



HISTORIC
FRANKLIN
TENNESSEE

OFFICE USE ONLY:

Permit No:

CITY OF FRANKLIN EVENT PERMIT APPLICATION

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

Note: Filing this 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: Simplex Healthcare
6840 Carothers Parkway

2) Name/purpose of event: Tour de Cure - Fundraiser For American Diabetes Association

3) Date or dates of event: May 17, 2014

4) Time of Event: 7:00 AM - 4:30 PM

5) Time of Street Closure (if applicable): Traffic control only

Set-Up Date/Time: 3:00 5-16-14

Tear-down Date/Time: 5:00 5-17-14

*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.

Event is on private property

6) Name of Applicant and Organization Requesting Permit:

Greg Lessley American Diabetes Association

a) Address: 220 Great Circle Rd Suite 134 Nashville, TN 37228

b) Phone: 615-298-3066 c) Cell: 615-477-9998 d) Fax: 615-271-2151

e) E-mail address: glessley@diabetes.org

7) Person in charge on day of event: Greg Lessley

Cell: 615-477-9998 E-mail address: glessley@diabetes.org



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

Name: Kristie Ryan Cell: 615-330-1332 E-mail address: KRRyan@diabetes.org

Name: Lana Pargh Cell: 615-504-2688 E-mail address: lpargh@diabetes.org

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

The Tour de Cure is a cycling event that raises money for The American Diabetes Association. Our Riders will travel South on Carolina Parkway to Anna Rd

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:

We estimate 500 riders and 100 volunteers (volunteers will be at rest stops also)

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: _____) Our middle TN office is in Nashville. Our Home Office is in Alexandria, VA

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. Each participant has a \$200 fundraising goal! Vendor fee is \$300 unless non-profit or providing service like chair massage.

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

There will be event turn in for collection envelopes
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? American Diabetes Association

100% of funds go to ADA. Please see Tour de Cure overview

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, DJ

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

DJ and possibly band

23) During what time period is sound amplification requested? Announcements begin at 7:00

DJ during the day

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. 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. List will be updated during Spring

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. Greg Lesley

We will have additional temporary dumpsters placed by ^{waste} management

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: Joe Leidy Manager Date: 12-3-13
(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

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

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

Tour de Cure Overview

The Tour de Cure is a ride, not a race, with routes designed for everyone from the occasional rider to the experienced cyclist. Whether you ride 10 miles or 100 miles, you will travel a route supported from start to finish with rest stops, food to fuel the journey and fans to cheer you on! Last year, more than 50,000 cyclists in over 80 Tour events raised nearly \$20 million to support the mission of the ADA: *to prevent and cure diabetes and to improve the lives of all people affected by diabetes.*

DIABETES STATISTICS

- 25.8 million Americans have diabetes (18.8 million diagnosed and 7 million undiagnosed)
- 79 million Americans aged 20 years or older are estimated to have pre-diabetes
- 1.6 million: The number of new cases of diabetes diagnosed in people aged 20 years or older in 2007
- 1 in 3 children born in the year 2000 will develop diabetes in their lifetime
- Hispanic/Latino Americans are 1.8 times more likely to have diabetes than non-Hispanic Caucasians
- African Americans are 1.6 times more likely to have diabetes

HOW DOES DIABETES AFFECT YOUR COMPANY?

According to the Center for Disease Control, the average economic cost (lost workdays, lost productivity, increased health insurance claims, etc.) to a company of:

- 50 employees is \$43,493
- 150 employees is \$130,479
- 500 employees is \$434,930
- 1,000 employees is \$869,860
- Diabetes costs an estimated \$174 billion each year in the United States. This includes the direct costs of \$116 billion and indirect costs (such as disability, work loss, premature mortality) of \$58 billion
- One out of every ten health care dollars is spent on diabetes
- One out of every five health care dollars is spent on a person living with diabetes.

WHO ARE OUR RIDERS?

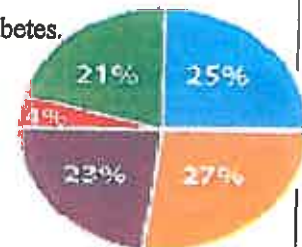
- 60% men – 40% women

AGES:

- 25 to 34 – 22%
- 35 to 45 – 30%
- 46 to 54 – 30%

INCOME:

- 50K – 75K – 20%
- 75K- 100K – 20%
- 100K – 150K – 25%
- 150K+ - 17%



- 27% Information
- 25% Research
- 21% Fund Raising
- 4% Management
- 23% Advocacy and Public Awareness

WHERE DOES THE MONEY GO?

