



SANTA ROSA COUNTY BOARD OF COMMISSIONERS

Administrative Offices | 6495 Caroline Street, Suite M | Milton, Florida 32570-4592

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To: Board of County Commissioners

From: Tony Gomillion

Date: August 31, 2016

Subject: Pregnancy Resource Center of Milton- Walk for Life

DISCUSSION

Discussion of the Pregnancy Resource Center of Milton's request to utilize North Spencerfield and the sidewalks around Spencerfield for Walk for Life. The event is scheduled for November 5th from 8:30am to 12pm.

ACTION NEEDED

Board approval is needed to allow:

1. The utilization of County right-of-way for the walking event. (Ordinance No. 2016-18 Section 19.5-3)

Note: Per our Risk Management division, insurance is not necessary for right-of-way utilization.



Commissioner Approval Event Application

SabrinaW@santarosa.fl.gov

Please use this application if your request involves any of the following activities: Commercial activity, alcohol consumption or sale on county property, reservation of park open space or parking lot, use of county roads, or any request to vary county policies.



EVENT INFORMATION (PLEASE CHECK ALL THAT APPLY)

- CONCERT
- PARK FESTIVAL
- SALE/MARKET
- RUN/WALK
- FUNDRAISER
- PARADE/PROCESSION
- SPORTS EVENT
- FISHING EVENT
- PRIVATE EVENT
- PUBLIC EVENT
- OTHER _____

Event Name: Walk for Life

Event Location: Pace Community Church / Spencerfield Walking Sidewalks

Date(s) of the event: Sat, Nov 5 Start time: 8:30 End time: 12:00

Applicant allowed 1 hour prior to start time for set-up and 1 hour after end time for breakdown.

Estimated Attendance: 150-200/per day

Brief description of event:
This is a fund-raiser for the Pregnancy Resource Center of Milton. Walkers will raise money to walk around all or part of Spencerfield.

APPLICANT & EVENT ORGANIZER INFORMATION

Name of Organization: Pregnancy Resource Center of Milton

Address: 5736 Stewart St. City: Milton State: FL Zip: 32570

Phone: 850-983-2730 Email: walkforlife@prcofmilton.org

Point of Contact: Latima Lessard - cell (850) 549-5671

Event Questions

Below are questions about the event. Please answer all questions and attach additional documents, if necessary, to the application.

Does your event require the use of:

- County park pavilion or community center? If yes, a Park Facility Rental Application must be attached.
- County auditorium? If yes, an Auditorium Application must be attached.

- | | | |
|---|---|---|
| Will portable restroom facilities be available on site? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will there be amplified sound? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will food or non/alcoholic beverages be sold or given away? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will alcohol be sold or given away? If yes, attach liquor liability insurance. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will food be cooked at the event? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will an admission fee be charged? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will there be fireworks? If yes, a pyrotechnics plan must be attached. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will off-site lots be used for parking? If yes, a parking plan must be attached. | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO <i>N/A</i> |
| Will tents larger than 400 sq. ft. or multiple tents be erected? If yes, attach tent permit. | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will an EMT be on site? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will stages be erected? | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Will your event be using State Roads? If yes, state approval is required 60 days prior to your event. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Clean-up must be performed immediately following the event. Clean-up includes but is not limited to the removal of all garbage, signs, banners, tents, and traffic control devices (i.e. cones, barrels, signs, barricades, and changeable message signs) from the event area, public right-of-way, and/or county property.

Additional Required Documents

Below are documents that are required to be submitted with the application. Applications will be considered incomplete without these documents. For additional information about these documents please contact Sabrina White at 850-983-1943 or abrinaw@santarosa.fl.gov.

- Event Site Map or Race Route Map:** Event organizers must provide a **site map** with vendor locations, porta potties, run/walk route, etc.
- Insurance Certificate**
- Tent Permit**

County Approval Form

Event organizers must receive approval from applicable departments below. Read the field of expertise to determine which applies to the event. When emailing staff please copy Sabrina White at sabrinaw@santarosa.fl.gov.

