



HISTORIC
FRANKLIN
TENNESSEE

ITEM #3
WRKS 08/23/2011

MEMORANDUM

August 15, 2010

TO: Board of Mayor and Aldermen

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

SUBJECT: Hope on Wheels Event Application

Purpose

The purpose of this memo is to outline recommendations for approval of the Hope on Wheels Event application.

Background

Hope on Wheels is an annual event organized by the Minnie Pearl Cancer Foundation. The event is hosted by Healthways and will begin and end at their corporate headquarters on September 10th. Event time is 6:30 a.m. – 3:30 p.m.; estimated attendance is 400.

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 six (6) extra-duty Franklin Police officers to secure the race course and to provide traffic control. It will be the responsibility of the organizers, utilizing the extra-duty officers, to close and open the streets.
 - Applicant will work with Williamson County Sheriff's Office for traffic control in areas outside of the City limits of Franklin.

OFFICE USE ONLY:

Permit No:

received
6-20-2011



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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 *Bike Ride

2) Name/purpose of event: Hope on Wheels (bike ride)

3) Date or dates of event: Saturday, September 10, 2011

4) Time of Event: 6:30 am - 3:00 pm

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

Set-Up Date/Time: _____

Tear-down Date/Time: _____

*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:

The Minnie Pearl Cancer Foundation, Laurel Davis (Event Coordinator)

a) Address: 310 25th Avenue North, Suite 103, Nashville, TN

b) Phone: 615-467-1940x110 ^{→ preferred} c) Cell: 615-557-3195 d) Fax: 615-467-1940

e) E-mail address: ldavis@minniepearl.org

7) Person in charge on day of event: Laurel Davis (Event Coordinator)

Cell: 615-557-3195 E-mail address: ldavis@minniepearl.org



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

Name: Faith Holley Cell: 214-883-8435 E-mail address: fholley@minniepearl.org

Name: Susan Horbach Cell: 615-906-2186 E-mail address: shosbach@minniepearl.org

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

ATTACHED!

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.* ATTACHED!

11) An estimated number of participants and an estimated number of attendees expected to attend during the course of the event:

400 attendees/participants

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. ATTACHED!

13) Is your organization based in Williamson County? Circle Yes or No
(if no, please state where: Nashville)

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. \$45 per participant

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 Minnie Pearl Cancer Foundation

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



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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 music (DJ) for entertainment
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
DJ
- 23) During what time period is sound amplification requested? 7:00am - 3:00pm
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). DJ for announcements, music with very basic PA system.
- 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. NO
- 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. Healthways Facilities Coordinator
Ashley King, 615-614-4856
- 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.*

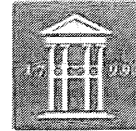
TITLE VI OF THE 1964 CIVIL RIGHTS ACT

"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: Aurora East Hozbach Exec Director Date: June 20, 2011
 (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) *
 * *
 * *



Event Detail

Page 2, #9

- Hope on Wheels is a bike ride organized by and benefitting The Minnie Pearl Cancer Foundation.
 - The Minnie Pearl Cancer Foundation is a nonprofit public charity that offers hope through support, education and advancing treatment in the community. Hope on Wheels will take place Saturday, September 10, 2011 and is not a race, it is a fun ride.
- 7th Annual Hope on Wheels will start and Finish at Healthways World Headquarters
 - located at 701 Cool Springs Boulevard, Franklin, TN.
- The ride consists of five route options
 - routes of 5, 22, 54 and 100 miles.
 - routes (attached) cover portions of Williamson and Rutherford Counties.
- Set-up will begin on Friday September 9th at Healthways Headquarters
- Event execution and registration will begin at approximately 6:00 am and end at approximately 4:00 pm Saturday, September 10th.
- Based on past years attendance, we anticipate between 400 and 600 participants ages 12 and up.
- Five (5) rest stops will be set up along the route and managed, staffed and cleaned up by representatives of Hope on Wheels.
- Participants are expected to follow all traffic laws. Average speed of riders will vary from 8 to 20 mph. Helmets required.
- Williamson Medical Center who will be providing a command center and EMS support on-site and along the routes. Rutherford County EMS will also be monitoring the routes that run through Rutherford County.
- The Williamson County HAM Radio Organization will be supporting, tracking and monitoring riders at all times during the ride via bicycle, motorcycle, car and remote satellite.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: CI

