




HISTORIC
FRANKLIN
TENNESSEE

ITEM #26
BOMA
08/13/13

MEMORANDUM

July 17, 2013

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator 
Special Events Advisory Team

SUBJECT: Franklin Classic Event Application

Purpose

The purpose of this memorandum is to outline recommendations to the Board of Mayor and Aldermen (BOMA) for approval of the Franklin Classic Event.

Background

The Franklin Classic is an annual event held in Franklin that benefits the Mercy Children's Clinic. The event includes a 5K Run/Walk and a 10K Run. All runs & walks begin and end in Downtown Franklin. The organizer anticipates 4000 participants. The route has been adjusted this year due to road construction projects that are currently or will be underway at the time.

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 at least eighteen (18) extra-duty Franklin Police Officers to provide street closures and traffic control during the event.
 - Applicant will provide volunteers to assist with event.
- **Building & Neighborhood Services Department:**
 - Electrical permit may be required.
- **Solid Waste Department:**
 - Department will provide extra roll-outs and recycling bins/bags for the applicant to use.
 - Applicant shall return all roll-outs (full or empty) and all recycling bags and frames to the alley behind Mellow Mushroom.

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 checked="" type="checkbox"/> street closure | <input type="checkbox"/> parade |
| <input 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):

- | | | |
|----------------------|----------------------|------------------------------------|
| ___ Aspen Grove Park | ___ Liberty Park | ___ Eastern Flank BattleField Park |
| ___ Fieldstone Farms | ___ Pinkerton Park | |
| ___ Jim Warren Park | ___ Harlinsdale Farm | Other: <u>Downtown Franklin</u> |

2) Name/purpose of event: Franklin Classic 5k/10k

3) Date or dates of event: September 2, 2013

4) Time of Event: Running

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

Set-Up Date/Time: Sept 2 5 am Tear-down Date/Time: Sept 2 11 am

*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:

Mercy Clinic - Tracie Dycus ; Katherine Williams

a) Address: 113 Murfreesboro Rd Suite 319 Franklin TN 37064

b) Phone: 615-567-6671 c) Cell: 615 803 5936 d) Fax: _____

e) E-mail address: Kat@szfnashville.com or Tracied@mercytn.org

7) Person in charge on day of event: Katherine Williams

Cell: 615-803-5936 E-mail address: Kat@szfnashville.com



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

Name: Daniel Shaffer Cell: 662-252-9248 E-mail address: daniel@s2fevents.com

Name: Wyndell Robertson Cell: 901-550-2113 E-mail address: Wyndell@s2fevents.com

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

Running race - franklin Classic 5K and 10K. The 35th Annual, Benefiting Mercy Community Health Care.

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.** see attached also sent via email

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

4,000

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. 5K: 30 10K: 35 5K+10K: 40

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? _____

Mercy

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



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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.
- 21) For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)?
Announcements, Entertainment, band, awards, and
opening/closing ceremonies
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
Band, DJ, and emcee
- 23) During what time period is sound amplification requested? 6 am - 10:30 am
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). Band will play with 3-5 musicians
name of the band is Scout. National Anthem and color guard, pre race
warm up on the stage
- 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.
Tracie will provide details on the kids zone.
- 26) What, if any, vendors will be present at event? (i.e. medical related, shirts, arts, etc.) Please provide detailed list. Use additional sheets. Tracie will provide list of vendors
- 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
We need to hire a trash pick up service. Start & Finish will oversee
clean up by the volunteers
- 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:
_____ Downtown Franklin Square _____
- 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.* sent via email

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.



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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: Katherine Williams Date: July 15, 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)
 *
 *