<u>Department & Representative</u>	<u>Contact</u>	<u>Field of Expertise</u>	<u>Contact Method</u>	<u>Approval Received</u>
Sheriff's Office Sergeant Rich Aloy RAloy@SRSO.net Cell (850)-485-7084	5755 East Milton Rd Milton, FL 32583 Office 850-983-1225	Street closures; traffic & safety plans; parade routes; run/ walk/bicycle routes; security	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> NOT APPLICABLE	_____ / _____ Month Day
Emergency Management Tom Lloyd, Operations Chief TomL@santarosa.fl.gov Cell 850-698-7401	4499 Pine Forest Rd Milton, FL 32583 Office 850-983-4608	Fire lane; fire truck; outdoor cooking / grilling; flame activities; EMT requirements	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> NOT APPLICABLE	_____ / _____ Month Day
Risk Management Melissa Lloyd, Risk Manager melissal@santarosa.fl.gov	6495 Caroline Street, Suite I Milton, FL 32570 Office 850-983-1863	Insurance requirements	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> NOT APPLICABLE	_____ / _____ Month Day
Development Services Tambre Lee or Amber Aaron tambrel@santarosa.fl.gov ambera@santarosa.fl.gov	6051 Old Bagdad Hwy Milton, FL 32583 Office 850-981-7000	Permits for large tents, stages & platforms	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> NOT APPLICABLE	_____ / _____ Month Day
Parks Tammy Simmons tammys@santarosa.fl.gov	6075 Old Bagdad Hwy Milton, FL 32583 850-983-1858 Phone 850-623-1331 Fax	Pavilion rentals other than Navarre Beach	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> NOT APPLICABLE	_____ / _____ Month Day
Navarre Beach Roger Blaylock RogerB@santarosa.fl.gov , Terry Wallace TerryW@santarosa.fl.gov , and Sonja Lusk SonjaL@santarosa.fl.gov	1411 Utility Dr. Navarre, FL 32561 850-981-8888	Navarre Beach pavilion rentals	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> NOT APPLICABLE	_____ / _____ Month Day
Health Department Herman Davies, Environmental Supervisor II herman.davies@flhealth.gov	P.O. Box 929 Milton, FL 32570 850-983-5200 x318	Questions related to portable toilet requirements	<input type="checkbox"/> EMAIL <input type="checkbox"/> PHONE <input type="checkbox"/> IN PERSON <input checked="" type="checkbox"/> NOT APPLICABLE	_____ / _____ Month Day

HOLD HARMLESS AGREEMENT

For and in consideration of having been granted permission by Santa Rosa County to hold an event within the Santa Rosa County limits, the undersigned hereby agrees on behalf of the organization, to indemnify and hold harmless the county of Santa Rosa, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives and agents from any and all claims, suits, actions, damages, liability and expenses in conjunction with loss of life, bodily injury or personal injury, or property damage, including loss of use thereof, directly or indirectly caused by, resulting from, arising out of or occurring in connection with this permitted activity.

The undersigned also agrees to protect and hold harmless the county of Santa Rosa, its subsidiaries or affiliates, elected and appointed officials, employees, volunteers, representatives and agents from any and all claims, suits, actions, damages, liability and expenses, present, past or future which may be asserted by this organization, or any member of this organization, or any participant of third party arising out of or occurring in connection with this permitted event.

By the signature to this document the undersigned acknowledges that it understands the contents of this document and is voluntarily agreeing to its terms.

In witness whereof I have here unto set my hand and seal this 24 day of August in 2016.

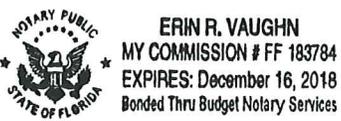
Name of Event Walk for Life

Date(s) of Event Saturday, November 5, 2016

Erin R. Vaughn
Notary Signature

Pregnancy Resource Center
Name of Organization

Cynthia Roberts
Printed Name



(STAMP)

Cynthia Roberts

Signature of Legally Authorized Representative
Executive Director

Title

Date: 8/24/16

INSURANCE REQUIREMENTS

In General:

The Event Organizer/Applicant is required to provide liability insurance with coverage limits that depend upon the size, scope and location of the event. The insurance policy must include coverage for all Event Organizer/Applicant approved event activities, including those activities being provided by third party vendors. The policy must be for the dates of the event, including set-up and take-down days. Liquor Liability Insurance (if alcohol is sold) or Host Liquor Liability Insurance (if alcohol is given away) must be provided if alcohol is to be present at the event.