DATE (MM/DD/YYYY)

06/20/11

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 The Crichton Group 2000 Polaris Parkway P O Box 728 Columbus, OH 43216-0728 Crichton Brandon Agency		888-325-2175 614-796-7732	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: MINNI-1	FAX (A/C, No):
INSURED Minnie Pearl Cancer Foundation 310 25th Ave N #103 Nashville, TN 37203		INSURER(S) AFFORDING COVERAGE INSURER A: Westfield Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 24112

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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CWP5582541	02/28/11	02/28/12	EACH OCCURRENCE	\$ 2,000,000
	DAMAGES TO RENTED PREMISES (Ea occurrence)						\$ 300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANI AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CWP5582541	02/28/11	02/28/12	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	BODILY INJURY (Per person)						\$	
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER INCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCP5582550	02/28/11	02/28/12	WC STATUTORY LIMITS	OTHER
	E.L. EACH ACCIDENT						\$ 100,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

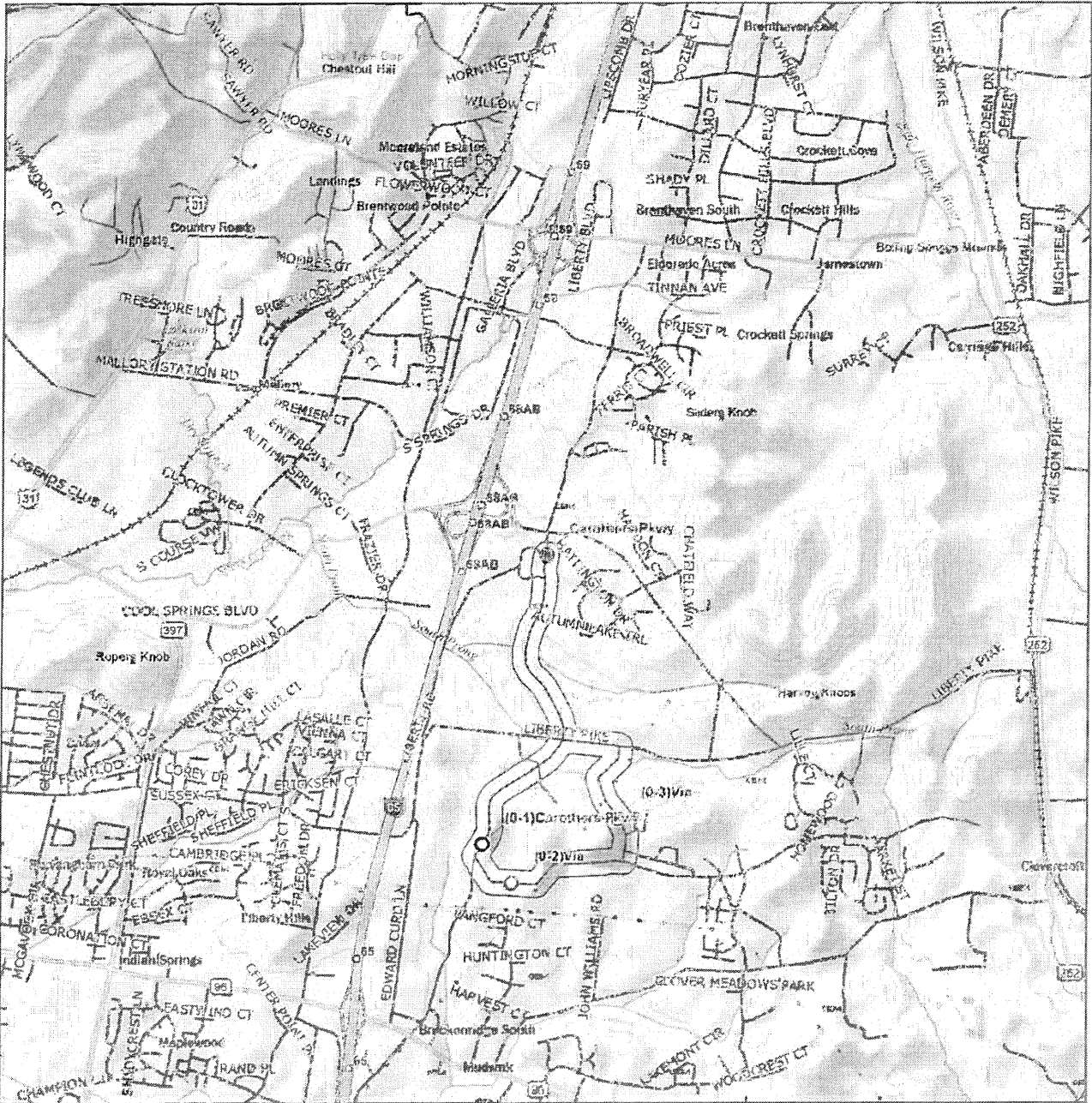
Certificate holder is named as additional insured as respects General Liability. Event Description: HOW-100 Bike ride on September 10, 2011

