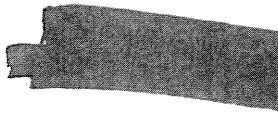


OFFICE USE ONLY:

Permit No:

received
4/6/2011



ITEM #29
BOMA
06/28/2011

HISTORIC
FRANKLIN
TENNESSEE

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: see attached for map

2) Name/purpose of event: 33rd Annual Franklin Classic

3) Date or dates of event: September 5, 2011 (Labor Day)

4) Time of Event: 4:30 am - NOON

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

Set-Up Date/Time: 4:30 am Tear-down Date/Time: NOON

*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:

Jessica Perry / Mercy Children's Clinic

a) Address: 1113 Murfreesboro Road, Suite 319 Franklin, TN 37064

b) Phone: _____ c) Cell: 615-804-6397 d) Fax: _____

e) E-mail address: jessica@winsteadperry.com

7) Person in charge on day of event: Jessica Perry

Cell: 615-804-6397 E-mail address: Jessica@winsteadperry.com



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TENNESSEE

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

Name: Mark Freeman Cell: 615-423-8298 E-mail address: mfreeman@provisionsgroup.com

Name: Tracie Dylus Cell: 615-417-035 E-mail address: traced@mercytn.org

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

5K Run/Walk, 10K run, Kid's Kilometer, all
with start and finish on the square, kid zone

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:

3,000 participants ; 6-8,000 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: _____)

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. yes; \$10-35 per person

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 Children's Clinic;

all proceeds

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.
DJ, starting race, concert, band
- 23) During what time period is sound amplification requested? 6-11 am
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). Scat Springs, 5 person band
- 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.
multiple volunteers, city of Franklin waste disposal (garbage & recycling)
- 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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TENNESSEE

- 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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FRANKLIN
TENNESSEE

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: Jessica Perry, Community Relations Date: 3/10/11
 (Signature and title – must be officer of organization)

