

PAID 9/28/20

Date Received: 9/28/20
Office Initials: Left @ TD



Special Events
Permit Application

City of Senovia
P.O. Box 310
Senovia, GA 30276
770-599-3679

SUMMARY OF EVENT

EVENT TITLE The Camp Fall Bash

DATES REQUESTED: Start 10/23/20 time: 2:00pm End 10/23/20 time: 11:00pm

Host Affiliation: Jules Orme / Jacobs Table
Name of Chief: Jules Orme
Officer of Org: Jules Orme

Applicant/Contact: Jules Orme

Address: 1497 Elders Mill Rd.
Senovia GA 30276

Phone: (1) 703 855 4225 (2) _____

Email: julesorme @

EVENT TYPE: Athletic/Tournament Exhibit/Special Attraction
 Festival/Wedding Parade/Procession/March
 Concert/Performance Farmer/Outdoor Market
 Run/Walk/Bike Fundraiser
 Other: _____

ACTIVITY DESCRIPTION: The Camp is a non profit org. that will host actors from TWD to help raise money to local non profits. Guests will meet, greet + fans/celebrities for an entry fee. "Same event as last year"

Number of Participants and Spectators: 150

MARK ALL THAT APPLY: Alcohol Signage/Banners Amplified Sound/Music
 Tents/Canopies Carnival Rides Fireworks/lasers
 Pond/Lake Portable Restrooms Generators/Electricity
 Trash/Recycling Road Closing/Crossing Transportation Shuttle
 Police Cones/Barrels/Barricades Vendors/Concessions
 Fire/Ems Inflatable Recreation Crowd Control

All proposed road closings shall be approved by the Mayor and Council at least 8 weeks prior to the event. If approved, all affected addresses shall be notified at least 2 weeks prior to the event. Parking lot

LOCATION TYPE: City Facility (select from right)
 Residential
 Commercial/Industrial

CITY FACILITY: Marimac Lakes Park Seavy Street Park
 Public Streets/Right of Way Multi-Use Trails
 City Hall/Parking Lot Barnes St. Parking lot

ADMISSION: Public (no cost) Tickets/Entry Fees Registration (Pre and at event) Private

SIGNAGE

Temporary signs are permitted for approved special events. Signs cannot be placed in the medians or right-of-ways within the City. A detailed sign plan, including the size and proposed locations of the signs should be provided as an attachment to the site plan.

It is not permitted to mark the roadway in any way or for any purpose.

ENTERTAINMENT AND RELATED ACTIVITIES

Check all that apply:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Music | <input type="checkbox"/> Amplification |
| <input checked="" type="checkbox"/> Electricity (describe Amps below) | <input type="checkbox"/> Inflatable Recreation |
| <input type="checkbox"/> Live Animals | <input type="checkbox"/> Amusement Rides |
| <input type="checkbox"/> Tents/Canopies | <input type="checkbox"/> Other |

Provide a Complete Description: A small band will be playing
music onsite. Stokeswood band
1100 Electricity

TENTS AND CANOPIES

Setup: Date: _____ Time: _____ Pickup: Date: _____ Time: _____

Tent Company: Name N/A

Address _____

City _____

Phone Number _____

**Tent/Canopies shall be shown on your proposed site plan

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of facilities in the immediate area of the event that will accommodate the size of spectators and participants.

Number of regular portable toilets: 1 Number of ADA portable Toilets: 1

Sanitation Company: Name: LIONS DEN POLLARD

Address: PO Box 190

City: Senoia GA 30276

Phone: 770 599 1800

**Portable restrooms shall be shown on your proposed site plan.

SANITATION

- Yes No Will the organization provide trash cans?
 Yes No Will the organization empty all public trash cans at the end of the event?
 Yes No Will the organization provide a dumpster for the event?

Sanitation Company: Name: Dollard Waste
Address: P.O. Box 190
City: Senoia GA
Phone Number: 770 599 1800

Please describe your clean up and removal of waste, recycling and garbage during and after the event:

Trash cans will be placed around the event
Volunteers & employees will ensure all trash
is picked up & placed in the dumpster behind

**Sanitation plan shall be displayed on your site plan.

Jacobs
Table.

