

Application for a Public Assembly Permit must be submitted to the City Clerk at least thirty (30) days prior to the date of the proposed assembly.

APPLICATION FOR PUBLIC ASSEMBLY PERMIT
AS REQUIRED BY SECTION 11-20 ET SEQ. OF
THE CODE OF ORDINANCES OF
THE CITY OF GULF SHORES, ALABAMA

Date: November 30, 2015

ORGANIZATION/SPONSOR Gulf Coast Arts Alliance
ADDRESS 225 East 24th Ave., Gulf Shores, AL 36542
AGENT OR REPRESENTATIVE Elaine Thomley
TELEPHONE NUMBER (home) _____ (business) 251-948-2627
Email ADDRESS _____

It is respectfully requested that a Public Assembly Permit be issued to the above named organization or sponsor.

The following required information is submitted for the review and approval of the appropriate City Departments and the City Council:

- a. Purpose of the Public Assembly: Festival of Art
- b. Dates of the Assembly: March 4, 5, 6, 2016
- c. Time of the Assembly: from noon until 6pm (Attached)
March 6 take down tents to 6pm Festival
- d. Estimated number of Participants/Attendees: 3,000
- e. Estimated number of Vendors: 50-60
- f. Location of Assembly (legal description of property if known): 116 East 24th Ave, Waterway Village, Gulf Shores, AL.
- g. Owner of Property: William S Callaway Trust
Lee Callaway Estate

Supply to Clerk a letter from owner of property permitting use for activity, if not owned by applicant. (attached)

APPLICATION FOR PUBLIC ASSEMBLY PERMIT
Page 2

- h. If applicant will need to use City employees for any part of the preparation and clean-up of the site, a separate agreement with the City will be required before issuance of the Permit.
- i. Applicant shall guarantee payment of business licenses and sales tax, if applicable to function.
- k. **Required attachments -- detailed explanation, including drawings and diagrams where applicable, of the prospective plan of the Permittee to provide for the following, as appropriate:**
 - (1) Police and fire protection (describe on-site security; Gulf Shores Police will do routine patrol and will respond to calls.)
 - (2) Food and water supply and facilities
 - (3) Health and sanitation facilities (specify number of portable toilet facilities to be furnished)
 - (4) Medical facilities and services including emergency vehicles and equipment
 - (5) Vehicle access and parking facilities (If the proposed public assembly is expected to require more parking than can be provided at the location of the assembly, the applicant must submit plans showing where additional parking will be provided and a letter from the owner of the property granting approval for such use.)
 - (6) Camping and trailer facilities
 - (7) Illumination facilities
 - (8) Communications facilities
 - (9) **Signage - Signage placement must be shown on diagram, comply with the City's Zoning Ordinance (Ordinance #1584, Chapter 18, Article XVI, Signs) and be approved by the Recreation and Cultural Affairs Director (or his agent) prior to the issuance of the Permit.**
 - (10) Noise control and abatement
 - (11) Facilities for daily clean up and waste disposal; final cleanup will be done within 24 hours after close (grease or oil disposal shall be monitored)
 - (12) Insurance and bonding arrangements -- Binder or other proof of coverage in proper amount shall be in the hands of the Clerk no later than five (5) days before the first day of the event.

APPLICATION FOR PUBLIC ASSEMBLY PERMIT
Page 3

The undersigned has authority to execute this application; and the requesting organized group, unincorporated association of persons, or corporation promises and agrees to abide by all the terms and conditions of Section 11-26, Code of Ordinances, under which a Public Assembly Permit is issued, and to abide by all rules and regulations of the City of Gulf Shores, Alabama.


SIGNATURE OF AGENT

By authority of Section 11-24 of the Code of Ordinances of the City of Gulf Shores, the requirement of an Assembly Permit shall not apply to any activity sponsored by the City, County or State.

