

May 19, 2010

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 memo is to outline recommendations for approval of the Franklin Classic Event.

Background

The Franklin Classic, scheduled for September 6th, is an annual event held in Franklin that benefits the Mercy Children's Clinic. The event includes a 5K Run, 10K Run, 4K Walk, Kids Kilometer Run, and a Kids' Zone. All runs & walks begin and end in Downtown Franklin. The organizer anticipates over 3,000 participants and up to 8,000 attendees.

Recommendation

Staff recommends approval of the event application with the following recommendations:

- Applicant will provide a \$1000 refundable damage deposit to City prior to event.
- Applicant will provide a Good Neighbor letter which will be distributed to affected neighborhoods.

Risk Management:

o Applicant will provide certificate of insurance naming the City as additional insured.

Police Department:

o Applicant will hire sixteen (16) extra-duty Franklin Police Officers to provide street closures and traffic control during the event.

OFFICE USE ONLY:						
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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 quarantee that your request will be granted.
	Please check	tu street closure □ parade
. ' :	all that apply:	other special event
Ple	ase supply the follow	ng information. For additional space, use separate sheets of paper and attach to the application.
1)	Location reques	sted (if Temporary Street Closure only, list major roads to be closed):
	Aspen Grov Fleidstone F Jim Warren	arms X Pinkerton Park and Mirv (5te attached map) Park Winstead Hill Park
2)	Name/purpose	of event: 32 nd Annual Franklin Classic (fundraisarfor Micray Children's Clinic
3)	Date or dates o	rovent: Morday, September 6th, 2010 (Labor Day)
4)	Time of Event:	4:30 am - Noon
5)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	losure (if applicable):
	Set-Up Date/Tin	ie: 4:30 ans Tear-down Date/Time: Noon!
	*Note: Two (2) hours w responsible for payme	ill be added before set-up time and two hours (2) will be added efter lear-down to allow time for clean-up. Event is ni of Franklin Police Officers during this time: Read Additional Requirements section for more information.
6)	Name of Applic	ant and Organization Requesting Permit:
	a) Address: 📙	13 Murfreesboro Road, Suite 319 Franklin IN 3706
	b) Phone: <u>191</u>	2-6567 c) Cell: 804-6397 d) Fax:
	e) E-mall addre	
7)	Person in charg	ge on day of event: UCGCICA PEVY
	Cell: <u>804</u>	-6397 E-mail address: 165/100 @ MENW TN. Org

	HISTORIC
8):	Name and Cell Number of at least two others available on day of event: PRANKLIN TENNESSEE
	Name: Kortand Fuguali: 425-6312E-mail address: Kortland Fugual bellouth, ne
	Name: Larry Holmes Cell: 2024953 E-mall address: larry holmes Concast. net
9)	DETAILED description of event (use additional sheets): 54, 10K-vun; 4K-walk; Klas Kilometer run With Start and finish at Square; Klas zone
	(see altached)
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)	
	during the course of the event: 3,000 participants; additional 6-8,000 attendess
12)	and the control of th
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. 46-2-6 Per Porticipant
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 Yeslor No. If yes, what organization will be benefactor of event? What percentage of funds will they receive? Merry MITAYENS CINE
	100% of profit after expenses



20) Will any sound amplification equipment be used during the event? Circle Yes or No. If no, FRANKLIN please skip to Question #22. For what purpose will sound amplification be used (i.e. announcements, entertainment, etc.)? announcements 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply. DJ, emcle, starting race 23) During what time period is sound amplification requested? 17 11 16 10 If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). Sout 917/U/05 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. What, if any, vendors will be present at event? (i.e medical related, shirts, arts, etc.) Please 261 provide detailed list. Use additional sheets. Will food, beverages, or merchandise be sold or given away? Circle Yes o) 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. anklin waste disposal multiple voluntrers Garbaco : 1000 ina 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.

