



SPECIAL EVENT APPLICATION

City of Lake Wales
201 W. Central Ave.
Lake Wales, FL 33853
863-678-4182x270

Applicant Information:

Organization Name: Allen Temple African Methodist Episcopal Church

Is this organization classified a 501c3 status by the IRS? yes no
(if so, please provide a copy of the determination letter)

Address: 241 C. Street Phone: (863) 676 - 6416

Lake Wales, FL 33853

Event Contact Information:

Name: (First & Last): Ella Edwards

Mailing Address: 310 C. Street

City, ST, ZIP: Lake Wales, FL 33853

Phone#: (863) 676 - 8100 Email: ella.edwards98@yahoo.com

Event Information:

Name of Event: Super Saturday at Allen Temple

Please note: All events requesting a street closure must have approval from the City Commission.

- Festival - an organized public gathering in a park or downtown e.g. Art Show
- Organized Competitive Event - a planned race, walk, tournament or other contest
- Parade/Walk - a public or private march, run, walk or parade of any kind.
- Circus or Carnival
- Other Health Fair

Event Description: Health Fair, Garage Sale and Health Screening

Event Start Date: 8/13/22 Time: 9:00am Event End Date: 8/13/22 Time: 4:00pm

Set up Date: 8/13/22 Time: 7:00am Take Down Date: 8/13/22 Time: 5:00pm

Gated/Ticketed Open to the Public Private Other: _____

Location of Event:

Lake Wailes Park Downtown Market Place Kiwanis Park

Stuart Park Crystal Lake Park Other 241 C. Street
Lake Wales, FL 33853

Site Plan Requirements:

Please attach a clear and legible site plan/map with the following indicated:

1. Depiction of the area (streets, park, etc) where the event will be held.
2. The overall event area such as parking and requested street closures.
3. The location and dimensions of all physical equipment being placed; such as stages, vendors, booths, tents, barricades, restrooms, dumpsters, etc.
4. Disabled parking and handicapped access clearly defined.
5. Location of temporary alcohol sales where both sales & consumption will occur.
(Sale or consumption of alcohol requires additional permitting from the state and hiring of at least 2 off-duty police officers)

Event Components:

- | | |
|---|--|
| <input type="checkbox"/> Alcohol - (Special Permit Required)* | <input checked="" type="checkbox"/> Amplified Sound |
| <input type="checkbox"/> Portolets | <input type="checkbox"/> Stage |
| <input type="checkbox"/> Sales/Distribution/Display | <input type="checkbox"/> Inflatables (bounce houses) |
| <input type="checkbox"/> Food Distribution/Sales | <input type="checkbox"/> Concerts/Live Music |
| <input type="checkbox"/> Use of electric outlets | <input type="checkbox"/> Installation of additional outlets |
| <input type="checkbox"/> Use of water spigots | <input type="checkbox"/> Tents (permit required for tents larger than 30x30) |
| <input type="checkbox"/> Live animals | <input type="checkbox"/> Boat Racing |
| <input type="checkbox"/> Temporary Structures | <input type="checkbox"/> On-Site Cooking |
| <input type="checkbox"/> DJ | <input type="checkbox"/> Amusement rides |

Other Heartland Rural Health & Florida Department of Health mobile bus units will be
on site to administer COVID – 19 vaccinations and health screenings.

*Events involving the sale and consumption of alcohol must have a designated area where the sale and consumption of alcohol will take place. Sponsor must get an additional permit from the State Division of Alcoholic Beverages and Tobacco and requires the presence of a police detail.

Other Information:

Will City Streets be closed? yes no Requires Commission Approval

Please list all affected streets: Washington Avenue, C. and D. Street

Will any alleys, parking lots or other public places be closed? yes no

Please describe: Alley located off of Washington Avenue between C and D Street

Will State Roads be closed? (SR 17) yes no Requires FDOT Permit

Please describe State Roads to be closed: _____

Will you need additional trash receptacles from the City? yes no

Will you need clean-up assistance from the City throughout the event? yes no

Note: For unbudgeted events the organization must reimburse the City 100% of costs for use of Public Services and Police Department.

Any other requested assistance from the City? No

Any additional information: N / A

How will you monitor for Social Distancing? We will instruct our participants, we will have seating separated appropriately and markers to show participants where to stand.

Insurance Requirements:

Liability Insurance is required for all special events involving City property and must name the City of Lake Wales as an additional insured. For events requesting the sale or consumption of alcohol, liability insurance in the amount of \$1,000,000.00 is required. All proof of insurance must be submitted to the City of Lake Wales a week before the event. Failure to provide acceptable insurance will result in the cancellation of the event.