PARKING AND SHUTTLE PLAN

Number of parking spaces needed: 20
Amount of parking at the facility: 30
Parking needed outside facility: YES

Describe parking plan: Parking is available on nearby
streets - Travis & Barnes - Public Parking in
other lots around town

**Include parking plan in site plan.

**Include other parking arrangements and agreements.

SITE PLAN CHECKLIST

A clear and clean copy of the site plan shall be submitted with the application. Applicant should consider:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Name of event | <input type="checkbox"/> Sound equipment |
| <input checked="" type="checkbox"/> Adjacent Streets | <input type="checkbox"/> Communication facilities |
| <input checked="" type="checkbox"/> Assembly area | <input type="checkbox"/> Lighting |
| <input checked="" type="checkbox"/> Route to be traveled | <input checked="" type="checkbox"/> Generators/electric supply |
| <input type="checkbox"/> Detour plan | <input checked="" type="checkbox"/> signage |
| <input checked="" type="checkbox"/> Parking | <input checked="" type="checkbox"/> trash receptacles/dumpsters |
| <input checked="" type="checkbox"/> Restrooms/portable toilets | <input type="checkbox"/> Event vehicles (that remain through event) |
| <input type="checkbox"/> Tents/canopies | <input checked="" type="checkbox"/> Barricades/cones/crowd control barriers |
| <input type="checkbox"/> Medical treatment facility | <input type="checkbox"/> Inflatables |
| <input checked="" type="checkbox"/> Food Vendor/cooking area | <input checked="" type="checkbox"/> Stage/platform |
| <input type="checkbox"/> Water supply | <input type="checkbox"/> Other event components |

ALCOHOL

The sale or consumption of alcoholic beverages is prohibited during the special event unless a separate alcoholic beverage special event permit is obtained.

Yes No Does your event involve the use of alcohol?

If yes, please describe the security plan to ensure the safe sale and distribution of alcohol at the event:

Alcohol will be served out of Jacobs Table which already has an alcohol license. Signs will be post "No Alcohol beyond this point" throughout. Employees will be placed to ensure

FOOD & CONCESSIONS

Alcohol doesn't leave

Yes No Does the event include food concessions?
 Yes No Will food be cooked or prepared in the event area? Describe heat source.
 Yes No Will food vendors be at the event? List them.

the premise.

Food will be cooked/prepared at Jacobs Table.

SECURITY PLAN

Please describe your security plan including crowd, vehicle, and pedestrian control, internal security. (attach a complete plan if necessary)

Chairs & Barriers will enclose event to manage traffic & pedestrian flow. Entrances & Barriers will be monitored by employees/volunteers. No Alcohol Beyond Point, Public Restroom, food signs will be posted.

Any road closings and detour plan have to be approved by the Mayor and Council. A volunteer or police officer shall be stationed at each closed intersection. Proper instructions and communications shall be provided. If it is determined that off-duty officers are necessary, please contact the Chief of Police to determine number of officers necessary. Each officer is \$40 per hour with a minimum of 4 hours (effective 5/1/19). An additional \$10 is payable to the City for the vehicle. Payment shall be made directly to the officer. Event shall provide evidence of Workers Compensation Insurance.

If a private security company is used, provide the following:

Company Name: _____
Primary Contact: _____ Phone Number: _____
Event Contact: _____ Phone Number: _____

PUBLIC WORKS

Public works staff can be available for extra-duty assignments. Staffing and availability is at the discretion of the Public Works Director. Please contact the Senoia Public Works Director to make nature of the duty and make arrangements. Each public works staff is **\$25 per hour with a minimum of 4 hours. Additional charges may be required for equipment and vehicles.** Payment shall be made directly to the worker(s) assigned to the event. Event shall provide evidence of Workers Compensation Insurance.

LIFE SAFETY PLAN

Yes No Will the event employ a first aid provider?
 Yes No Will the event require assistance of Coweta County EMT/Fire Department?

Please describe your medical plan including communication plan and types of medical resources at your event.

First Aid kits will be placed throughout the event.
We have a RL that is volunteering at the event. Employees are trained in first Aid

Please contact Coweta County Fire Department for availability of EMT/Fire Department assistance.