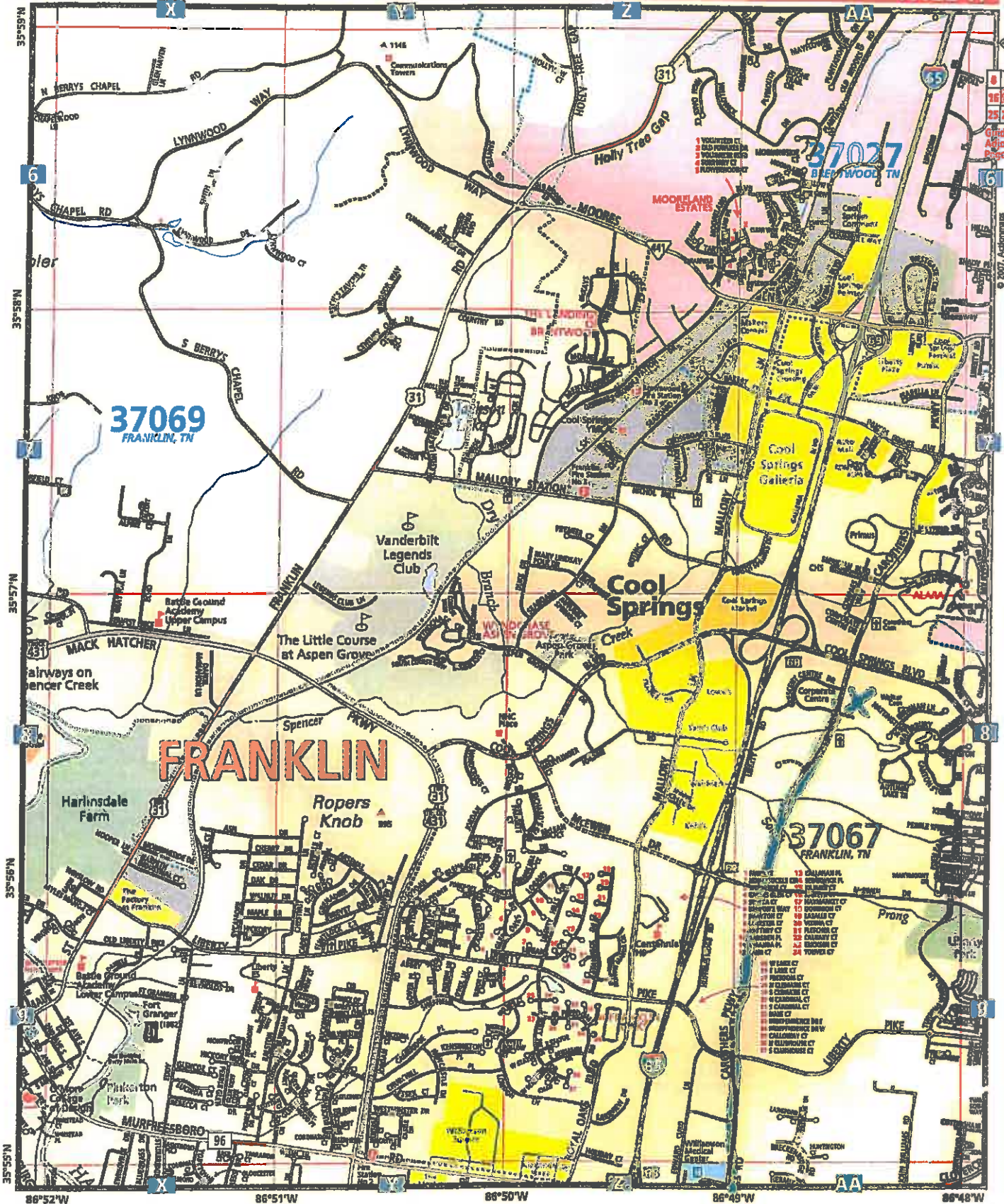
RESEARCH

Over the years, the Association has invested more than \$550 million and provided funding for nearly 4,000 research projects, with a continuing emphasis on training new investigators and pursuing novel strategies for curing, treating and preventing both type 1 and type 2 diabetes.