The Permit shall be issued only after approval by the appropriate City Officials, as indicated below:

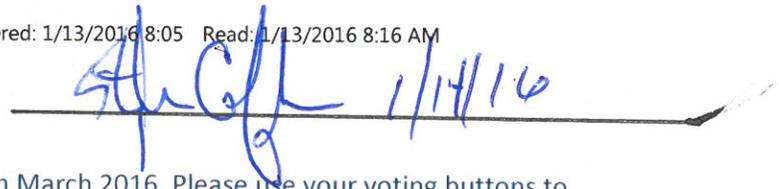
- a. Police Chief: _____ Date: _____
 - b. Fire Chief: _____ Date: _____
 - c. Public Works Director: _____ Date: _____
 - d. Building Official: _____ Date: _____
 - e. Planning & Zoning: _____ Date: _____
 - f. Recreation & Cultural Affairs: _____ Date: _____
 - g. City Administrator: _____ Date: _____
- =====

Emily Tidwell

From: Emily Tidwell
Sent: Wednesday, January 13, 2016 8:05 AM
To: Edward J. Delmore; Hartly Brokenshaw; Andy Bauer; Mark Acreman; Brandan Franklin; Grant Brown
Cc: Wanda Parris; Carla Estill; Alicia Talley
Subject: Assembly Permit #3
Attachments: SKM_C224e16011307482.pdf

Tracking:	Recipient	Delivery	Read	Response
	Edward J. Delmore	Delivered: 1/13/2016 8:05 AM		Approve: 1/13/2016 1:17 PM
	Hartly Brokenshaw	Delivered: 1/13/2016 8:05 AM	Read: 1/13/2016 8:54 AM	Approve: 1/13/2016 8:54 AM
	Andy Bauer	Delivered: 1/13/2016 8:05 AM	Read: 1/14/2016 8:05 AM	Approve: 1/14/2016 8:07 AM
	Mark Acreman	Delivered: 1/13/2016 8:05 AM	Read: 1/13/2016 8:27 AM	Approve: 1/13/2016 8:27 AM
	Brandan Franklin	Delivered: 1/13/2016 8:05 AM	Read: 1/13/2016 10:02 AM	Approve: 1/13/2016 10:03 AM
	Grant Brown	Delivered: 1/13/2016 8:05 AM		Approve: 1/13/2016 10:16 AM
	Wanda Parris	Delivered: 1/13/2016 8:05 AM	Read: 1/13/2016 8:43 AM	Approve: 1/13/2016 8:43 AM
	Carla Estill	Delivered: 1/13/2016 8:05 AM		
	Alicia Talley	Delivered: 1/13/2016 8:05 AM	Read: 1/13/2016 8:16 AM	

CITY ADMINISTRATOR



Please see the following Assembly Permit for Festival of Art in March 2016. Please use your voting buttons to approve/decline.

Thank you,
Emily

Emily Tidwell

Executive Office
Administrative Assistant II
PO Box 299
203 Clubhouse Drive, Suite B
Gulf Shores, AL 36542
www.gulfshoresal.gov

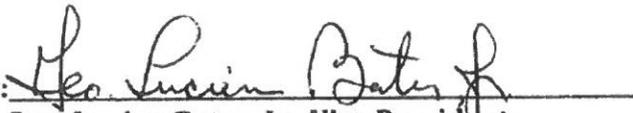
Phone (251) 968.1126
Fax (251) 968.4459

November 18, 2015

To Whom It May Concern

The Gulf Coast Arts Alliance, Inc. (GCAA), in partnership with the City of Gulf Shores, along with the merchants in Waterway Village, hereby have permission to use the Lee Callaway Estate property on March 4, 5 and 6, 2016 for the Ballyhoo Arts Festival. The GCAA, all of the entities aforementioned, and the attendees, waive any liability and hold harmless Regions Bank as Executor and the Lee Callaway Estate and will provide Regions Bank with a Certificate of insurance naming Regions Bank and Lee Callaway Estate as being additionally insured.

Set up to include stage and sound for entertainment, tents for artists and performers, portable restrooms, trash cans, barricades as needed to prevent people from accessing buildings and hazard areas. The GCAA will provide services as required to create a positive event.

By: 

**Geo. Lucien Bates, Jr., Vice President
Regions Bank as Executor of the Lee Callaway Estate**

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 MCCARRON INSURANCE GROUP, INC 25620 Canal Road Orange Beach, AL 36561	CONTACT NAME:	
	PHONE (A/C, No, Ext): (251) 981-9999	FAX (A/C, No): (251) 981-2480
E-MAIL ADDRESS: joe@mccarroninsgroup.com		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED Gulf Coast Art Alliance P O Box 4153 Gulf Shores, AL 36547	INSURER A: Covington Specialty Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

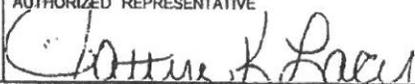
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

INBR 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			VBA359550-00	2/11/2015	2/11/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	GENL AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ 1,000,000
	OTHER:						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COM/PROP AGG \$ 1,000,000
	<input type="checkbox"/> ANYAUTO						
	<input type="checkbox"/> ALL OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						\$
	EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