Emergency Services will be notified of the event

INSURANCE REQUIREMENTS

Before the application can be accepted as complete, applicant/sponsor shall provide proof of commercial general liability insurance or event insurance that names, as also insured, **City of Senoia, P.O. Box 310, 80 Main Street, Senoia, GA 30276**, with a waiver of subrogation in regards to Workers Compensation. Insurance coverage must be maintained for the duration of the event including setup and cleanup dates.

CLASS III INSURANCE REQUIREMENT: \$1,000,000 MINIMUM

If alcohol is served, additional insurance may be necessary.

VOLUNTEERS

Yes No Does the event plan to use volunteers to work the event.
Describe service the volunteers will provide:

Volunteers will help w/crowds, be placed to guide & direct people. Help set up & clean up. Help w/Actors's boundaries. They all will sign waivers.

Each person must be clearly identified as a volunteer. No volunteer shall be assigned a duty that he/she is not able to perform. Volunteers at closed intersections shall wear bright neon vests or t-shirts. Such volunteers are only to give instructions to travelers on how to safely detour around the event.

APPLICATION FEE

Must be submitted with application fee.

- \$100 – less than 500 Participants
- \$200 – more than 500 Participants

Amount included with Application:

\$ 100.00

APPLICANT'S AFFIDAVIT

I, applicant or authorized representative, agree to indemnify, hold harmless, and defend the City of Senoia, GA against all liability and expenses, including reasonable attorney fees, arising out of claims in connection with this event.

The applicant and/or organization agrees to investigate, handle, respond to, provide and/or defend any claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provision concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

This agreement shall be terminated by either party by providing written notice of its intent to terminate said relationship.

The permit may be cancelled by the Chief of Police at any time with or without cause.

I, applicant or authorized representative, have read and understand the contents of this application. The information contained herein and attached is complete and true, current and correct to the best of my knowledge. Providing false information shall void the application and cancel the event.

Jacob C. One
Signature

Jacob Table Owner
Title

9-20-20
Date

IF ROAD CLOSURES ARE REQUESTED THE PERMIT MUST BE SUBMITTED A MINIMUM OF 8 WEEKS PRIOR TO THE EVENT TO ALLOW TIME FOR MAYOR AND COUNCIL APPROVAL. APPLICATIONS AND ALL OTHER REQUESTED DOCUMENTATION DEEMED NECESSARY FOR THE EVENT MUST BE SUBMITTED 2 WEEKS PRIOR TO THE EVENT.

The information included herein has been reviewed by the City Manager. The permit has been:

Approved: Harold Simmons City Manager Date:

Jason Edens Chief of Police Date:

Denied: Reason:

RVNA VENUE PACKAGE Liability documents

Your client has purchased Liability Insurance from R.V. Nuccio & Associates, Inc.

R.V. Nuccio & Associates, Inc. is one of the only licensed insurance brokers to provide Fireman's Fund's A+ rated, admitted insurance for events in all 50 states.

Documents in this package:

Certificate of Liability

The Certificate of Liability should always be accompanied by an Additional Insured Endorsement in order to be valid. Our Certificates of Liability are watermarked to ensure the venue has received a valid and in force proof of insurance.

Additional Insured Endorsement

The Additional Insured Endorsement should always accompany the Certificate of Liability in order for the Certificate to be valid. The Additional Insured Endorsement shows your venue/facility name has been added as Additional Insured on the policy.

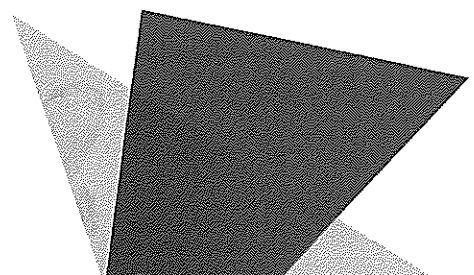
Admitted Carrier Information:

Being an Admitted Carrier means that Fireman's Fund Insurance, offered exclusively through R.V. Nuccio & Associates, Inc., must comply with all of your state regulations and if it fails financially your state will step in and cover claims.

Non-admitted carriers are not guaranteed by your state and may not comply with your state's regulations.