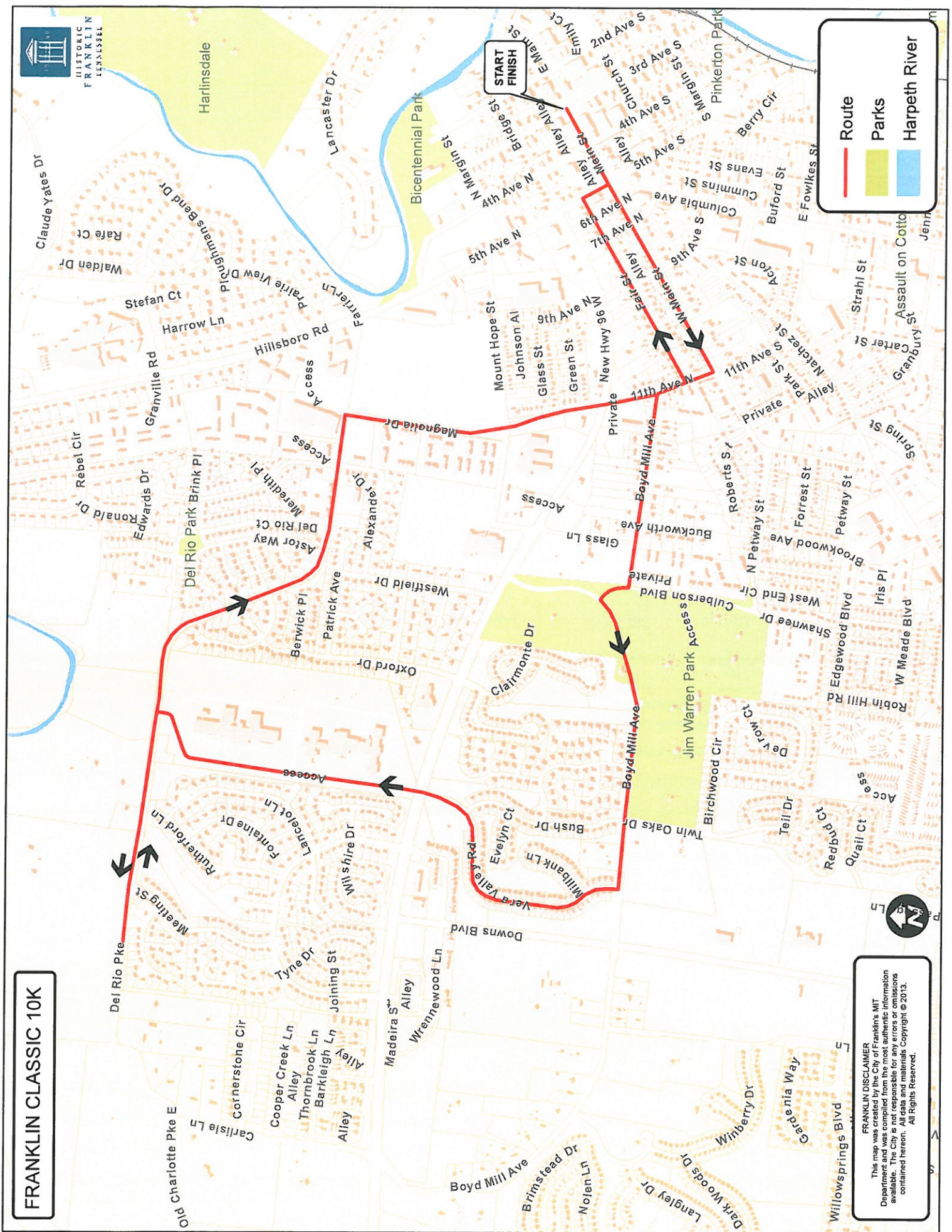
FRANKLIN CLASSIC 10K

Route (Red line)

Parks (Green area)

Harpeth River (Blue area)

FRANKLIN DISCLAIMER
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FRANKLIN CLASSIC 5K

Route (Red line)