Waterway Village
116 East 24th Avenue
Gulf Shores, AL 36542

CERTIFICATE HOLDER	CANCELLATION
Lee Callaway Trust c/o Regions Trust George Luchien Bates	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
	

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 MCCARRON INSURANCE GROUP, INC 25620 Canal Road Orange Beach, AL 36561	CONTACT NAME: PHONE (A/C No, Ext): (251) 981-9999 FAX (A/C, No): (251) 981-2480 E-MAIL ADDRESS: joe@mccarroninsgroup.com	
	INSURER(B) AFFORDING COVERAGE INSURER A: Covington Specialty Insurance	NAIC#
INSURED Gulf Coast Art Alliance P O Box 4153 Gulf Shores, AL 36547	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			VBA359550-00	2/11/2015	2/11/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$						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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

Waterway Village
 116 East 24th Avenue
 Gulf Shores, AL 36542

CERTIFICATE HOLDER

Lillian Callaway
 c/o Xavier Hartman

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

Jane K Lacy

BALLYHOO FESTIVAL

Road Closure Schedule

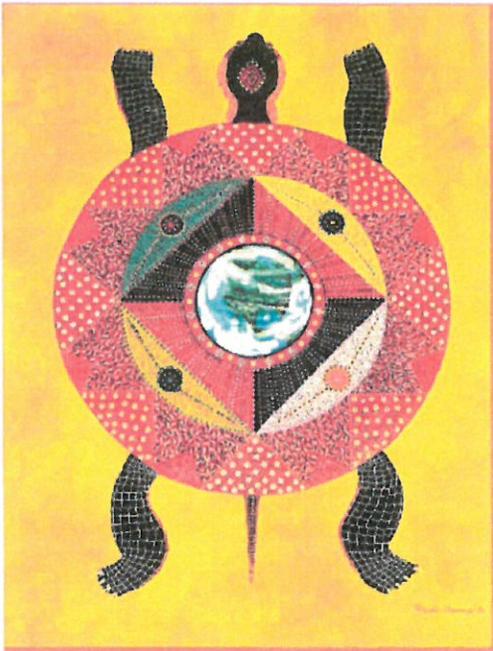
Hard road closure, March 4, 2016 until March 6 at 6:00 am

Artists will be set up on sidewalks opposite each other leaving the street as the walking area for visitors. The street will be closed as indicated on the Festival layout which is attached.

Do you?



a celebration of art and culture!



Do you?

balllyhoo
a celebration of art and culture!

march 5th

9am-6pm

east 24th avenue, gulf shores, alabama



251.948.2627
gulfcoastartsalliance.com



PLANNING AND ZONING DEPARTMENT

TEMPORARY SIGN PERMIT APPLICATION

Temporary Sign Permits may be approved for events associated with temporary carnivals, festivals, fairs, and sporting events, educational and cultural events, charitable, school, and church events, reunions, grand openings & closings, auction, Official City, or State of Alabama notices, private sales, and any other similar events, requiring or not requiring an assembly permit.

Prior to the installation of a Temporary Sign in the City of Gulf Shores, a permit must be issued. In order to ensure that the proposed sign installation complies with the sign regulations, the following information must be submitted in 8 1/2" X 11" format, scale copies of digital photos are acceptable.

Temporary Sign Regulations

1. Only one such sign shall be allowed per property, per street frontage;
2. Maximum size of a temporary sign is 32 square feet;
3. Such sign shall be located only on private property where the event is being held and not within a public right-of-way;
4. Temporary sign permits may be issued for a maximum of 14 days per calendar year. The 14 days may be broken into increments of no less than 2 consecutive days offering the ability to obtain numerous temporary sign permits per year.
5. **Temporary signs which have been erected without a permit are subject to a double permit fee or may be summarily removed by the City.**
6. **Temporary signs which have expired shall be summarily removed by the City.**

Temporary Sign Fees:

Permit Fee.....\$25.00

The fee may be waived for non-profit groups.

