



HISTORIC
FRANKLIN
TENNESSEE

ITEM #32
BOMA
11/08/2011

MEMORANDUM

November 2, 2011

TO: Board of Mayor and Aldermen

FROM: Eric Stuckey, City Administrator
Special Events Advisory Team

SUBJECT: Turkey Trot Event Application

Purpose

The purpose of this memorandum is to outline recommendations for the Turkey Trot 5K sponsored by Graceworks Ministries.

Background

Graceworks Ministries has submitted an application for their annual Turkey Trot 5K on November 24th (Thanksgiving Day). This event was previously sponsored by Habitat for Humanity. Estimated attendance is 1000 participants and 2000 spectators. Street closure is from 6 a.m. until 10 a.m.

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 has already provided a certificate of insurance naming the City as additional insured.
- ***Police Department:***
 - Applicant will hire nine (9) extra-duty Franklin Police Officers to provide security and traffic control.
- ***Solid Waste Department:***
 - Department will provide blue bags and recycling frames to be used for recyclables. Applicant will leave bags in pre-determined spot for Department to pick up on Monday morning.
 - Applicant will provide volunteers to clean up during and after event.

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 | _____ Eastern Flank BattleField Park |
| _____ Fieldstone Farms | _____ Pinkerton Park | |
| _____ Jim Warren Park | _____ Harlinsdale Farm | Other: <u>COOL SPRINGS MALL</u> |

2) Name/purpose of event: TURKEY TROOP 5K RUN/WALK BENEFITTING GRACEWORKS

3) Date or dates of event: NOVEMBER 24, 2011

4) Time of Event: 6-10 AM

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

Set-Up Date/Time: NOV. 24 - 6:00 AM Tear-down Date/Time: NOV. 24 BY 10 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:

GRACEWORKS MINISTRIES, INC.

a) Address: 104 SOUTHEAST PIKWAY FRANKLIN, TN 37064

b) Phone: 615-794-0055 c) Cell: _____ d) Fax: 615-794-2174

e) E-mail address: kortland.fugua@bellsouth.net

7) Person in charge on day of event: KORTLAND FUGUA

Cell: 615-425-6312 E-mail address: kortland.fugua@bellsouth.net



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

Name: KRISTI SYLVESTER Cell: 473-9859 E-mail address: ksylvester@graceworksministries.net

Name: TINA EDWARDS Cell: 838-9332 E-mail address: tedwards@graceworksministries.net

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

5K RUN/WALK w/ 1K KIDS RUN

✓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:

1000 PARTICIPANTS - 2000 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: YES)

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. \$25-30 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? GRACEWORKS MINISTRIES, INC. -
100% OF PROCEEDS

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 + NATIONAL ANTHEM
- 22) What type of sound amplification will be provided (DJ, Band, etc.)? Please list all that apply.
SMALL AUDIO SYSTEM W/ IN DL SPORTS TRAINING FACILITY
- 23) During what time period is sound amplification requested? 7-9:30 AM
- 24) If for entertainment, give details of entertainment being provided (i.e. number of musicians, type of music, amp wattage, etc.). SOLOIST
- 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. DL SPORTS TRAINING FACILITY
- 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.

REQUEST FOR SUSPENSION OF SECURITY DEPOSIT Revised January 2011
FOR NON-PROFIT



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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:
no
- 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: Kristi Sylvast, Development Director Date: 9/1/11
 (Signature and title – must be officer of organization)

