



HISTORIC
FRANKLIN
TENNESSEE

ITEM #3
WRKS 03/08/2011

MEMORANDUM

February 24, 2011

TO: Board of Mayor and Aldermen

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

SUBJECT: Jingle Bell Run Event Application

Purpose

The purpose of this memorandum is to outline for the Board of Mayor and Aldermen (BOMA) recommendations for approval of the Jingle Bell 5K Run.

Background

The Arthritis Foundation has requested an event permit for the third "Jingle Bell 5K" on December 3rd. Estimated attendance is 3,900 (1300 participants; 2600 attendees). This event is scheduled for the same day as the Kiwanis Club Christmas Parade. Registration for the run begins at 7:45 a.m. The Fun Run Walk begins at 8:30 and the 5K run begins at 9 a.m. Closure of the Square is requested from approximately 7 a.m. until 10 a.m.

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.
- Applicant will need permission from Williamson County to place tent on Courthouse property.

Risk Management:

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

Police Department:

- Applicant will hire sixteen (16) extra-duty Franklin Police Officers to provide security and crowd control.
- Applicant will meet with Police Department before event for final look at route, timing of closure, and location of volunteers.

Engineering Department:

- Applicant may need to seek alternate route if Third Ave and Fourth Ave are under construction at time of event.

Building & Neighborhood Services Department:



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- Electrical permit will be required.

Streets Department:

- Applicant will be responsible for ensuring pet owners clean up after their pets.

Solid Waste Department:

- Department will provide fifteen 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.

Fire Department:

- Permit required for tent at Courthouse.
- Applicant states that Williamson Medical Center will be onsite providing medical assistance if needed.

Revenue Management:

- Applicant will provide list of vendors to City.

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	Other: <u>X See Map</u>
_____ Fieldstone Farms	_____ Pinkerton Park	<u>Enclosed</u>
_____ Jim Warren Park	_____ Winstead Hill Park	<u>SAME AS Franklin</u>
 - 2) Name/purpose of event: 2011 Williamson Classic 5k
 - 3) Date or dates of event: 12-3-2011
 - 4) Time of Event: 8-11 AM
 - 5) Time of Street Closure (if applicable): 7:00-10:00
Set-Up Date/Time: 6:00 AM 12-3-2011 Tear-down Date/Time: 12-3-2011 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:
Dorothy Scobey The Arthritis Foundation,
Southeast Region
 - a) Address: 421 Great Circle Rd. #104 Nashville, TN
 - b) Phone: 254-6795 ext 110 c) Cell: 972-6870 d) Fax: 254-8316 37228
 - e) E-mail address: dscobey@arthritis.org
 - 7) Person in charge on day of event: Dorothy Scobey
Cell: 972-6870 E-mail address: dscobey@arthritis.org



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

Name: Kim Branch Cell: 301-741-3568 E-mail address: kbranch@arthritis.org
Name: Marian Eidson Cell: 305-3633 E-mail address: meidson@arthritis.org

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

Event will take place on the square in Franklin. Registration will start at 7:45 and the streets will close at 7:00.
Continued on additional page

- 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:

1300 Participants, 2600 Attendees

- 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: _____) Nashville, TN. We serve 33 counties in Tennessee.

- 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. Booth vendors pay \$250. Participants pay \$25.00 to register in advance and \$30.00 day of the event.

- 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? The Arthritis Foundation Southeast Region, Inc. 100%

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

Description of event continued

This will be our 3rd annual Williamson County Jingle Bell Run 5K and 1 Mile Family Fun Run with a Santa Chase for the toddlers. The route for the 5K is the same as the Franklin Classic 5K. Estimated attendance is 2600. Dogs are also welcome on leashes, with pet owners being responsible to clean up any pet droppings.

Closures along the route will be coordinated by the Police department to allow traffic to pass as soon as runners/walkers have safely passed through the area.

The Arthritis Foundation will hire the recommended number of officers.

The Arthritis Foundation will be responsible to hire volunteers to provide trash/garbage pick up.