The American Diabetes Association is currently funding nine researchers in Tennessee for a total of \$2,577,839

Camp Sugar Falls, the only camp for diabetic children in Middle Tennessee is supported by the American Diabetes Association.

Route Blue



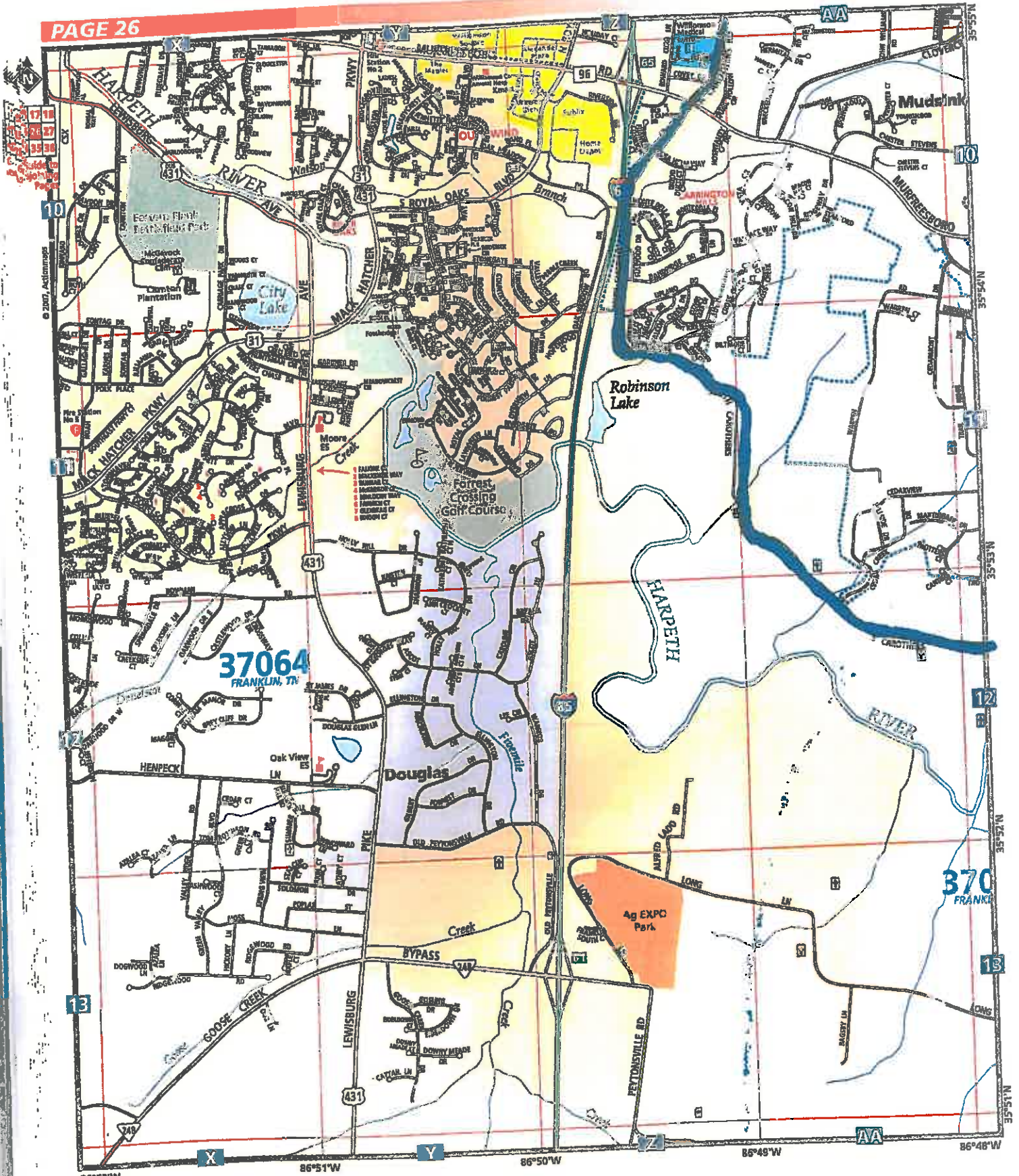
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Guide to
Assigning
Pages