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

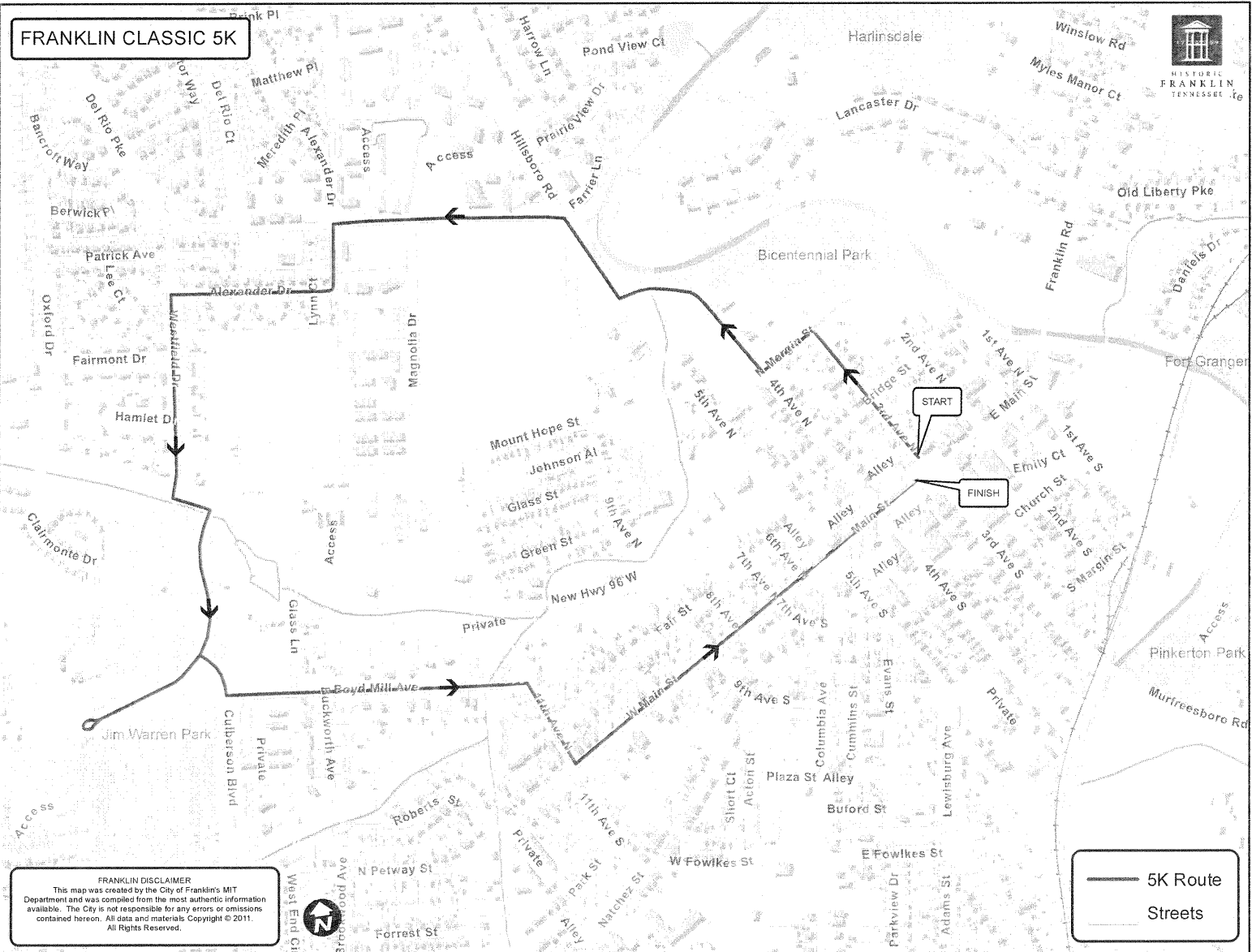
 Dr. Ken Moore, Mayor

 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 5K