The Arthritis Foundation will work with the City Codes Department to determine electrical permit needs for this event

The Arthritis will provide a certificate of insurance naming the City of Franklin as additional insured. .



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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 and entertainment
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
PA system for announcements and Children's choir
- 23) During what time period is sound amplification requested? 8:00 AM to 11:00 AM
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). _____
- 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.
Claire Carrico 438-4066
- 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.



- 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:

City Hall Exterior

- 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.* ^{where?}

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

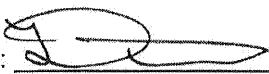
The City of Franklin is committed to providing reasonable access and accommodations upon request for people with disabilities. Please call the Risk Management Department at (615)791-3277 for specific requests.



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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:  Event Coordinator Date: 12.27.10
 (Signature and title – must be officer of organization)

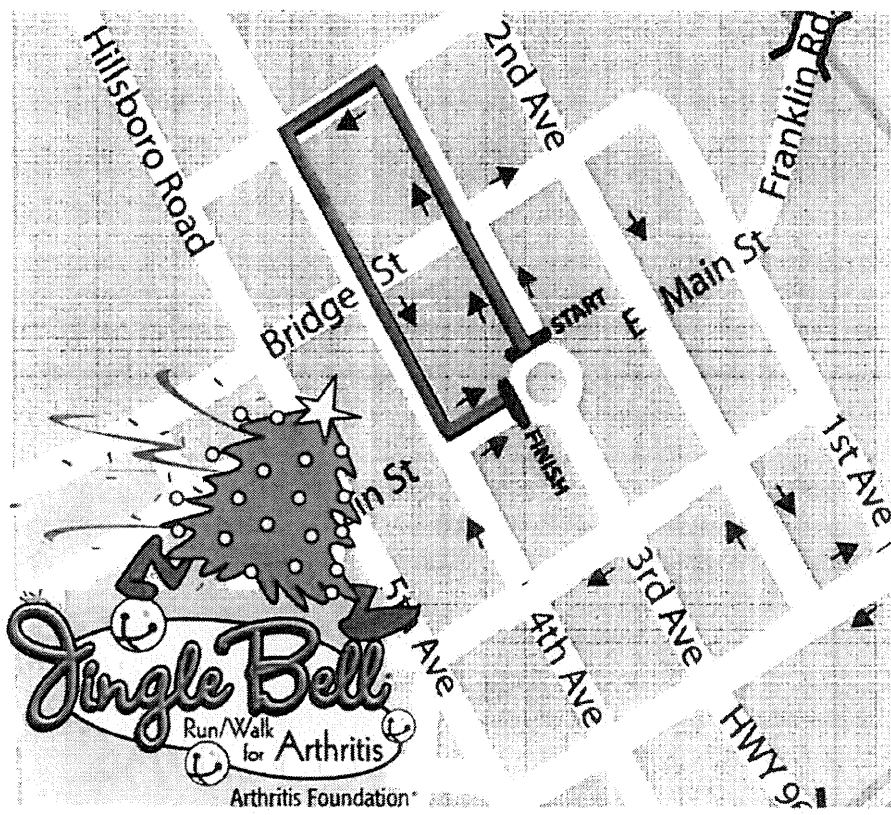
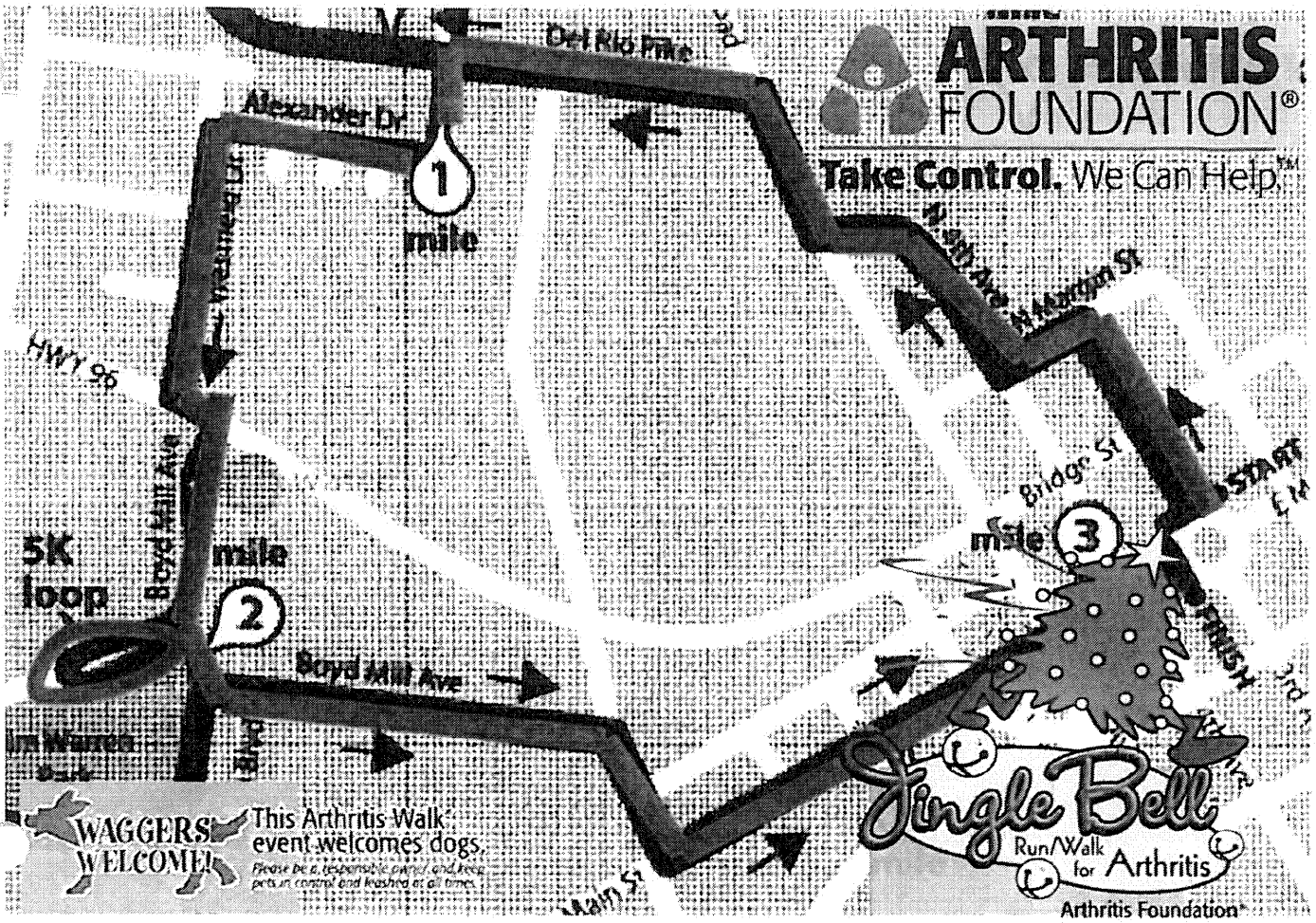
Approved by the Board of Mayor and Aldermen on _____, 20____.