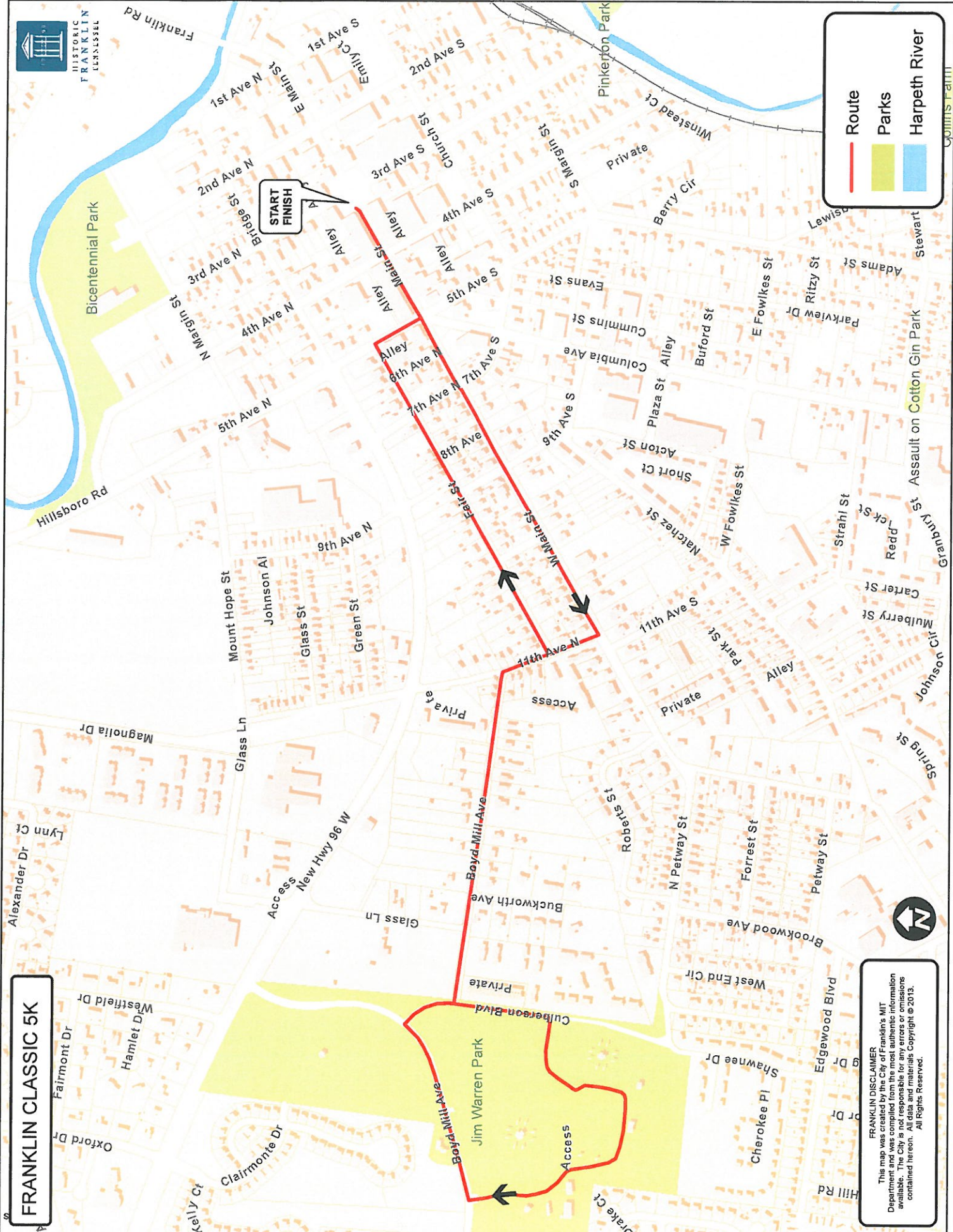
Parks (Green area)

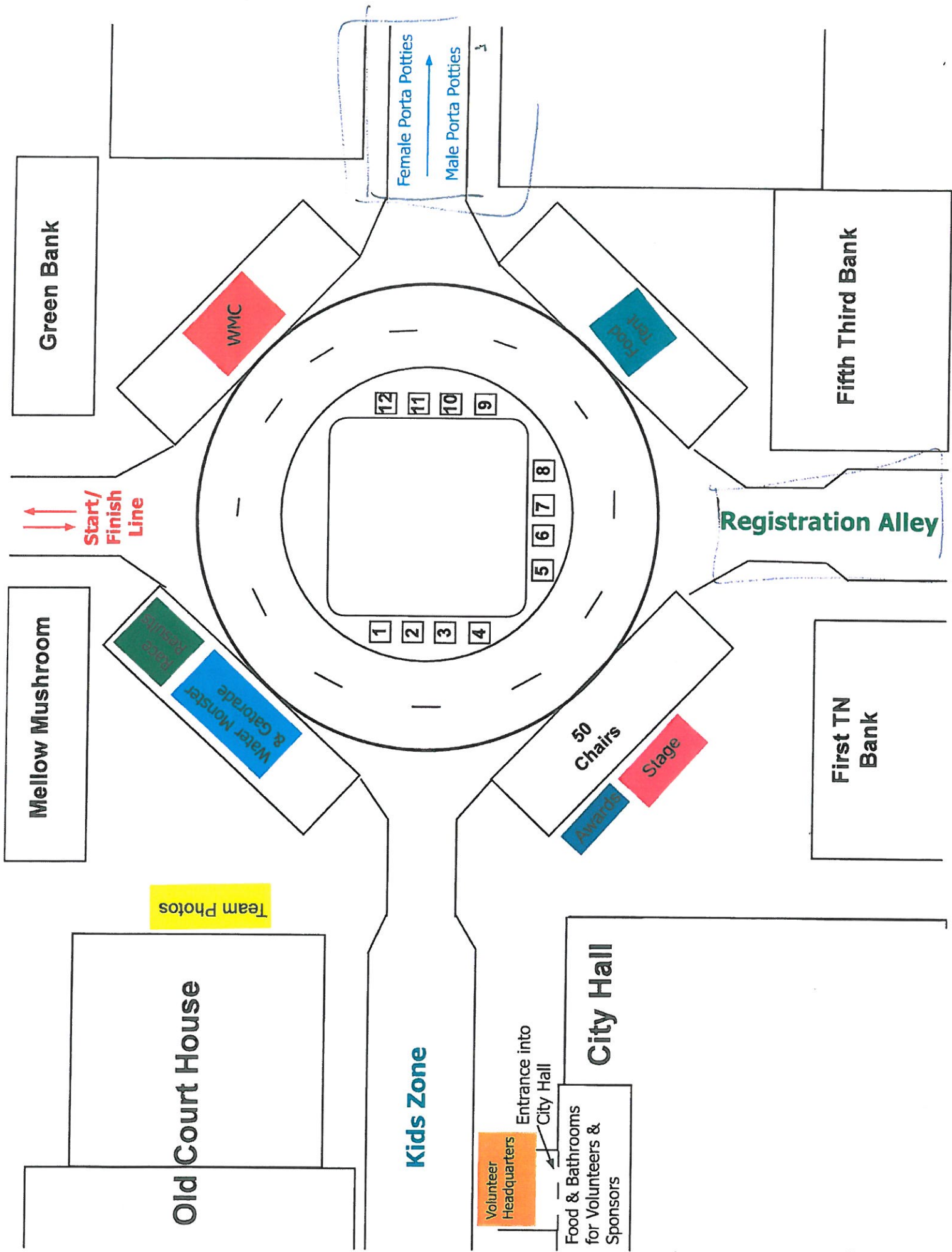
Harpeth River (Blue area)