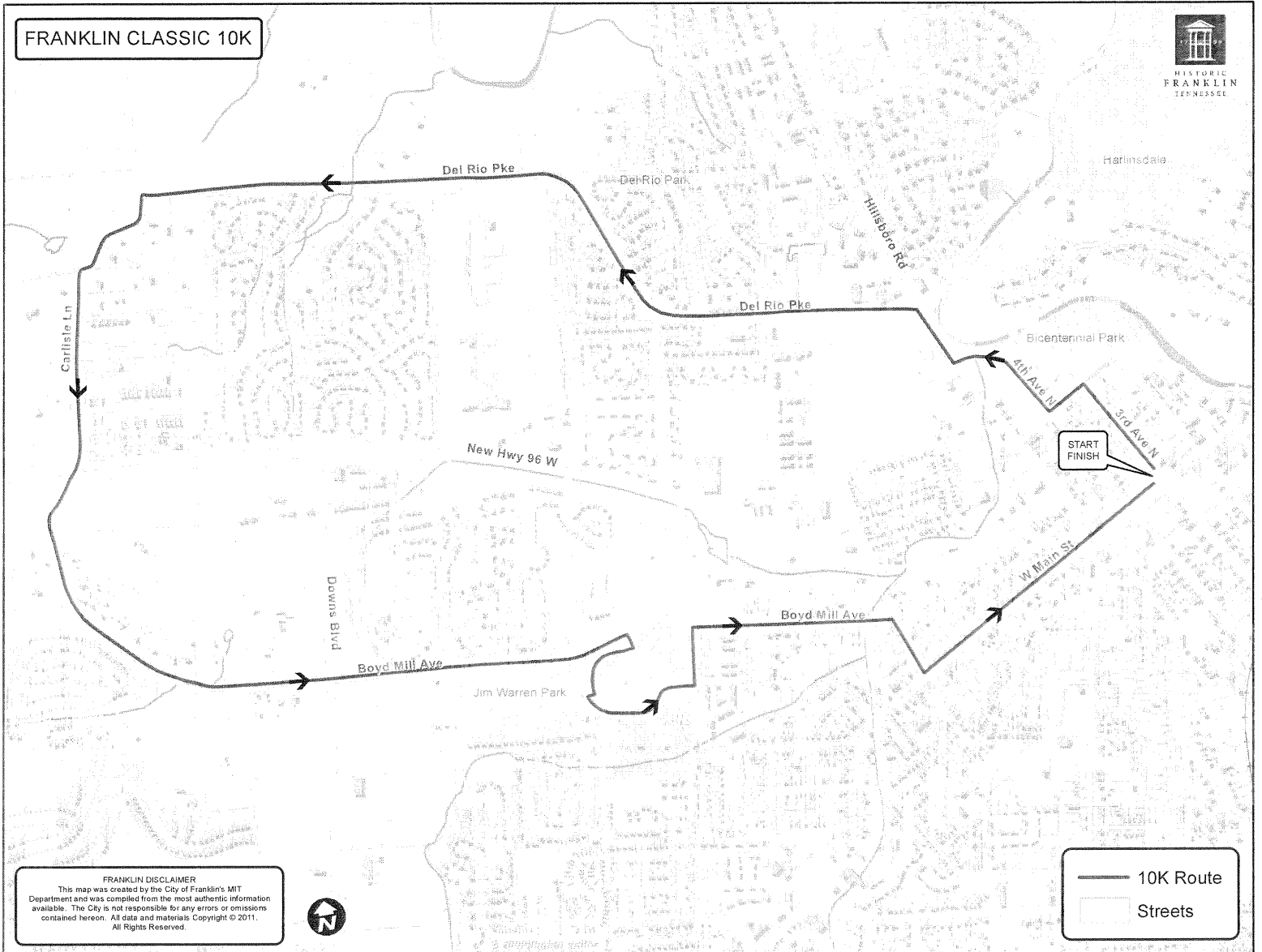
START

FINISH

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 © 2011. All Rights Reserved.