 John C. Schroer, 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) *
 *
 *



JBR Committee 2011

Name	Occupation	Address	Email	Phone	Committee Position
Holly Baumgartner			holly2042@hotmail.com	615-429-9779	Committee Chair
Claire Carrico			clairbmoore@hotmail.com	615-438-4066	Logistics Chair
Greg Eubanks	Sales- Econich and Payscape	105 Saddlebridge Lane Franklin, TN 37069	greg@gregsubanks.com	615-586-4466	Logistics/PR Marketing
Lynnette Fitts	Sales- Solo Cup		lynnfessels@aol.com	615-2182527	Team Recruitment Co-Chair
Debbie Poteel	Mother of 3 (Morgan has JRA)	809 Blackberry Hill Nashville, TN 37221	Dmpoteet@bellsouth.net	615-370-1143	Schools & Packet pickup
Brian Lockhart	Medicare Community Advocate	116 Crooked Creek Lane Herd, TN 37075	brian_lockhart@bcbsst.com	615-497-2227	Interested in PR
Stephanie Gambill			sqambilldesign@gmail.com	631-7225	Activities
Kelly Rach	ePublicist/Label Coordinator	703 Derby Trace	kellymrach@gmail.com	846-346-3330	PR/Marketing
Jennifer Smith	speech pathologist		ihunterum@yahoo.com	615-473-6865	Kids Area
Chris Carrico			ccarricod@yahoo.com		
Rachel Boison	Assistant Director of Chapter Services	5390 Virginia Way Brentwood, TN 37027	rboison@alphamicrompi.org	370-0920	Vice Chair
Liz Dysert	President 5 Star Compliance		ldysert@5star.us.com	720-6777	



TENNESSEE CHAPTER
MIDDLE TENNESSEE AREA
421 Great Circle Road Suite 104
Nashville, Tennessee 37228
Tel (615) 254-6795
Fax (615) 254-8316
Info.tn@arthritis.org www.arthritis.org

December 29, 2010

Dear Neighbor,

I am writing to let you know of an event coming to your neighborhood this winter. We are holding the 3rd Annual Williamson County Jingle Bell Run on Saturday, December 3rd, 2011 in the Downtown Franklin Area. The Jingle Bell Run is a 5K race/walk that includes a 1mile fun run. The 5k race will begin at 9am, the 1 mile Family Fun Run Walk will begin at 8:30 and registration will start at 7:45am. The race route will include the following streets to be closed: The map route is attached to this letter. We are looking forward to having this event in your neighborhood and hope that you all will join our excitement by getting involved.

The Jingle Bell Run/Walk is the Arthritis Foundation's nationwide run/walk holiday event that raises funds to fight arthritis. Funds raised provide vital funding for research, programs and services to prevent, control and cure arthritis and related diseases in the local area. In 2011, the event will take place in about 125 markets from coast to coast, with almost 100,000 participants raising over \$3 million dollars to fund arthritis research as well as public health and public policy efforts to improve the lives of people with arthritis, and we are excited that the 3rd Annual Jingle Bell Run in the Middle Tennessee area is going to be held in your neighborhood!

If you would like to get involved or need to contact the event organizer, you may contact Dorothy Scobey by phone at (615) 254-6795 ext. 110 or by mail at 421 Great Circle Rd., Ste 104, Nashville, TN 37228. If you would like to contact someone in the City Administrator's office, you may reach them by phone at (615) 791-3217 or by mail at City Hall, 109 Third Ave South, Franklin, TN 37065.

I would personally like to thank you in advance for any support that you can provide for the 2010 Williamson County Jingle Bell Run and hope you will help raise the excitement level about this event in your neighborhood!

Sincerely,

Dorothy Scobey
Middle Tennessee Branch
Development And Services Coordinator
Arthritis Foundation

KNOXVILLE • MEMPHIS • NASHVILLE
865/470-7909 901/685-9060 615/254-6795



TENNESSEE DEPARTMENT OF REVENUE

Certificate of Exemption

ARTHRITIS FOUNDATION, SOUTHEAST
 421 GREAT CIRCLE RD STE 104
 NASHVILLE TN 37228-1406
 .

March 31, 2010

Account Type: S&U EXEMPT

Account No.: 780287889

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.

Reagan Farr
 COMMISSIONER OF REVENUE

EFFECTIVE DATE March 15, 2010

TO BE COMPLETED BY THE ORGANIZATION (please print)

TO: SUPPLIER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I Teresa Buck 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: Arthritis Foundation, Southeast Region, Inc.

PRINT NAME OF PURCHASER: Teresa Buck

SIGNATURE OF PURCHASER: Teresa Buck