Wi	Il you require a tempora	ry water tap? Circle Yo	es of No If yes	s, please list exact locatio	ns:

			•		

- 31) Will alcohol, beer, and/or wine be given away or sold? Circle Yes of 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 1984 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 (815)791-3277 for specific requests.



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. Fallure 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 and title – mus (DM)MUNITY Approved by the Board of Mayor	t be officer of orga	nization)		161	<u>2010</u>
Approved by the Board of Mayor	and Aldermen on	- operation	, 20	**************************************	Return application to: City Administrator's Office
John C. Schroer, Mayor					City Hall 109 Third Ave South Franklin, TN 37065 615-791-3217
Eric S. Stuckey, City Administrate	or			*	615-790-0469 (FAX)
If you have questions concerning yo	ur request, please ca	all 615-550-6606	۲.		**********



FOR CITY USE ONLY							
Department	Date	Initials	Attach A	Any Comment	nts		
Administration		::	Comments:	Yes	No		
Business Office		- Angelogia and Angelogia	Comments:	Yes	No		
Codes	,		Comments:	Yes	No		
Engineering			Comments:	Yes	No		
Finance			Comments:	Yes	No		
Fire			Comments:	Yes	No		
Information Technology			Comments:	Yes	No		
Law			Comments:	Yes	No		
Parks			Comments:	Yes	No		
Planning			Comments:	Yés	No		
Police			Comments:	Yos	No.		
Risk Manager		:	Comments:	Yes	No		
Solid Waste			Comments:	Yes	No		
Streets	id commenced to reference construction		Comments:	Yes	No		
Water/Wastewater			Comments:	Yes	No		



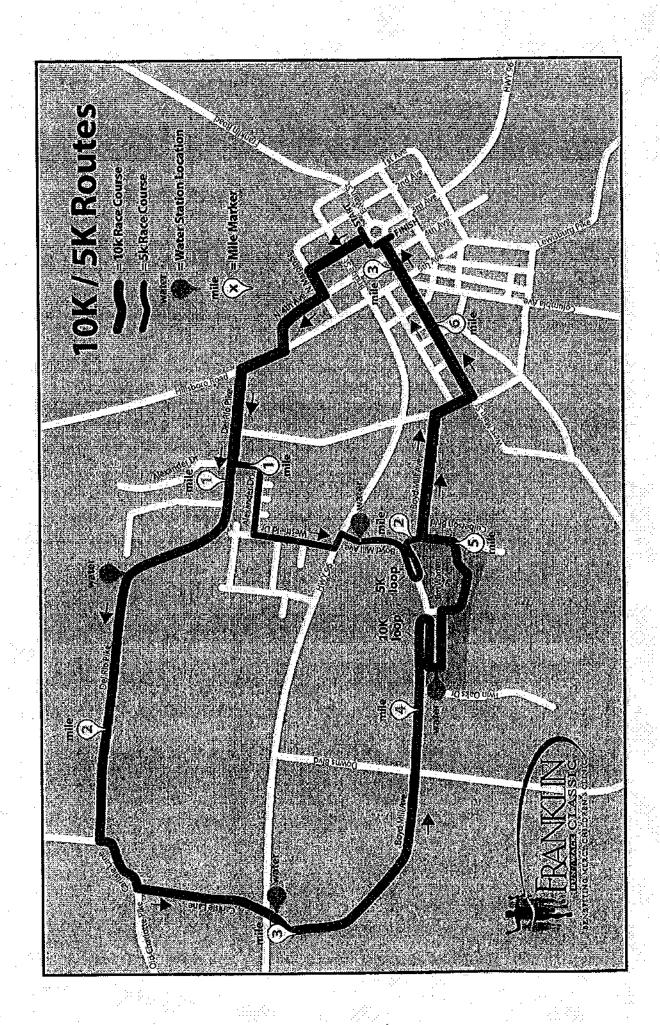
Additional answers & attachments:

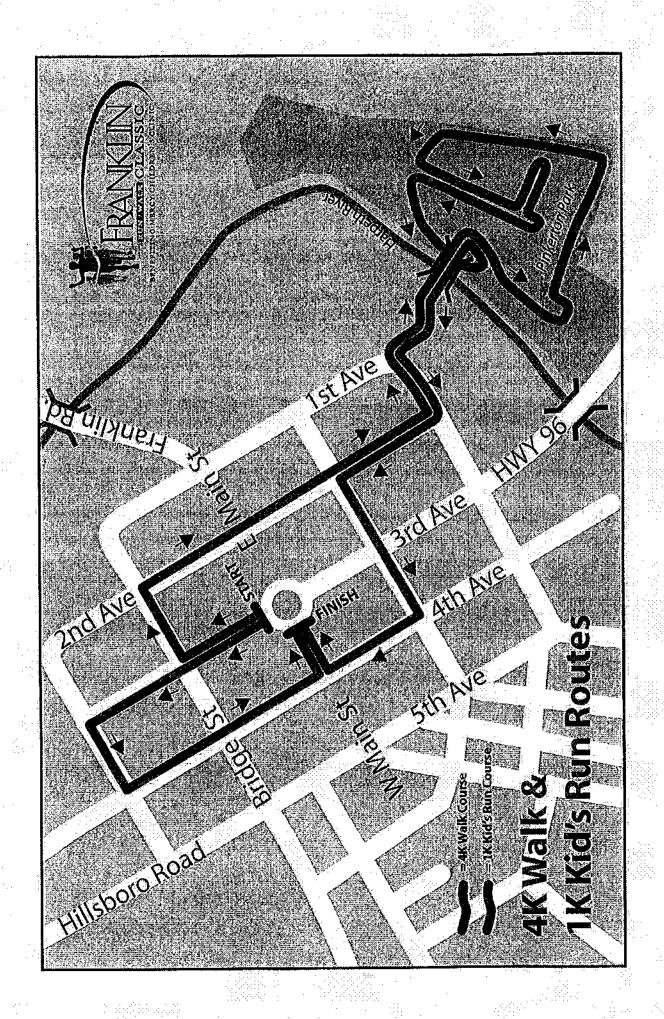
- 1. Description of the Franklin Classic (question #5)
- 2. Maps of the Four Courses for Street Closure (question #10)
- 3. 2010 Franklin Glassic Committee (question #12)
- 4. IRS Tax Exempt Letter (question #15)
- 5. Certificate of Insurance Coverage (question #14)- will email as soon as I receive
- 6. Good Neighbor Letter (question #19)