5K Route
Streets

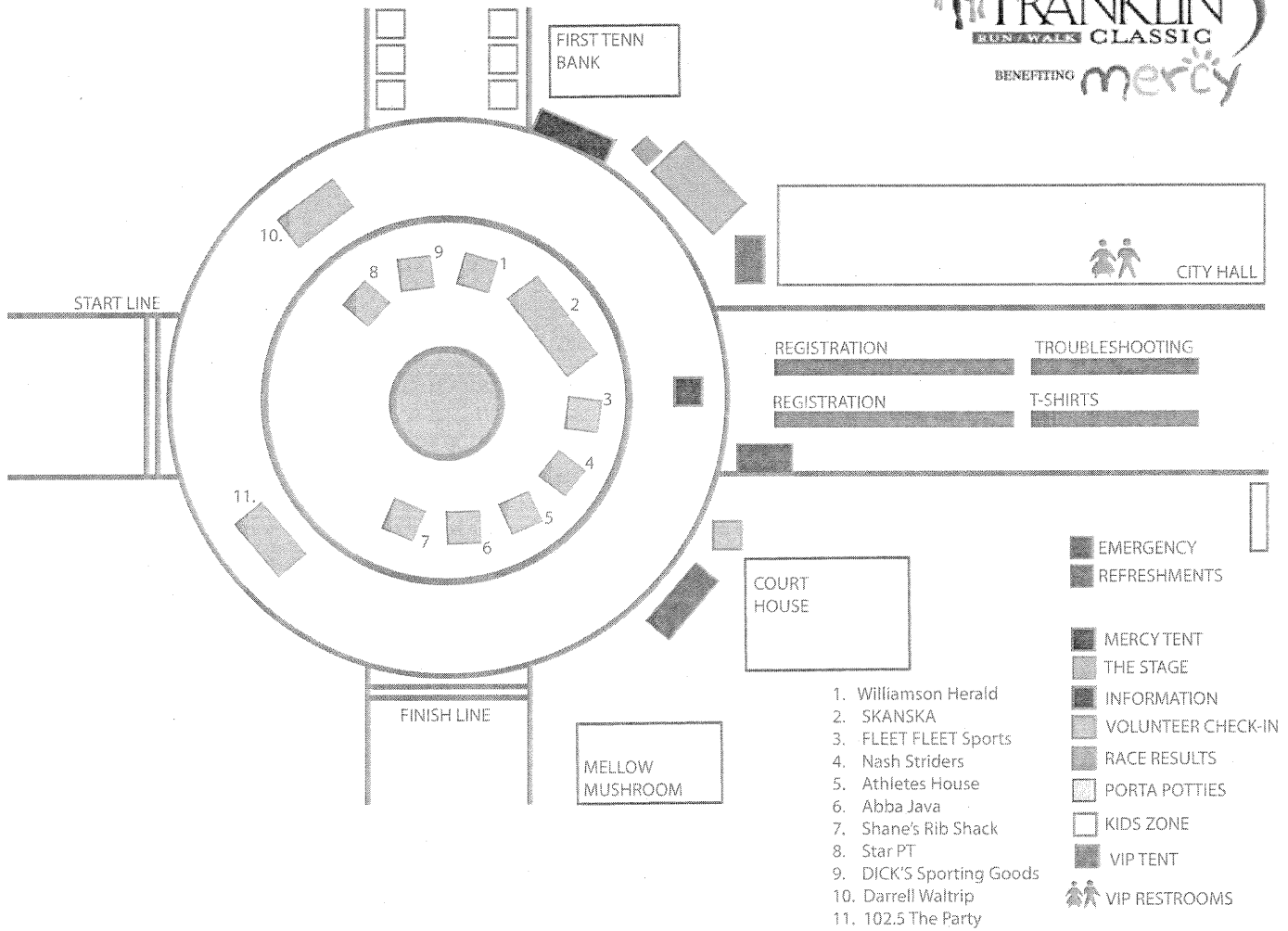
FRANKLIN CLASSIC 10K



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 hereon. All data and materials Copyright © 2011. All Rights Reserved.



— 10K Route
□ Streets



Franklin Classic Committee 2011

EVENT DIRECTOR - Jessica Perry

Jessica@winsteadperry.com

615-804-6397

EVENT ASSISTANCE - Lauren Wilcox

Lauren@winsteadperry.com

615-947-7799

MENTOR - Larry Holmes

larryholmes@comcast.net

615-202-4953

RACE COMMITTEE

RACE MANAGEMENT - Mark Freeman

mfreeman@provisionsgroup.com

615-423-8298

EVENT LOGISTICS - Charley Redmond

charley@thecrgroupinc.com

615-614-0822

REGISTRATION - Lisa Weber

lcweber@bellsouth.net

615-496-9039

NASHVILLE STRIDERS - Peter Pressman

pasta4run@aol.com

615-293-8862

RACE DAY CEREMONIES - Tony VanBelkom

tvanbelkom@bellsouth.net

615-478-1876

MARKETING COMMITTEE

MARKETING CHAIR - Tracie Dycus

tracied@mercytn.org

615- 417-0315

Andrea Arnold

aarnold@historicfranklin.com

Mark Welsh

mwelsh@alphagraphics.com

615-400-2482

Jeff Wilson

mrwilson1911@ygmail.com

FINISH FESTIVAL COMMITTEE

FINISH FESTIVAL CHAIR - Emily Tant

emilytant@comcast.net

615-400-0196

PRIZES & AWARDS - Ali Gordon

alexandriagordon@gmail.com

615-429-0519

MILES FOR MERCY COMMITTEE

MFM CHAIR - Johnathan Brandon

Johnathan.Brandon@willis.com

615-496-9647

CORPORATE OUTREACH - David

Winningham

davidw@mercytn.org

615-430-4122

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

DEPARTMENT OF THE TREASURY

Date: SEP 22 1987

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

ID# 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.

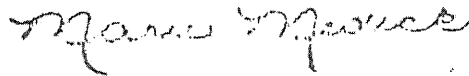
You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal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



August 29, 2011

Dear Resident:

The 33rd Annual Franklin Classic will take place on Labor Day, Monday, September 5, 2011, from 7 a.m. until approximately 9:30 a.m. The 5K and 10K runs, 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 33 years of the Franklin Classic and support the Mercy Children's Clinic. Runners, walkers and spectators are all welcome and encouraged! There are tons 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

City of Franklin Administrator's Office
City Hall
109 Third Avenue South
Franklin, TN 37065
615-791-0469



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/23/2011

PRODUCER Insurance Brokerage Service P.O. Box 40905 Nashville, TN 37204-0905	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Mercy Health Services 112 9th Avenue South Franklin, TN 37064	INSURER A: United States Liability Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	CL1180255	09/04/2011	09/05/2011	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 1,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ Included
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER _____					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Annual Labor Day walk/run fundraiser for non-profit organization

Certificate Holder is also an Additional Insured under this policy

CERTIFICATE HOLDER
 City of Franklin, TN
 109 3rd Avenue South
 Franklin, TN 37064
CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

J.M. (Mike) Craton




HISTORIC
FRANKLIN
TENNESSEE

ITEM #5
WRKS 06/14/2011

MEMORANDUM

June 6, 2011

TO: Board of Mayor & 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 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. The 4K walk has been eliminated for this year's event. 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 \$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 eighteen (18) extra-duty Franklin Police Officers to provide street closures and traffic control during the 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.