CERTIFICATE HOLDER

CANCELLATION

Williamson County Board of Education 1811 Townsend Blvd. Franklin, TN 37064	WILFR10	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

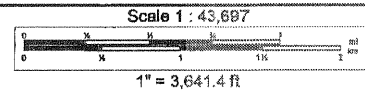
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	Dist	Turn	Road	Exit	Total Time	Total Dist
●		Start	at Carothers Pkwy		00:00:00	0.00 mi
		Go straight (SSW)	on Carothers Pkwy		00:00:00	0.00 mi
in	1.63 mi	Turn right (E)	on to <unnamed>		00:09:37	1.63 mi
in	0.47 mi	Go straight (E)	on to Reunion Ln		00:12:25	2.10 mi
in	0.32 mi	Turn left (N)	on to <unnamed>		00:14:21	2.42 mi
in	0.81 mi	Turn left (W)	on to Liberty Pike		00:17:59	3.03 mi
in	0.27 mi	Turn right (N)	on to Carothers Pkwy		00:19:07	3.30 mi
●	in 0.92 mi	Finish	at Carothers Pkwy		00:24:38	4.22 mi

Total Time: 00:24:38 Total Distance: 4.22 mi

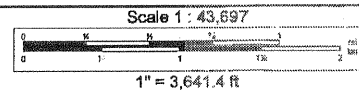
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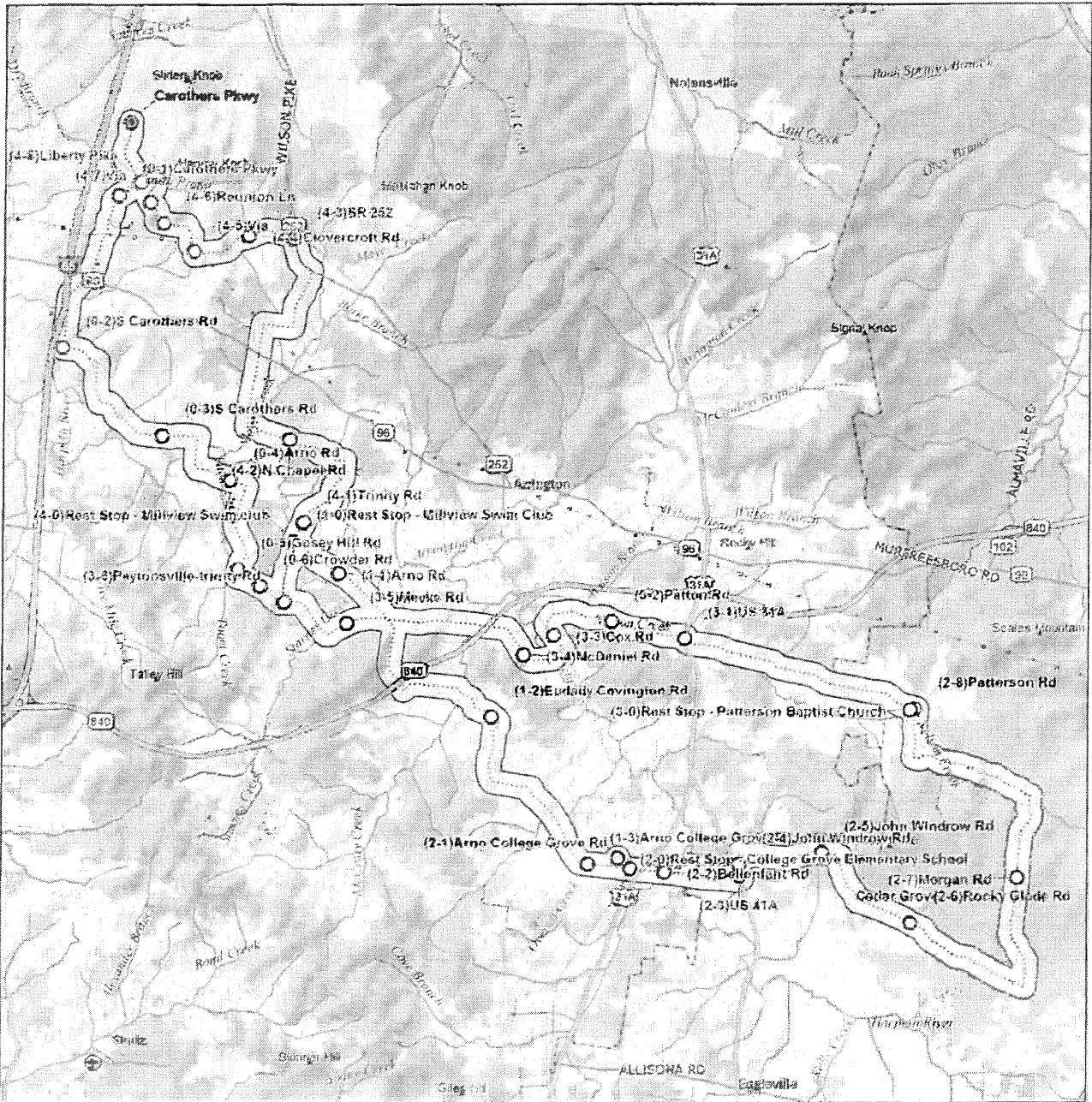




	Dist	Turn	Road	Exit	Total Time	Total Dist
	in 1.51 mi	Turn right (NNW)	on to <unnamed>		01:29:20	18.88 mi
	in 0.49 mi	Turn left (W)	on to Reunion Ln		01:32:15	19.37 mi
	in 0.46 mi	Turn right (NNW)	on to <unnamed>		01:34:58	19.83 mi