© 2007, Adcommap



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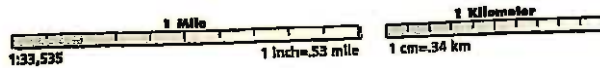


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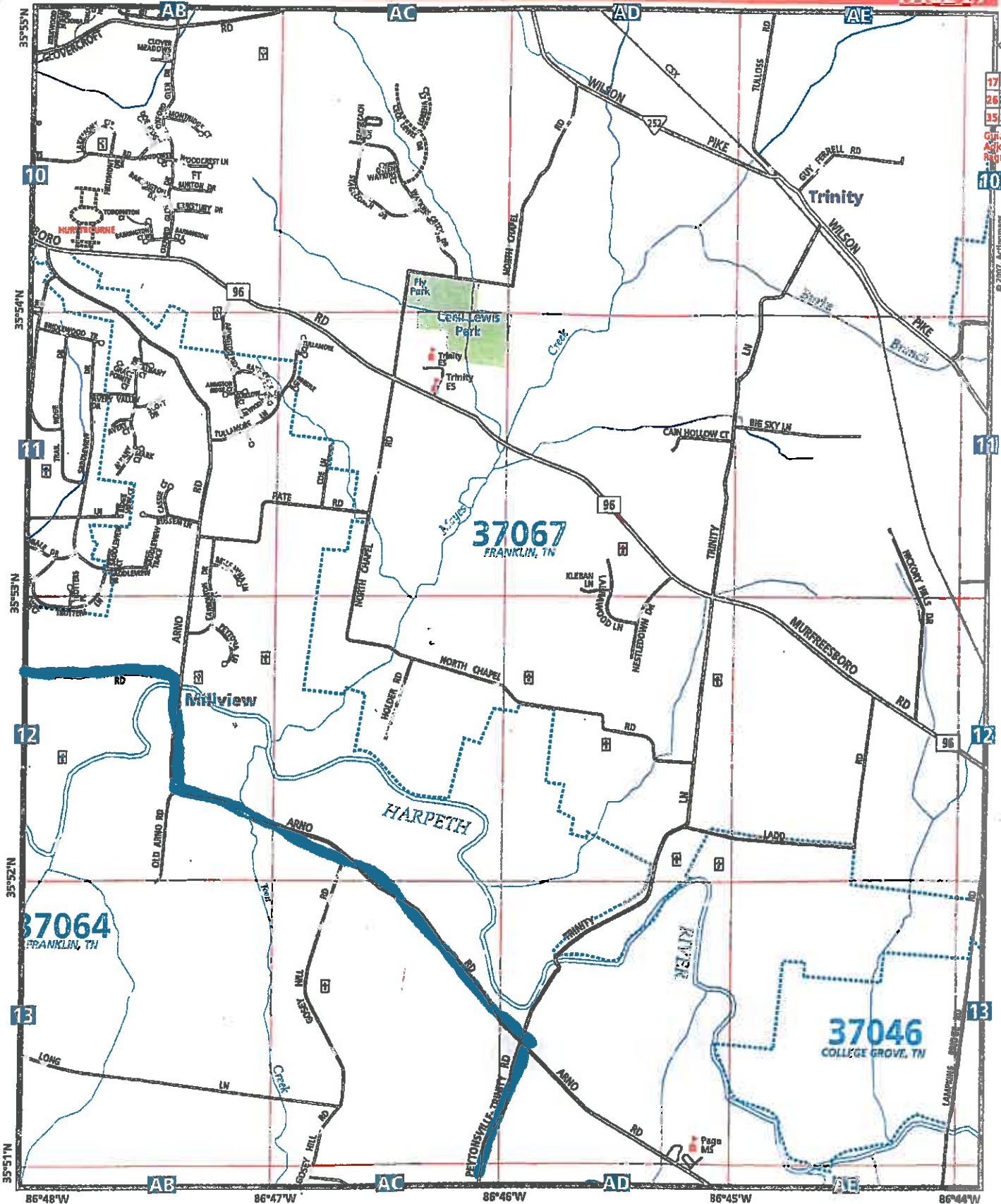
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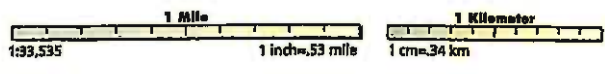
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Guide to
Adjoints
Pages

