




MEMORANDUM

January 31, 2014

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator 
Special Events Advisory Team

SUBJECT: Miles for Mercy 5K Event Application (April 13, 2014)

Purpose

The purpose of this memorandum is to outline conditions for the approval of the Miles for Mercy 5K sponsored by Let It Shine Gymnastics and benefitting Mercy's Hope.

Background

Let It Shine Gymnastics is located on General George Patton Drive in Franklin, Tennessee. They are requesting to hold a 5K to benefit Mercy's Hope. Mercy's Hope is a non-profit based out of Alabama. Their main focus is on orphan care and helping the underprivileged in Ukraine. The organization is run by the family of one of the coaches at Let It Shine. Let It Shine has supported the organization for several years. Their request is to hold the race on a Sunday afternoon (approximately 1:30 p.m. – 4:30 p.m.). Estimated attendance/participation is 500. One hundred percent of the proceeds will benefit Mercy's Hope.

Recommendation

Staff recommends the following conditions:

- 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 the recommended extra-duty Franklin Police Officers to provide security and traffic control.

Sanitation and Environmental Services Department:

- Applicant will provide their own cleanup.

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

Liberty Park

Eastern Flank BattleField Park

Fieldstone Farms

Pinkerton Park

Jim Warren Park

Harlinsdale Farm

Other: Gen. George Patton Dr

2) Name/purpose of event: Let It Shine Miles For Mercy 5K

3) Date or dates of event: Sunday, April 13, 2014

4) Time of Event: 1:30 - 6:30 pm

5) Time of Street Closure (if applicable): 1:45pm - 4:15pm

Set-Up Date/Time: April 13, 1:30

Tear-down Date/Time: April 13, 4:15pm

*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:

Let It Shine Gymnastics

a) Address: 1892 Gen. George Patton Dr

b) Phone: 369-3547 c) Cell: _____ d) Fax: _____

e) E-mail address: info@lisgym.com

7) Person in charge on day of event: Jordan Fairback

Cell: 703-727-9215

E-mail address: jordan.fairback@lisgym.com



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

Name: Debbie Williams Cell: 506-1716 E-mail address: debbie.williams@lisgym.com

Name: Lauren Brooks Cell: 866-8039 E-mail address: lauren.brooks@lisgym.com

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

See attached sheet

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:

500

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. All proceeds go to mercy's Hope

16) Will you charge an admission/participation fee (including vendors)? If yes, please specify how much per person/vendor. \$30/participant for 5k \$75 family max
\$5/kid race

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's Hope 100% of profit

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.)?
Announcements and Entertainment
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
Microphone, DJ, Speakers
- 23) During what time period is sound amplification requested? 1:30 - 5:30 p.m.
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.).
DJ & Announcer
- 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. All in-house
- 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.
In-house Clean up. Let It Shine Gymnastics 369-3547
- 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.*
- 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.



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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: [Signature] President Date: 10/4/2013
 (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) *
 * *
 * *****

Miles For Mercy

Miles for Mercy is a 5.16K run and gathering sponsored by Let It Shine Gymnastics. All proceeds of the event will go to the non-profit Mercy's Hope.

Schedule of events:

KIDS RACES

- 2:00 100 yd dash 4/5 year olds \$5 per kid per race
- 2:10 200 yd dash 6/7/8 year olds
- 2:20 400 yd dash 9 & up
- 3:00 start time for 5.16K \$30 for registration Max family price of \$75
- 3:30-4:30 Franklin Strength competitions, local vendors, food, face painting, music in LIS parking lot
- 4:30 announcements and music
- 5:30 tear down and clean up

Street closures from 1:45-4:15

- Gen George Patton (franklin side only)
- Mallory Station between Duke St and Franklin Rd
- Duke St

There will be one water station at the end of Duke St.

During the post race event, food and entertainment will be provided in the LIS facility and property.

Names of Chairpeople

Jordan Fairback	Work: 369-3547	Cell: 703-727-9215
Debbie Williams	Work: 369-3547	Cell: 506-1716
Lauren Brooks	Work: 369-3547	Cell: 866-8039
Nathan Mahy	Work: 369-3547	Cell: 256-490-8827
Timothy Richards	Work: 369-3547	Cell: 975-1016
Kit Bunger	Work: 369-3547	Cell: 519-6231