START FINISH



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Green Bank

WMC

Red Tent

Fifth Third Bank

Start/
Finish
Line

Registration Alley

Mellow Mushroom

Water Monster
& Gatorade

Water Monster
& Gatorade

50
Chairs

Awards

Stage

First TN
Bank

Team Photos

Old Court House

Kids Zone

Volunteer
Headquarters

Entrance into
City Hall

Food & Bathrooms
for Volunteers &
Sponsors

City Hall

- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1

Female Porta Potties

Male Porta Potties

June 26, 2013

Dear Neighbor,

We are writing to let you know of an event coming to your neighborhood this fall. We are holding the 35th Annual Franklin Classic benefiting Mercy Community Healthcare on Monday September 2, 2013 in Historic Downtown Franklin and surrounding area. The Franklin Classic will begin at 7:00 am at the Downtown Franklin Square and set up will begin at 4:00 am. The proposed map route is attached to this letter. The runners will have a coned, designated lane to run in and streets will be opened to traffic once the runners have passed. We are looking forward to hosting the 35th Annual Franklin Classic in your neighborhood and hope that you will raise the excitement level in your neighborhood by getting involved.

The 35th Annual Franklin Classic is being held to raise awareness and provide vital program funding for our organization, Mercy Community Healthcare. Mercy is a 501(c)(3) nonprofit organization that provides complete primary healthcare, including sick and urgent care, counseling and social services, chronic illness management, and psychiatry services to patients of all ages, both insured and uninsured in Franklin, Tennessee. Our mission statement is: Mercy Community Healthcare exists to reflect the love and compassion of Jesus Christ by providing excellent healthcare for all and support to their families. Vision statement: Mercy Community Healthcare will transform the physical, mental and spiritual health of individuals through the healing power of Jesus Christ to the glory of God for generations to come. We hope you will get excited and join us in participating on September 2nd at the 35th Annual Franklin Classic!

If you need to contact the event organizer, you may contact Katherine Williams by phone at (615) 567-6671 or by email, kat@s2fnashville. If you would like to contact someone in the Franklin Special Events office regarding the event, you may contact Monique McCullough, by email MONIQUEM@franklintn.gov, or by phone 615-791-3217

We would personally like to thank you in advance for any support that you can provide for the 35th Annual Franklin Classic and we hope you will help raise the excitement level about this event in your neighborhood!

Sincerely,

Tracie Dycus
Marketing & Events Coordinator
Mercy Community Healthcare

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

DEPARTMENT OF THE TREASURY

Date: SEP 20 1984

MERCY HEALTH SERVICES INC
PO BOX 1346 112 9TH AVENUE SOUTH
FRANKLIN, TN 37065

Employer Identification Number:
62-1781969
DLN:
17053181032049
Contact Person:
R HUTCHINS IDH 52408
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
YES
Addendum Applies:
NO

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Letter 947 (DO/CG)

MERCY HEALTH SERVICES INC

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 Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$20 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

The law requires you to make your annual return available for public inspection without charge for three years after the due date of the return. You are also required to make available for public inspection a copy of your exemption application, any supporting documents and this exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are made widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form

MERCY HEALTH SERVICES INC

990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

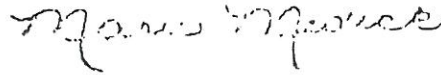
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



District Director