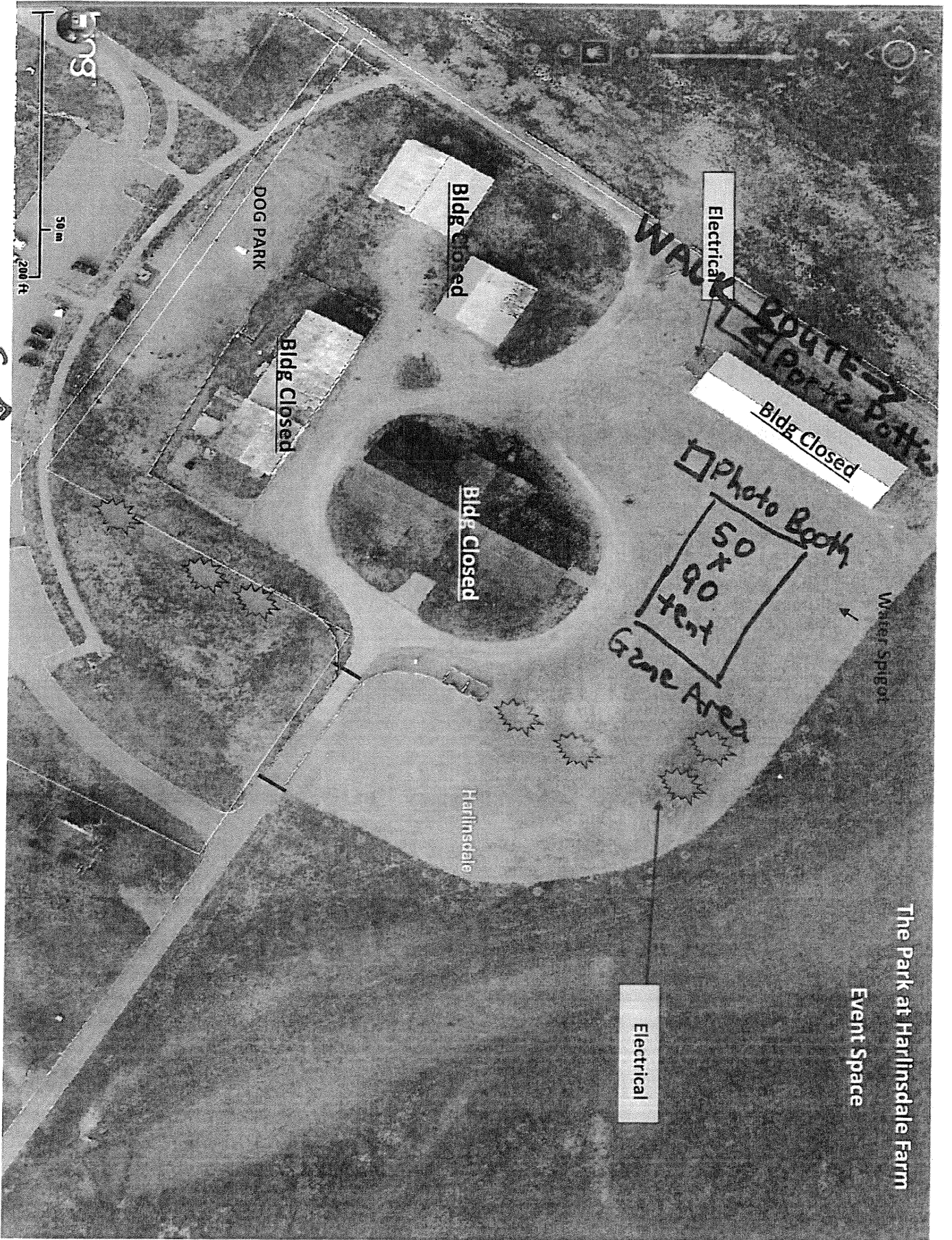
If you have any questions, please call us at the telephone number  
shown in the heading of this letter.

Sincerely yours,



S. A. Martin, Operations Manager  
Accounts Management Operations

Parking



The Park at Harlinsdale Farm

Event Space

Electrical

Bldg Closed

Photo Booth  
50 x 90 feet

Game Area

Water Spigot

Bldg Closed

Bldg Closed

Bldg Closed

DOG PARK

Harlinsdale

Electrical