Insurance Requirements:

No proof of insurance will be required for a group or organization using a Santa Rosa County facility for a meeting if all of the following criteria is met:

- There is no charge to attend or participate
- There are no sales or solicitation for sales
- There are no display booths
- No alcohol is served
- No animals (livestock, reptiles, etc.) are present
- No large or dangerous equipment is present or used

Insurance Limits:

Minimum limits for event liability insurance are \$300,000 per occurrence and in the aggregate. However, most events will require minimum limits of \$1,000,000 per occurrence and in the aggregate depending upon the scope of the event. The minimum limit for Liquor or Host Liquor Liability Insurance is \$1,000,000 each common cause and in the aggregate.

Additional Insured Status:

Santa Rosa County must be listed as an additional insured on all insurance coverage. Other additional insured entities may be required, depending on the scope or location of the event.

Certificate of Insurance:

A certificate of insurance evidencing the required insurance should be sent a minimum of 10 days prior to the event.

The certificate may be emailed to melissal@santarosa.fl.gov.

The certificate holder should read:

Santa Rosa County
Risk Management
6495 Caroline Street, Suite I
Milton, FL 32570

County Code

In the event of any conflict between any provision of this summary document and County Code, the County Code takes precedence.

Pet Friendly Events, Large Banners, Stages, etc. Coverage must be provided for all activities associated with the event.

Questions? Please contact Santa Rosa County Risk Management at 850-983-1863 with any questions. Feel free to have your insurance company contact Risk Management directly regarding your event if you prefer.

Please Read and Initial Below - Park Rental Rules and Guidelines

Initial

_____ User agrees to provide full cleanup and accomplish reasonable cleanup of the rented park area utilized. This cleanup operation shall be completed by directly following the event. If trash receptacles provided by the county are full, applicant agrees to dispose of refuse/trash. If the applicant fails to remove all trash/refuse from the event site, the applicant will be billed for all fees incurred Santa Rosa County to remove said trash/refuse from the site.

_____ User shall be liable for any and all damage done to the property covered by this agreement located in and on the rented park area, regardless of who causes such damage or how such damage is caused, during the period of use contained in this agreement. Further, User shall agree to defend, indemnify and hold-harmless the county, its officials, employees, and representatives for any and all claims caused by or arising out of, in whole or in part, the activities permitted by this agreement.

_____ I hereby attest that the information contained in this contract is true and correct. I agree: (1) if any of the information contained in the contract is found to be false; or (2) should my conduct, or the conduct of any participants or guests not be described in the contract; or (3) should any applicable county, state or federal rules, regulations, codes or laws be violated, this contract shall automatically become null and void and any activity associated with this reservation will immediately cease. If the event has not taken place, the contract will be cancelled.

I am aware of the rules and regulations as they pertain to events and agree to abide by these rules and regulations. I understand that the event must adhere to all Santa Rosa County ordinances. I am duly authorized by the organization to submit this application on its behalf and agree to be financially responsible for any fees and costs that may be incurred by or on behalf of the event in Santa Rosa County. I certify that the information that I have provided on this application is true and to best of my knowledge. If the event details change, I agree to submit a revised application or provide additional information in writing at least 10 days prior to the event.

Name (please print): _____

Signature: _____ Date: _____

OFFICE USE ONLY

Agreement Received - Date: _____

Fee Paid - YES NO CASH CHECK CHARGE Amount: _____ Receipt #: _____

Additional Documents Received (if applicable) INSURANCE CERTIFICATE TENT PERMIT EVENT SITE PLAN PARKING PLAN

County Representative Signature: _____

RULES AND REGULATIONS

Application Due Dates

- A completed Commissioner Approval Events Application is due to the County Administration office at a minimum of 15 days prior to the event date. Applications submitted after the deadline may be subject to denial of permit.
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Cancellation Policy

- Cancellation request must be received seven (7) days prior to the event to receive a refund.
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ADA Accessibility Guidelines

- Event Organizers must make the event accessible to people with disabilities to the greatest extent possible in compliance with the requirements of the Americans with Disabilities Act (ADA). If the event calls for portable restroom facilities, 5% of the total number of portable restroom units and at least one in each grouping of units must be accessible to persons with disabilities.
 - Accessible parking must be provided for persons with disabilities. Depending on the location, county-designated accessible parking lots must be utilized for accessible parking for the event. Information regarding accessible parking locations should be included as part of the event advertising and clearly marked at the event site. At a minimum, all event personnel and volunteers should be aware of the locations of accessible parking to direct persons with disabilities and handicap tags to the appropriate parking areas.
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Use of State Roads

- Any event that requires the use of a state road must complete the appropriate paperwork and submit it to the County Administration office at a minimum of thirty (30) days prior to the event date.