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Trip Distance: 54.54 mi

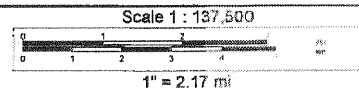
Trip Time: 04:05:07

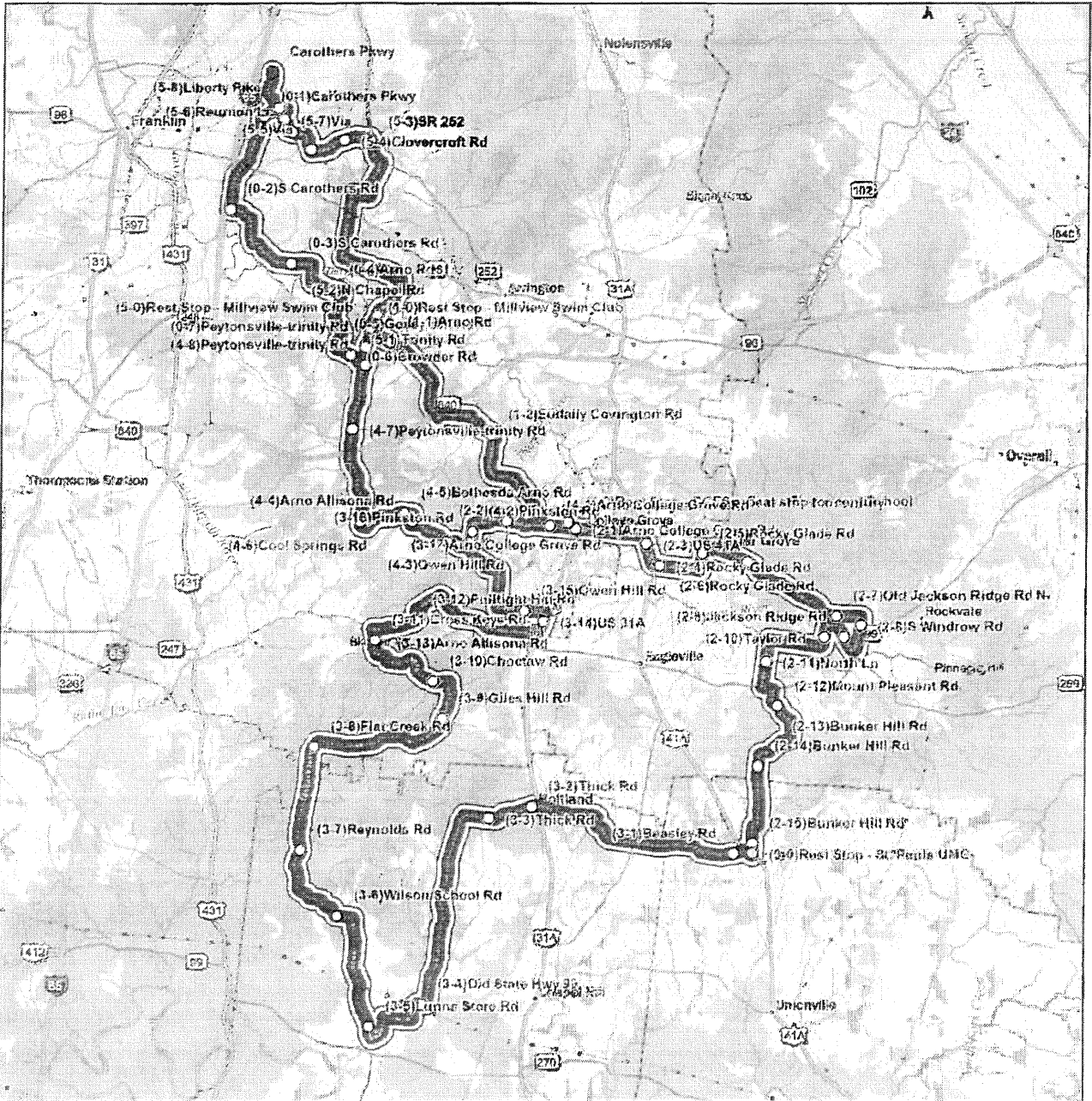
Start: Carothers Pkwy

Total Stops: 4

Finish: Carothers Pkwy

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Trip Distance: 100.64 mi

Trip Time: 07:20:51

Start: Carothers Pkwy

Total Stops: 5

Finish: Carothers Pkwy

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