Site Plan Requirements

For

ALLEN TEMPLE A.M.E. CHURCH

Super Saturday – Health Fair

AUGUST 13, 2022

A. Depiction of Area

1. The parking lot located from the corner of Washington Avenue and D Street to the corner of Washington Avenue and C Street
2. Side sidewalk facing Washington Avenue of 241 C Street

B. Overall Event Area/Location of all physical equipment

Requesting Street closure at:

1. The corner of Washington Ave & D Street (399 Washington Avenue)
2. The corner of Washington Avenue & C Street (301 Washington Avenue)
3. Alley located off of Washington Avenue (behind 241 C Street) between D Street and C Street

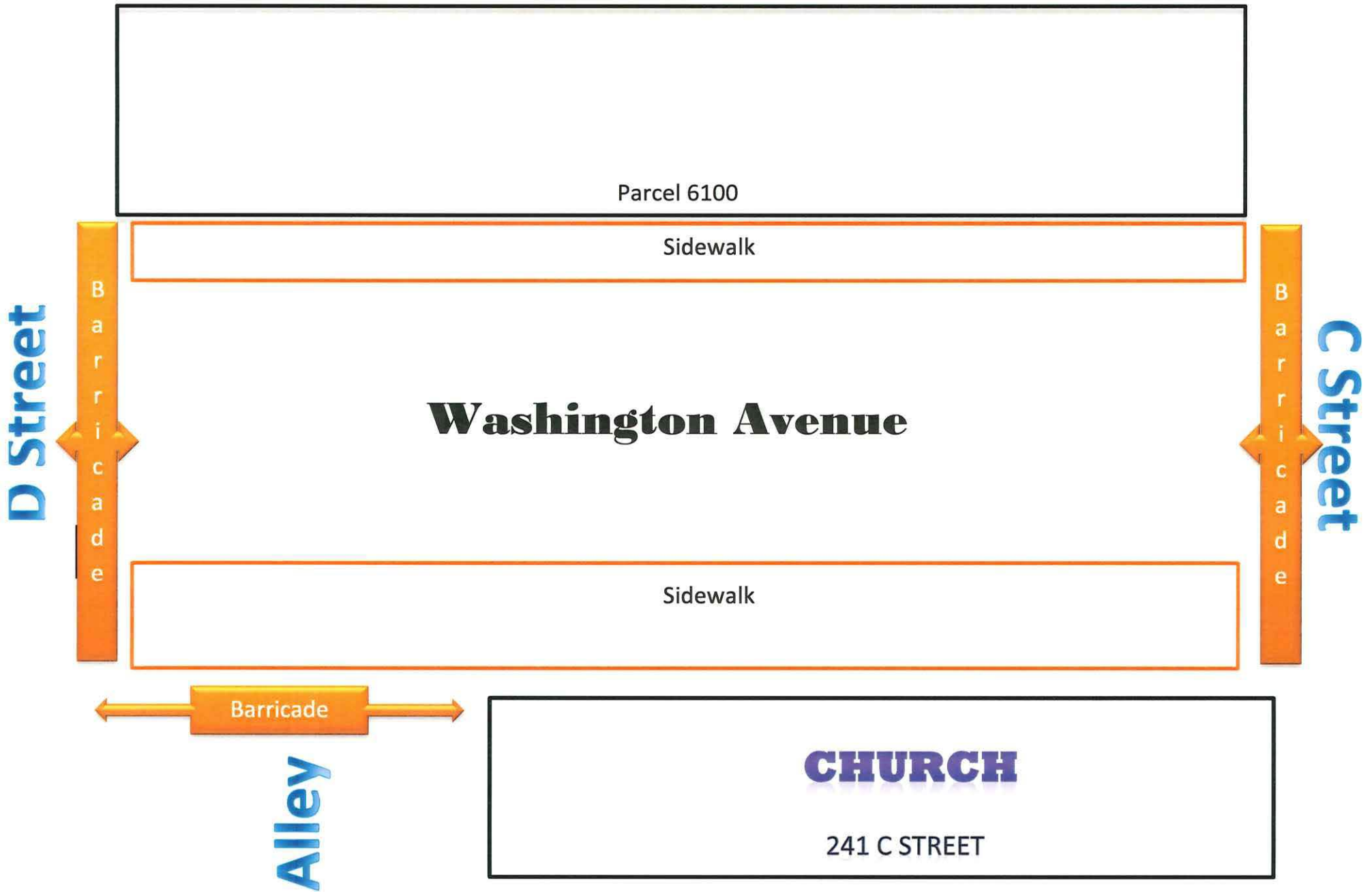
C. Disabled Parking/Handicap Access

1. Church is accessible and there are ramps built into the sidewalks for easy accessibility. Bathrooms are also ADA.

D. Alcohol sales

1. None

Allen Temple A.M.E. Church - Site Plan Requirement - August 13, 2022





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/29/2022

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 have ADDITIONAL INSURED provisions or 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 Church Mutual Insurance Company 3000 Schuster Lane P.O. Box 357 Merrill WI 54452		CONTACT NAME: Angela A Ott PHONE (A/C, No, Ext): 1-800-554-2642 Option 1 FAX (A/C, No): 855-264-2329 E-MAIL ADDRESS: customerservice@churchmutual.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Church Mutual Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
INSURED ALLEN TEMPLE AFRICAN METHODIST EPISCOPAL CHURCH OF LAKE WALES FLORIDA INC 241 C ST LAKE WALES FL 33853-3534		NAIC # 18767	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		0065872-02-301144	12/11/2021	12/11/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

In compliance with written contract, agreement or permit requirements, certificate holder is an additional insured under the policy. A267.1

CERTIFICATE HOLDER**CANCELLATION**

City of Lake Wales City Hall 201 W Central Ave Lake Wales FL 33853-4013	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 <i>Angela Ott</i>
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