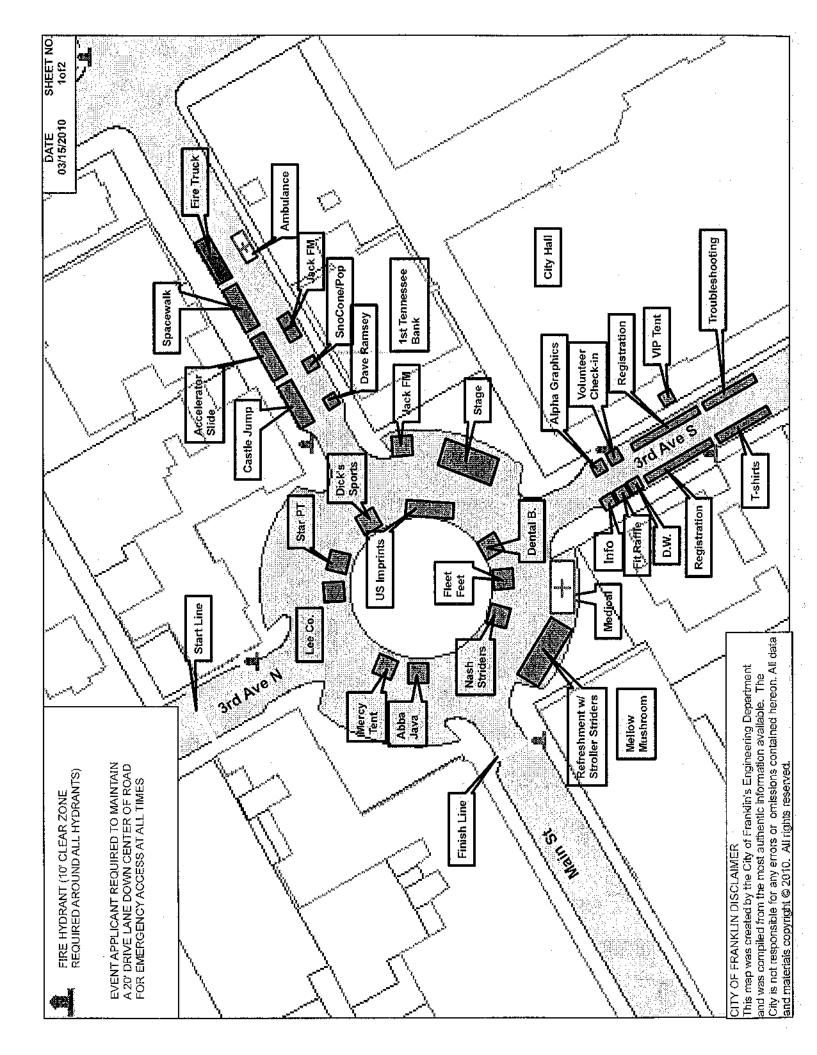
DESCRIPTION OF THE FRANKLIN CLASSIC (QUESTION #5)

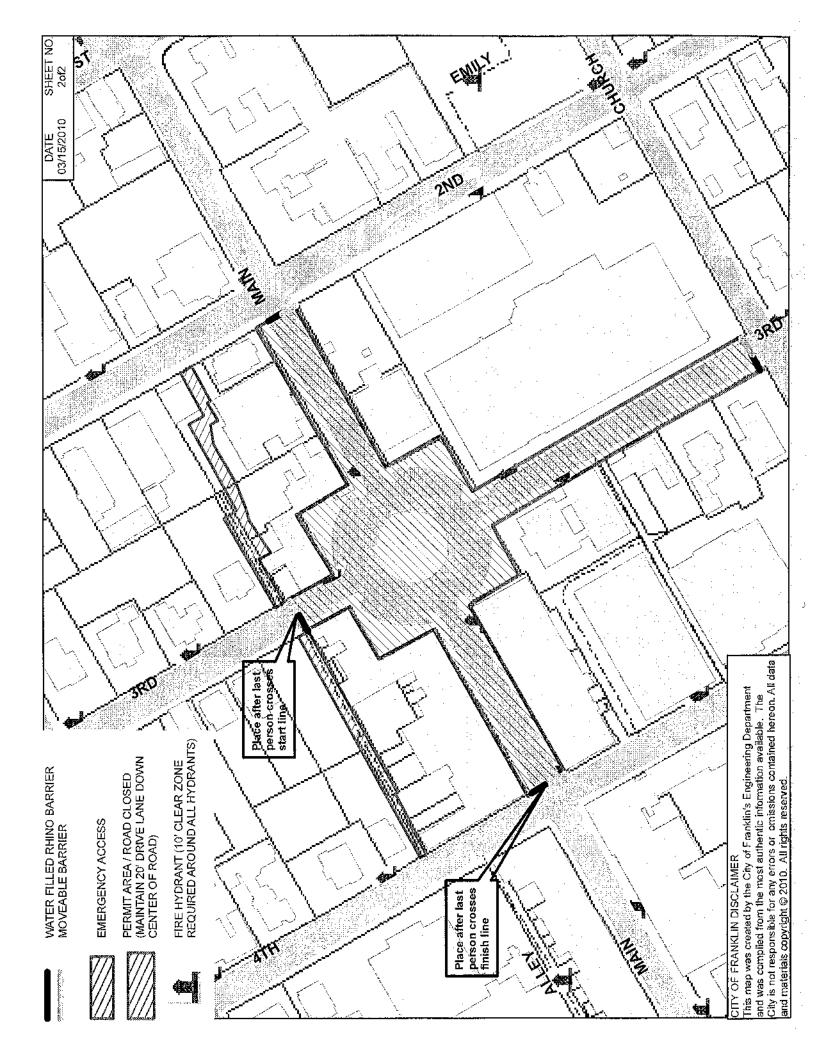
The 32nd Annual Franklin Classic road race will be Monday, September 6, 2010 in historic downtown Franklin. Then Franklin Classic includes a 10K, 5K, and a 1K Kids run as well as a 4K Walk. This event will benefit Mercy Children's Clinic, a non-profit organization that provides pediatric and primary care to the community, but especially to children who are either enrolled in TennCare or are without health insurance. Then clinic offers complete primary and pediatric health care including well child care, immunizations, acute care, chronic illness management, psychiatric care, counseling, social work, and parent and patient education.