© 2007, Actlamaps



		TDC-2014-----28.1 MILE ROUTE	
		SAG Emergency 615-351-5000 2nd phone 615-293-4215	
		Right out of SIMPLEX HEALTHCARE parking lot	TO NEXT
0	Right	Left onto Carothers Pkwy.	8.7
0.1	Left	Straight across McEwen dr.	
0.9	straight	Straight across Liberty Pike	
1.6	straight	straight across Hwy 96/Murfreesboro rd. onto S. Carothers Rd.	
2.4	straight	Right onto Arno Rd.	
6.3	Right	Right onto Peytonsville-Trinity Rd.	
8.6	Right	REST STOP ON RIGHT AT SWIM CLUB	10.8
8.7	R/S	Left onto Meeks	
9.6	left	Right onto Arno Rd.	
11.4	Right	Right onto Arno Peytonsville Rd.	
14.2	Right	Right onto Peytonsville-Trinity Rd.	
16.2	Right	REST STOP ON LEFT AT SWIM CLUB	8.7
19.5	R/S	Left onto Arno Rd.	
19.6	Left	Left onto S. Carothers Rd.	
21.7	Left	straight across Hwy 96/Murfreesboro rd. onto S. Carothers Rd.	
25.7	Straight	Straight across Liberty Pike	
26.5	Straight	Straight across McEwen dr.	
27.2	Straight	Right onto Crescent Center Dr.	
28	Right	Left into Simplex Health Care Parking Lot	
28.1	Left	FINISH LINE	0



TENNESSEE DEPARTMENT OF REVENUE

Certificate of Exemption

**AMERICAN DIABETES ASSOCIATION
1701 N BEAUREGARD ST
ALEXANDRIA VA 22311-1742**
[Barcode]

December 15, 2011

Account Type: **S&U EXEMPT**

Account No.: **780025769**

Under the provisions of T.C.A. Section 67-6-322, the organization named above is granted authority from the Tennessee Department of Revenue to make purchases, without payment of the Sales or Use Tax, of tangible personal property or taxable services to be used or consumed by the organization itself or to be given away.

The organization must furnish the suppliers of goods and services with a COPY of this exemption certificate. The lower portion of the certificate must be properly completed. The organization MUST retain the original certificate for copy purposes. The supplier will maintain a file copy as evidence of exemption. Later purchases do not require the submission of additional copies. Invoices must contain the name of the organization and the number given above.

This authority does not extend to purchases made by representatives of the organization when the items purchased or services rendered are paid for with personal funds. It does not extend to items purchased to be resold.

THE ORGANIZATION MUST NOTIFY THE DEPARTMENT IMMEDIATELY IF IT CEASES TO EXIST, MOVES, OR IN ANY WAY CHANGES THE ORGANIZATION FROM ITS PRESENT FORM.

EFFECTIVE DATE July 1, 2011

Richard H. Roberts
COMMISSIONER OF REVENUE

TO BE COMPLETED BY THE ORGANIZATION (please print)

TO: SUPPLIER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I, _____ as an authorized representative of the organization named above affirm that the purchases made under this authority will be used and consumed by the organization or will be given away. I further affirm that the organization will not use this authority to purchase items for resale.

Under penalty of perjury, I affirm this to be a true and correct statement.