Questions:

Call us with any questions at 1-800-364-2433. Our business hours are 5:00 AM to 5:00 PM Pacific Time, Monday – Friday. You can also e-mail us at support@rvnuccio.com. For more information about our Liability Insurance, please visit us at specialeventinsurance.com or rvnuccio.com.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/14/2020

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 R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio PHONE (A/C, No, Ext): (800) 364-2433 E-MAIL ADDRESS: support@rvnuccio.com		FAX (A/C, No): (818) 980-1595
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED MICHELLE GEIERMANN 4112 SKYLARK LANE EAGAN, MN 55122	INSURER A: The American Insurance Company		21857
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 SUBR INSD 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 <input checked="" type="checkbox"/> Host Liquor Liability GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	XXC80514929 NAEP093766	10/23/2020	10/24/2020	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/POP AGG \$ 500,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> 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) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Medical Expense		ADDI0004010	10/23/2020	10/24/2020	\$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured: JACOB'S TABLE

CERTIFICATE HOLDER JACOB'S TABLE 15 BARNES SUITE 1C SENOIA, GA 30276	CANCELLATION 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 Robert V. Nuccio
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Certificate Number: NAEP093766

Policy Number: XXC80514929

Effective Dates: 10/23/2020 12:01am to 10/24/2020 12:01am

**Additional Insured - Person, Organization or other Entity -
600002STEP 09 12**

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)

JACOB'S TABLE

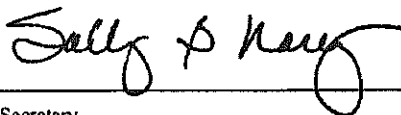
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

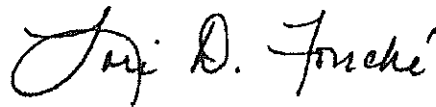
Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President



Jules Orme <julesorme@gmail.com>

Fwd: Payment Confirmation Pollard's

1 message

Casey Miller <Casey@thecampevents.com>
To: "julesorme@gmail.com" <julesorme@gmail.com>

Mon, Sep 21, 2020 at 11:42 AM

Sent from my iPhone

Begin forwarded message:

From: Michelle Geiermann <Michelle@thecampevents.com>
Date: September 21, 2020 at 11:42:06 AM EDT
To: Casey Miller <Casey@thecampevents.com>
Subject: Fw: Payment Confirmation Pollard's

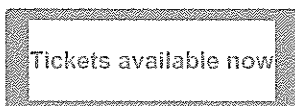


Michelle Geiermann-Costa
Operations Manager
The Camp Events

(770) 376-5004

michelle@thecampevents.com

TheCampEvents.com



From: DoNotReply@pollarddisposal.com <DoNotReply@pollarddisposal.com>
Sent: Monday, September 21, 2020 10:39 AM
To: Michelle Geiermann <Michelle@thecampevents.com>
Subject: Payment Confirmation

Dear Customer,

Thank you for your payment of \$146.05 on 09/21/2020.

This will be applied to POLLARD CONSTRUCTION customer number 01-122368.

The following invoice transactions were made:

Invoice #	Payment Amount	Payment Date
11561	\$146.05	09/21/2020

Payment Method: 9045

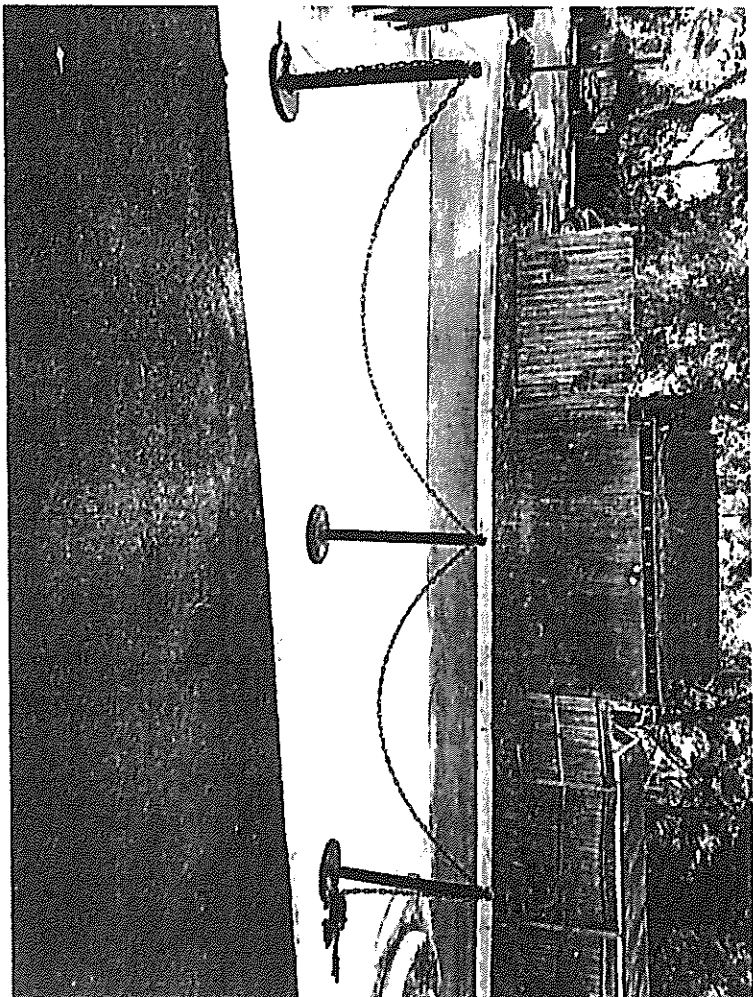
Your confirmation number is 4120265563392918