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

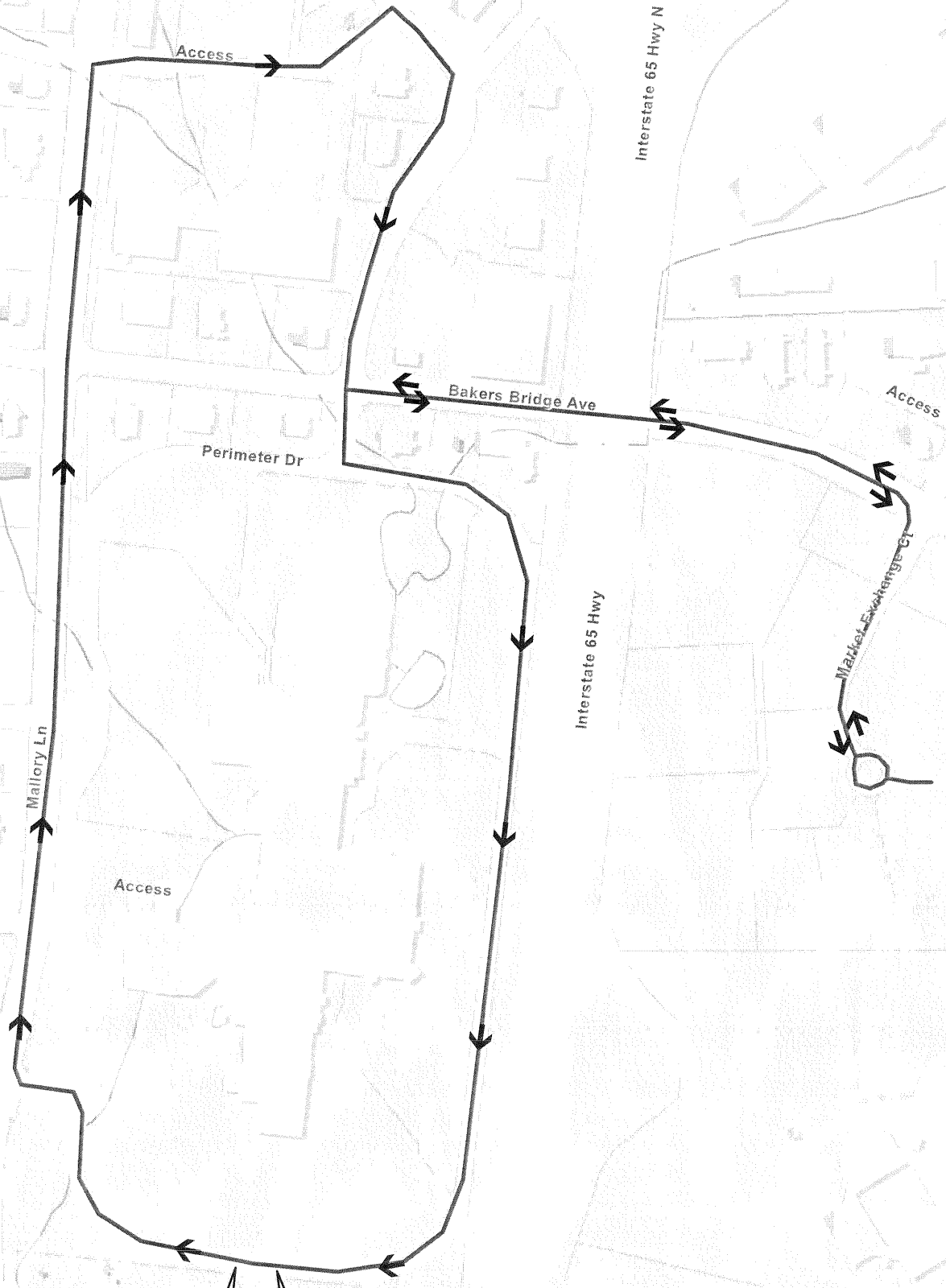
 Dr. Ken Moore, Mayor

 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) *
 *
 *
 *

TURKEY TROT 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

Interstate 65 Hwy

Meridia

BOARD MEMBER BIOGRAPHICAL INFORMATION

(Please indicate principal officers with *)

1	Name: Nancy Baughman* Employer: Fourth Ave Church of Christ	Street: 1069 Misty Morn Circle Email: nancy.baughman@fourthavechurch.org	City: Spring Hill Telephone: 615-604-1524	Zip: 37174 Yrs. on Board: 4
2	Name: James Warren Employer: Ellsworth Systems	Street: 103 Trace End Drive Email: james@ellsworthsystems.com	City: Franklin Telephone: 615-479-1118	Zip: 37069 Yrs. on Board: 4
3	Name: Donna Choate Employer: Retired Designer	Street: 4678 Harpeth Peytonsville Rd Email: kdchoate@yahoo.com	City: Thompsons Station Telephone: 615-591-3660	Zip: 37179 Yrs. on Board: 1
4	Name: Mark Cawley Employer: Self	Street: 1067 Misty Morn Circle Email: markcawley@me.com	City: Spring Hill Telephone: 615-673-6760	Zip: 37174 Yrs. on Board: 1
5	Name: Edwin Trowbridge Employer: Retired	Street: 421 Logan's Circle Email: gobama@comcast.net	City: Franklin Telephone: 615-585-1758	Zip: 37067 Yrs. on Board: 4
6	Name: Tim Costello* Employer: Costello Construction	Street: 1694 Old Hillsboro Road Email: jtcksc@yahoo.com	City: Franklin Telephone: 615-456-5349	Zip: 37069 Yrs. on Board: 1
7	Name: Susan Ellis* Employer:	Street: 1335 Holly Hill Drive Email: sellis6068@gmail.com	City: Franklin Telephone: 615-483-9959	Zip: 37064 Yrs. on Board: 2
8	Name: Chuck Bistline Employer: Retired from Hardee's	Street: 3056 Americus Drive Email: crb149@tollgatevillage.net	City: Thompsons Station Telephone: 615-636-3221	Zip: 37174 Yrs. on Board: 1
9	Name: Tom Hailey* Employer: Retired from Nissan	Street: 1550 Lost Hollow Drive Email: tom.halley@hotmail.com	City: Brentwood Telephone: 615-223-3506	Zip: 37027 Yrs. on Board: 1
10	Name: Art Herron Employer: Retired from Lifeway	Street: 228 Lighthouse Terrace Email: aherron64@bellsouth.net	City: Franklin Telephone: 4034655	Zip: 37064 Yrs. on Board: 1
12	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
12	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
13	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
14	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:
15	Name: Employer:	Street: Email:	City: Telephone:	Zip: Yrs. on Board:



TENNESSEE DEPARTMENT OF REVENUE

Certificate of Exemption

GRACEWORKS MINISTRIES, INC.
ATTN: CHERYL KING
104 SE PARKWAY
FRANKLIN TN 37065

July 16, 2007

Account Type: S&U EXEMPT

Account No.: 780225043



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 July 1, 2007

TO BE COMPLETED BY THE ORGANIZATION (please print)

TO: SUPPLIER'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

I Christi Ensich 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: Graceworks Ministries, Inc.

PRINT NAME OF PURCHASER: Christi Ensich

SIGNATURE OF PURCHASER: Christine K Ensich