AN INCOMPLETE APPLICATION WILL BE RETURNED TO APPLICANT

APPLICANT & OWNER INFORMATION:

Applicant: Gulf Coast Arts Alliance Property Owner: _____ Sign Contractor: GCAR will erect and remove signs

Applicant Mailing Address: P.O. Box 4153, Gulf Shores, AL 36547

Phone #: (251) 948-2627 Fax #: () _____ Email: gulfcoastartsalliance@gmail.com

Sign Location (Business Name): per map Physical Address: multiple

SIGN INFORMATION:

Sign Area (sq. ft.): 32 Dimensions 4 x 8 Sign Height 6 feet
15 3 x 5 5 feet

Dates to be Used: Installation: Feb 20, 2016 Removal: March 6, 2016

By signing below, I hereby certify that I have read the above information and attest that the information provided herein and on the submitted plans and documentation is true and correct to the best of my knowledge and understand that any omissions or inaccurate information can cause this application to be rejected. I further understand that temporary sign shall be removed on the date specified above.

APPLICANT/OWNER SIGNATURE: Eloise Thomley (Print) Eloise Thomley

Date: December 3, 2015

Fee Paid: _____

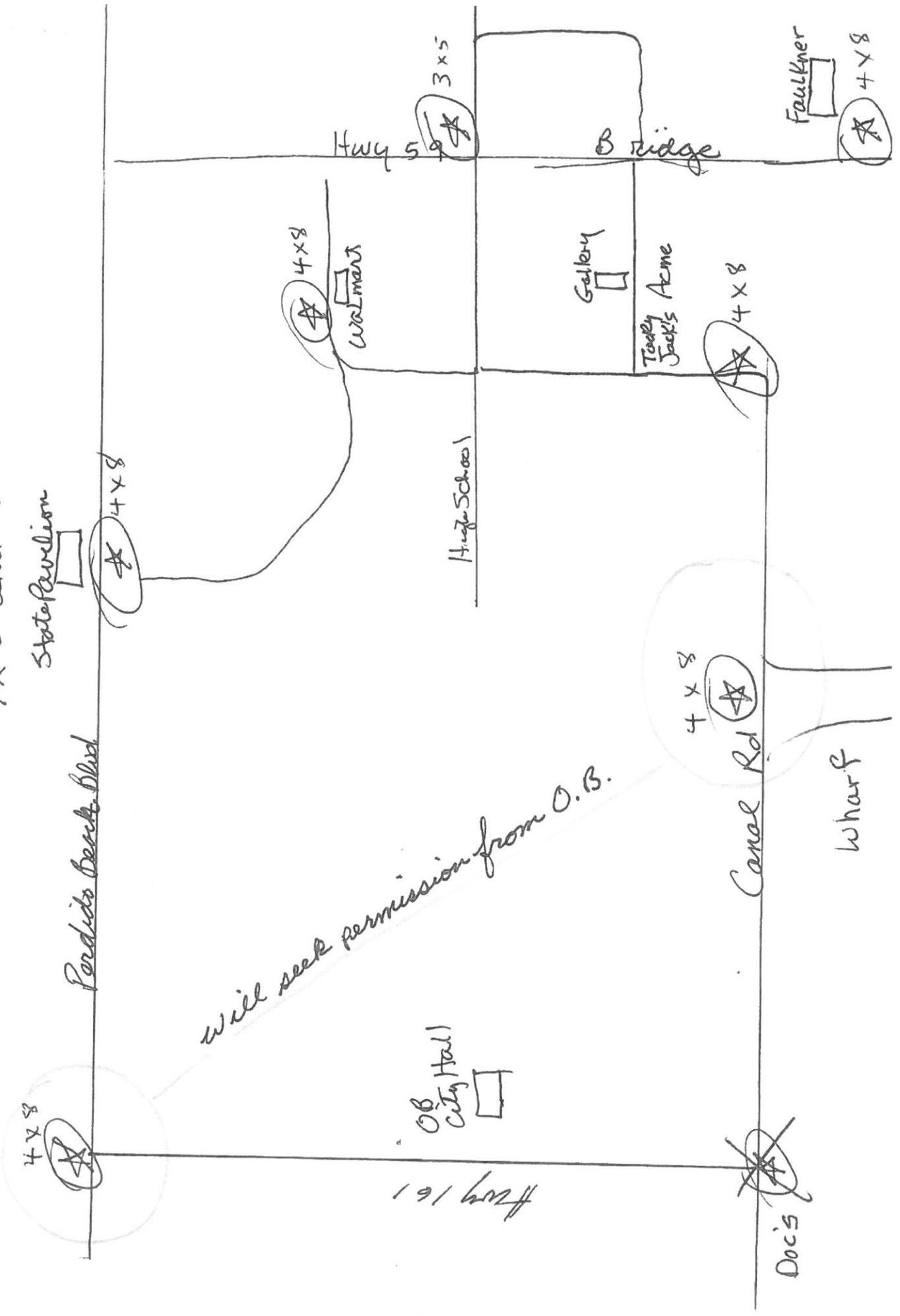
Date Issued: _____

Approved By: _____

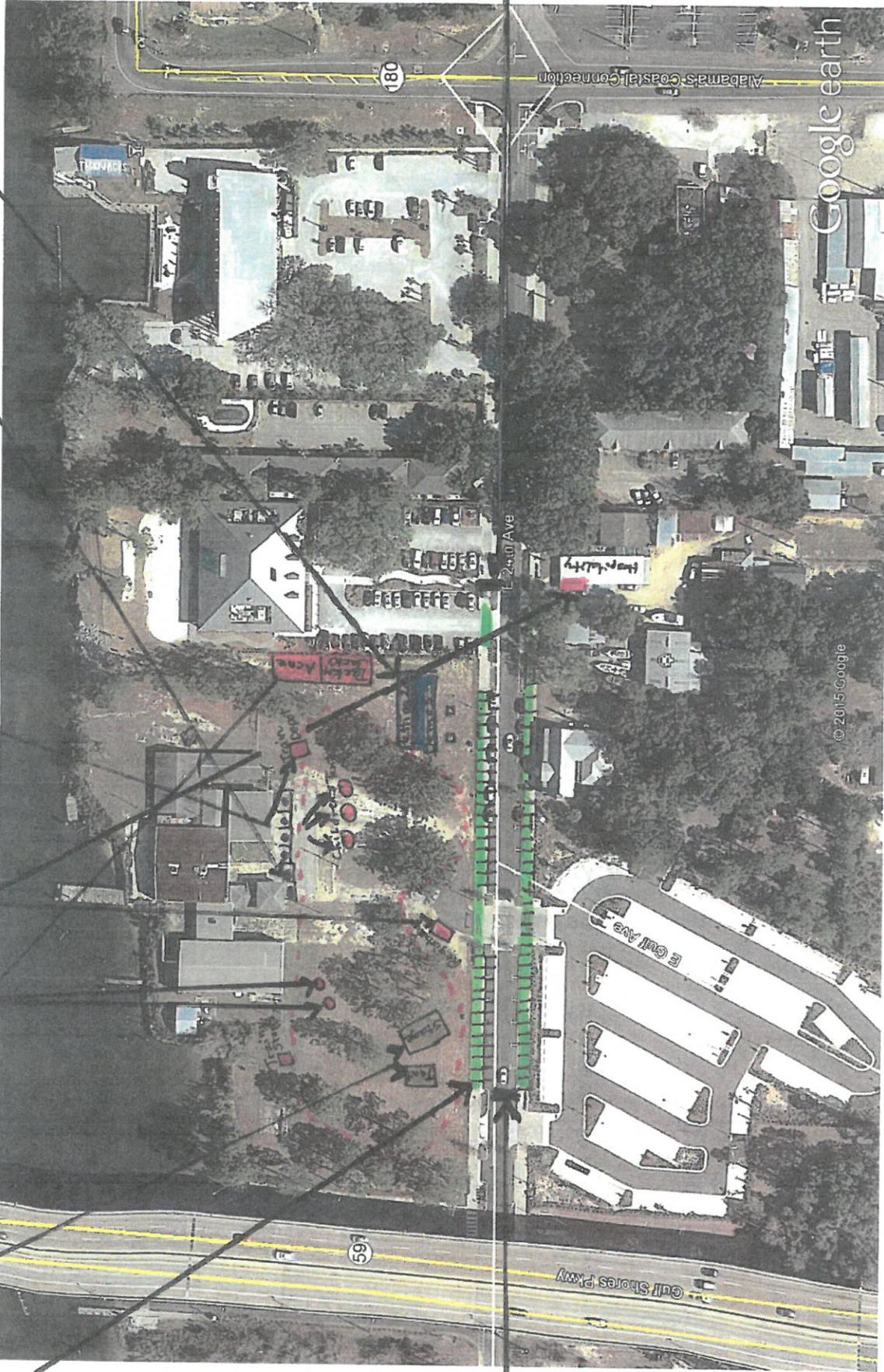
Billy's



Festival of Art 2016
Location of signs
4x8 and 3x5



- Artists
- Performing Stage & Tent
- Food
- Registration Hospitality
- Children's Tent / Train Depot
- Sponsor Stores
- Demonstrations / Kitting Zone



Festival

Hard Road Closure

Ballyhoo

Google earth

feet 1000

meters 300