Miles for Mercy

Start/Finish

Nichol Mill Ln

Mallory Station Rd

Premier Ct

Gothic Ct

Seaboard Ln

Duke Dr

Mary Lindsay Polk Dr

Enterprise Ct

Autumn Springs Ct

Clock Tower Dr
N Course View

Access

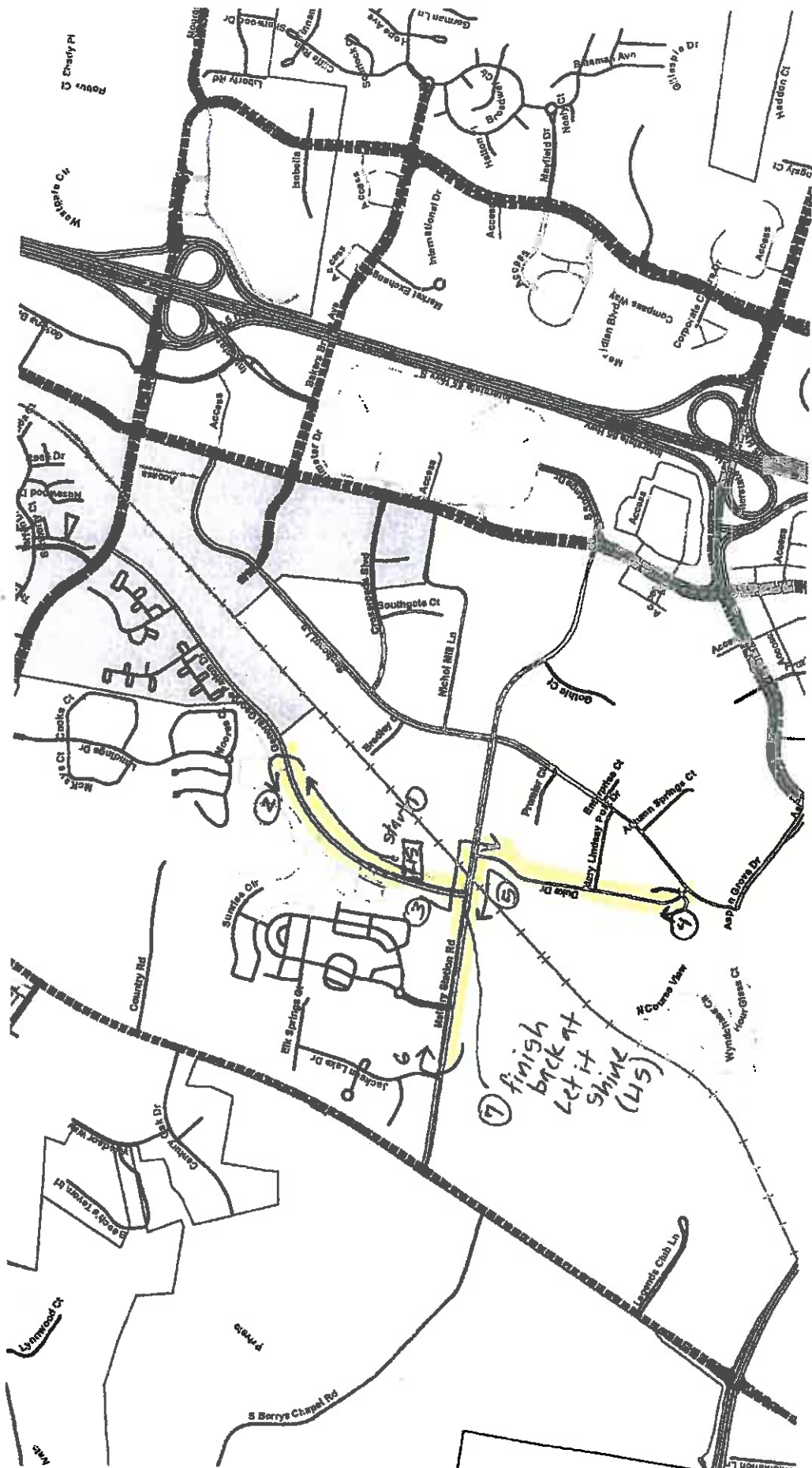
Legend

- Marathon Path
- Aspen Grove Park Trails
- City Limits



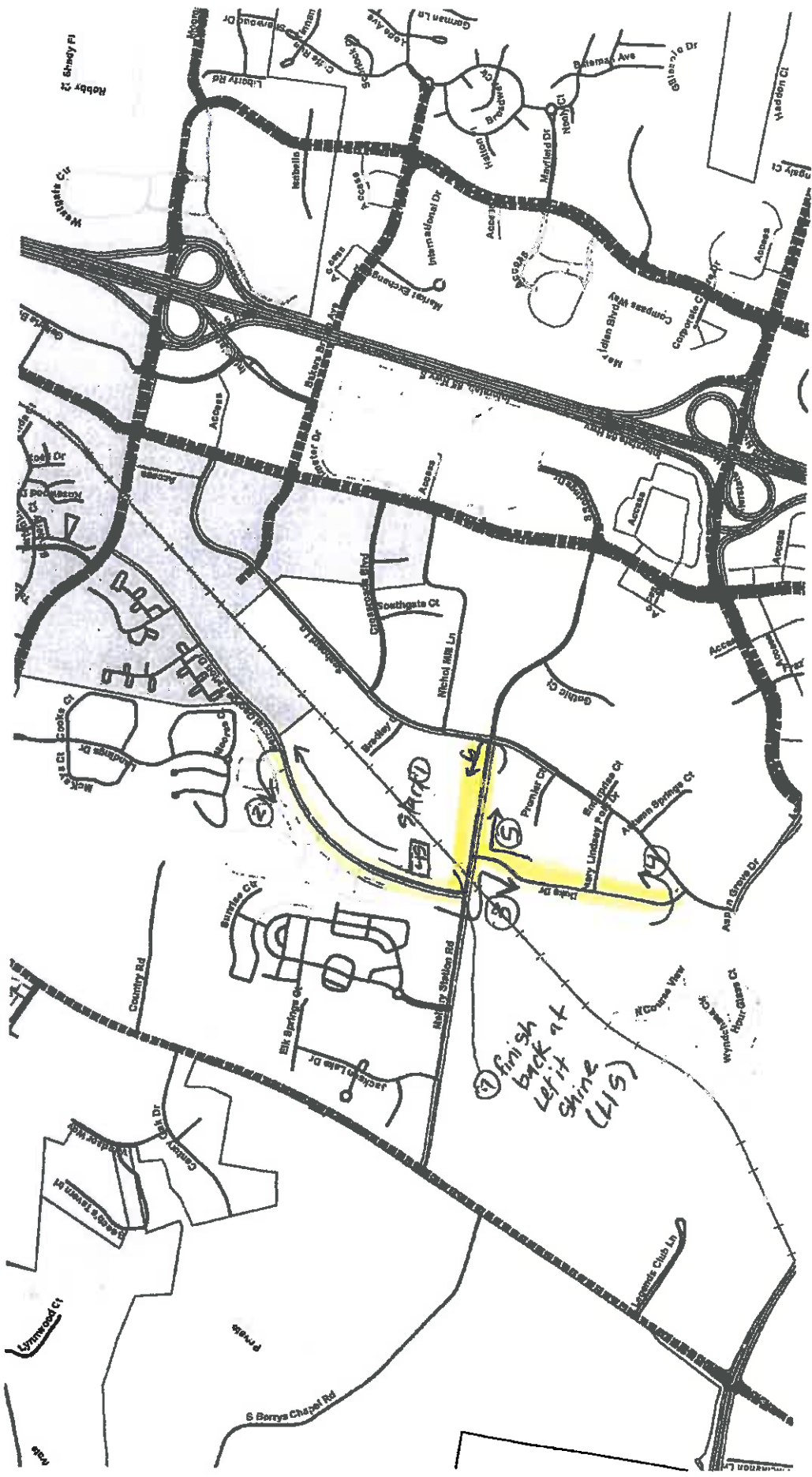
FRANKLIN DISCLAIMER
 This map was created by the City of Franklin's MIT Department and was compiled from the most authentic information available. The City is not responsible for any errors or omissions contained herein. All data and materials Copyright © 2014. All Rights Reserved.





Miles for Mercy 516K
 April 13, 2014
 SUNDAY

Option 1



Miles for Mercy 5.16K
 April 13, 2014
 SUNDAY

Option 2



CERTIFICATE OF LIABILITY INSURANCE

LETIT-2 OP ID: JOKA

DATE (MM/DD/YYYY)

12/05/2013

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 Snyder Insurance Services Inc 7450 W. 130th Street - Ste 230 Overland Park, KS 66213 House		CONTACT NAME: Snyder Insurance Services, Inc PHONE (A/C, No, Ext): 800-874-6704 FAX (A/C, No): 913-498-0212 E-MAIL ADDRESS: staci@insureassat.com	
INSURED Let It Shine Gymnastics Inc 1892 General George Patton Dr Franklin, TN 37067		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Philadelphia Insurance Company 18058 INSURER B: Mutual of Omaha INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

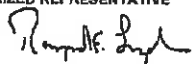
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	PHPK1089491	10/15/2013	10/15/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 1,000
	<input checked="" type="checkbox"/> Sports Liability					PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> Includes Premises					GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
B	Participant Excess		T5MP-P-102000-A10	10/15/2013	10/15/2014	Per. Acc. 100,000
B	Catastrophic Med		SB20CC-P-106000-A10	10/15/2013	10/15/2014	10yr. Bnf 1,000,000

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

The City of Franklin, Its Board of Mayor, Alderman and City Administrators, are listed as Additional Insureds with respect to Liability for Run for Mercy's Hope 5k benefit run on April 13, 2014, as their interest may appear.

CERTIFICATE HOLDER**CANCELLATION**

City of Franklin Board of Mayor, Alderman & City Administrator 109 Third Ave South Franklin, TN 37064	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 
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