For more information please call, Jessica Perry at 615.790.0567 ext. 237 or visit our website at www.franklinclassic.org









2010 FRANKLIN CLASSIC COMMITTEE

EVENT DIRECTOR-Jessica Perry

Jessica@mercychidlrensclinic.org

615.804.6397

RACE MANANGEMENT- Larry Holmes

larryholmes@comcast.net

615.202.4953

REGISTRATION-Lisa Weber

Icweber@bellsouth.net

615,496,9039

CEREMONIES MANAGER- Tony Van Belkom

tvanbelkom@bellsouth.net

615.478.1876

TIMING MANAGER/NASHVILLE STRIDERS- Peter Pressman

Pasta4Run@aol.com

615.293.8862

VOLUNTEER MANAGER/COORDINATOR- Angela Roberts

pomonestudios@mac.com

615.812.1501

CHRONICLE- Derby Jones

djones@williamsonherald.com

615.804.0642

COMMITTEE COMMUNICATIONS- Lauren Wilcox

lelainewilcox@gmail.com

615,473,4294



August 30, 2010

Dear Resident:

The 32nd Annual Franklin Classic will take place on Labor Day, Monday, September 6, 2010, from 7 a.m. until approximately 9:30 a.m. The 5K and 10K runs, the 4K walk and the Kids Kilometer run will follow courses through Downtown Franklin and outlying areas. Over 3,000 runners and walkers are expected to participate this year with proceeds going to the Mercy Children's Clinic.

We hope that you will join us in celebrating 31 years of the Franklin Classic and support the Mercy Children's Clinic. Runners, walkers and spectators are all welcome and encouraged! There are lots of special things planned this year including live music, a kids' zone, special awards, and cheerleaders to encourage participants and much more.

If your road must be closed, it should be only for a short period of time and we have taken every precaution to keep any traffic issues to a minimum. Additionally, police officers and street monitors will be stationed at key intersections on the route helping manage the traffic flow.

We apologize should you be caused any inconvenience, and we sincerely appreciate your cooperation with this event.

If you have questions or concerns, please visit the Franklin Classic Website at www.franklinclassic.org for details and a map of the race route.

Franklin Classic Race Committee Mercy Children's Clinic 1113 Murfreesboro Road, Suite 319 Franklin, TN 37064 615-790-0567 INTERNAL REVENUE SERVICE DISTRICT DIRECTOR P. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 7 1500

MERCY HEALTH SERVICES INC PO BOX 1346 112 9TH AVENUE SOUTH FRNAKLIN, IN 37065 Employer Identification Number:
82-1781969
DLN:
17053181032049
Contact Person:
R HUTCHINS IDE 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)(1i1).

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.

Orantors 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.