If you have any questions, please Contact Customer service at (770) 599-1800.

Thank you.

POLLARD CONSTRUCTION


Barrier Example




The Camp
Example Signage


No Alcohol Beyond
This Point

No Outside Food
Or Beverages

Additional Restrooms


Must be 21 years
or older to
purchase alcohol

Public Event Entrance


Public Event Entrance


BARNES ST. 3000000

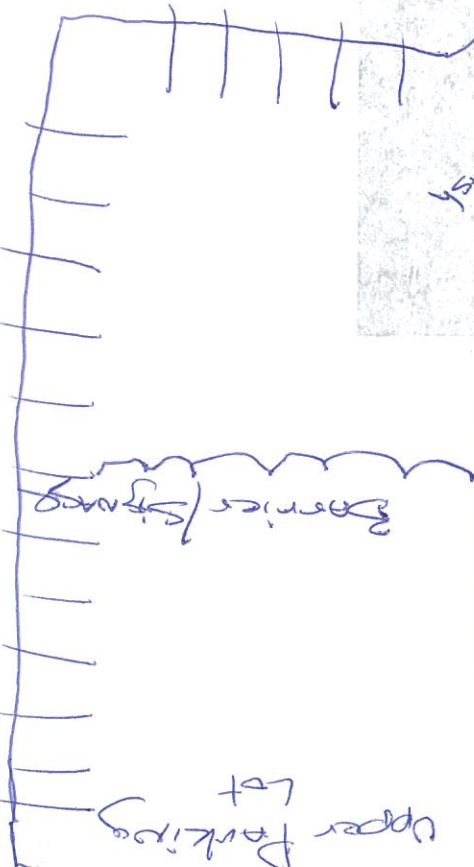
Travis St.