PRINT NAME OF ORGANIZATION : _____

PRINT NAME OF PURCHASER: _____

SIGNATURE OF PURCHASER: _____

**Tour de Cure
Family Ride**



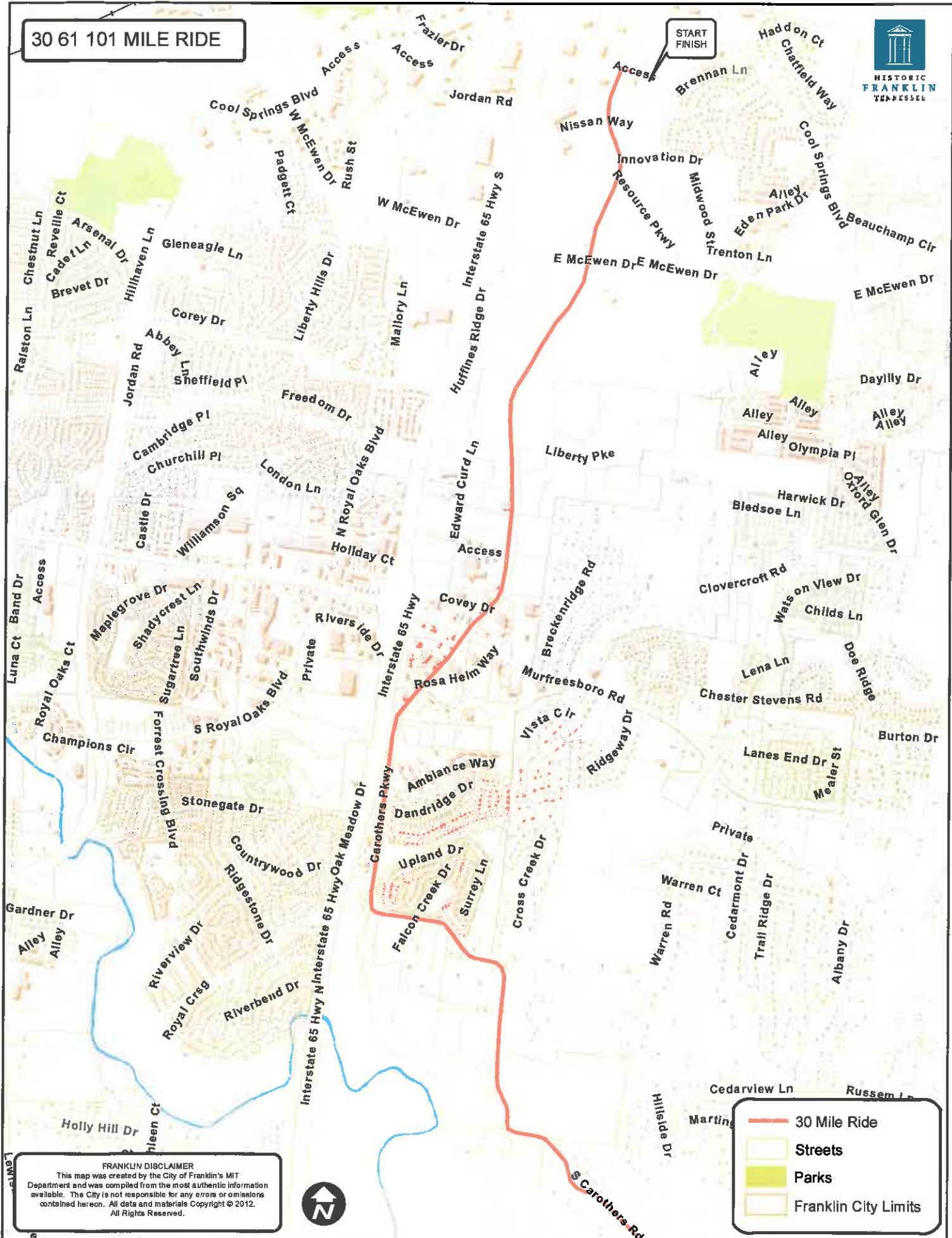
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- Family Ride
- Streets
- Parks
- Franklin City Limits

30 61 101 MILE RIDE



START
FINISH

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- 30 Mile Ride
- Streets
- Parks
- Franklin City Limits



MEMORANDUM

January 16, 2014

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator 
Special Events Advisory Team

SUBJECT: Tour de Cure/American Diabetes Association Bicycle Ride Event Application

Purpose

The purpose of this memorandum is to outline recommendations for approval of the Tour de Cure Event application for May 17, 2014.

Background

This is the second year for the American Diabetes Association's request for the Tour de Cure to be held in the City of Franklin. The event is hosted by Healthways and will begin and end at their corporate headquarters on Carothers Parkway. There are four routes for the bike ride, with only one route being entirely in the City limits of Franklin (Family Ride). The rides begin at 7:30 a.m. with cyclists returning intermittently throughout the day. Estimated attendance for the event is 600 (500 riders and 100 volunteers).

One hundred percent (100%) of the proceeds go to the American Diabetes Association.

Recommendations

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 seven (7) Franklin Police Officers to provide traffic control.
 - Applicant will work with Williamson County Sheriff's Office for traffic control in areas outside of the City limits of Franklin.
- **Fire Department:**
 - Contact Franklin Fire and WCEMS for medical services to be present at event.
 - Contact Franklin Fire Department for Tent and event inspections.
- **Streets Department**
 - Applicant must use biodegradable markings on street (nothing permanent)