Entry
Exit
COVID-19 check

Portable Toilet

Parking

Parking



Barrier/Signage
Trash

ROPE CHAIN

Barrier + Signage

Exit
Water / Alcohol

Spice
Roll Chair
Sacks Table

Food
Electrical

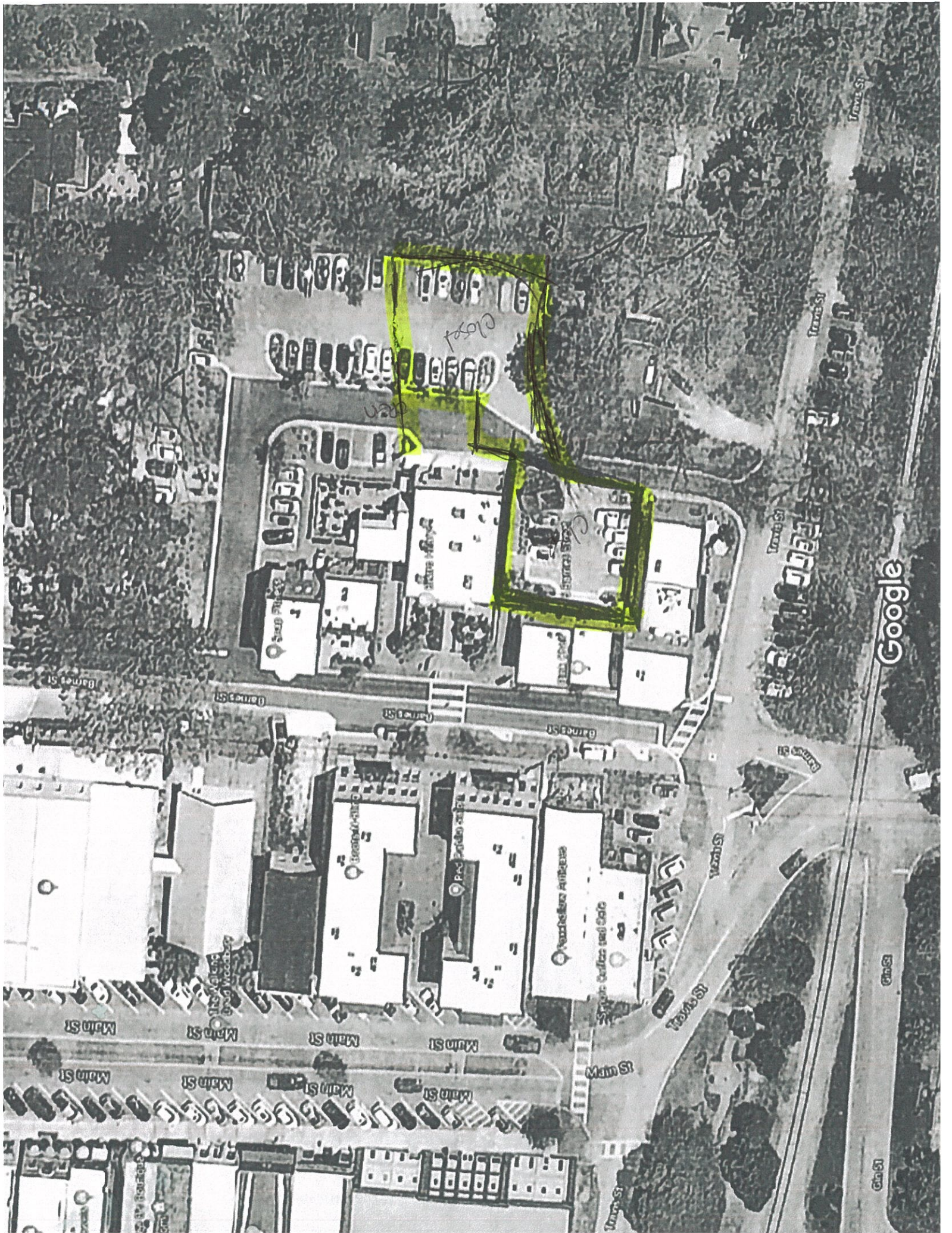
Trash

Stage

Dumpster
Trash

Barrier + Signage

Heavy Dish



Google

Close

Open

Historical Store

Barnet St

Barnet St

Barnet St

Barnet St

Traverse St

Traverse St

Traverse St

Main St

Main St

Main St

Main St

Main St

Main St

Main St

Main St



THE CAMP FALL REUNION COVID-19 PRECAUTIONS AND PROCEDURES

DEAR CAMPERS,

The Camp is committed to continuing our fan events while keeping our attendees, vendors, volunteers, staff, and celebrity guests safe. We know that these are challenging times we currently live in; however, we have found a balance of safety and fun! We are moving forward with our Fall and Spring events and feel that being an outdoor event, we can keep everyone safe while providing that special environment that our attendees love.

Some of our enhanced safety features will include:

- Additional event space to make social distancing possible
- Having face masks and hand sanitizer available to all attendees, guests, and vendors
- Requiring masks and a temperature check to enter the event (and encouraging everyone to keep them on throughout the event)
- Individual pre-scheduled autograph times to eliminate lines and ensure social distancing
- Individual pre-scheduled photo-op times to eliminate lines and ensure social distancing
- Pre-set photo-op poses to choose from
- Outdoor photo ops at an actual filming location featured in The Walking Dead
- Limited ticket sales to maintain a low ratio

Additional guidelines will be announced closer to the event. If you have any specific questions please direct them to contact@thecampevents.com or message us on Facebook.

STAY SAFE, THE CAMP

