

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: Nov. 18, 2015

ORGANIZATION/SPONSOR Gulf Coast Arts Alliance, Inc
ADDRESS 225 East 24th Ave., Gulf Shores, AL 36542
AGENT OR REPRESENTATIVE Maria Bastin
TELEPHONE NUMBER (home) _____ (business) 251-948-2627
Email ADDRESS gulfcoastartsalliance@gmail.com

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: Art Markets
- b. Dates of the Assembly: June 4, 2016 3:00 - 8:00pm
- c. Time of the Assembly: Sept 3, 2016 3:00 - 8:00pm
- d. Estimated number of Participants/Attendees: 500 9am - 3pm
- e. Estimated number of Vendors: 35-40
- f. Location of Assembly (legal description of property if known): 116 East 24th Avenue, 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
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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: _____

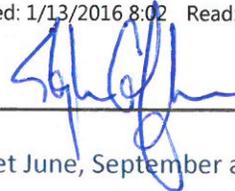
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Emily Tidwell

From: Emily Tidwell
Sent: Wednesday, January 13, 2016 8:02 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 #2
Attachments: SKM_C224e16011307481.pdf

Tracking:	Recipient	Delivery	Read	Response
	Edward J. Delmore	Delivered: 1/13/2016 8:02 AM		Approve: 1/13/2016 1:14 PM
	Hartly Brokenshaw	Delivered: 1/13/2016 8:02 AM	Read: 1/13/2016 8:39 AM	Approve: 1/13/2016 8:42 AM
	Andy Bauer	Delivered: 1/13/2016 8:02 AM	Read: 1/13/2016 8:19 AM	Approve: 1/14/2016 8:07 AM
	Mark Acreman	Delivered: 1/13/2016 8:02 AM	Read: 1/13/2016 8:27 AM	Approve: 1/13/2016 8:27 AM
	Brandan Franklin	Delivered: 1/13/2016 8:02 AM	Read: 1/13/2016 10:02 AM	Approve: 1/13/2016 10:02 AM
	Grant Brown	Delivered: 1/13/2016 8:02 AM		Approve: 1/13/2016 10:16 AM
	Wanda Parris	Delivered: 1/13/2016 8:02 AM	Read: 1/13/2016 8:43 AM	Approve: 1/13/2016 8:43 AM
	Carla Estill	Delivered: 1/13/2016 8:02 AM		
	Alicia Talley	Delivered: 1/13/2016 8:02 AM	Read: 1/13/2016 8:16 AM	

CITY ADMINISTRATOR

 1/14/16

Please review the following Assembly Permit for the Art Market June, September and October 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

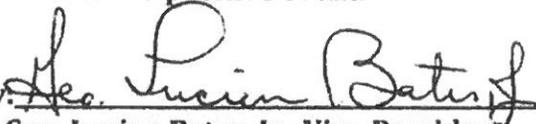
Phone (251) 968.1126
Fax (251) 968.4459

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 June 4, September 3, October 1 and November 5, 2016, for the Waterway Village Art Market. The Gulf Coast Arts Alliance, Inc., 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 and 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 Banks as Executor of the
Lee Callaway Estate

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 Lillian S. Callaway Family Limited Partnership property on June 4, September 3, October 1 and November 5, 2016, for the Waterway Village Art Market. The Gulf Coast Arts Alliance, Inc., all of the entities afore mentioned, and the attendees, waive any liability and hold harmless Xavier A. Hartmann, III and the Lillian S. Callaway Family Limited Partnership and will provide Xavier A. Hartmann, III with a Certificate of Insurance naming the Lillian S. Callaway Family Limited Partnership as being additionally insured.

Set up to include stage and sound for entertainment, tents for artists and performers, portable restrooms, trash cans and 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:  _____
Xavier A Hartmann, III
Trustee, Lillian S. Callaway Trust
General Partner, the Lillian S. Callaway
Family Limited Partnership

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#
	INSURER A: Covington Specialty Insurance	
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 GENL. 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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE 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		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

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.

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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	
		INSURER A: Covington Specialty Insurance	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED **Gulf Coast Art Alliance**
P O Box 4153
Gulf Shores, AL 36547

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

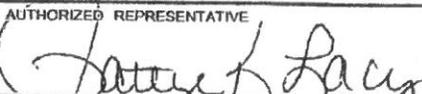
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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
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							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 - COM/PO/ AGG \$ 1,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<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						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 \$

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

CERTIFICATE HOLDER CANCELLATION

Lillian Callaway c/o Xavier Hartman	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 

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: *Oct 21, 2015*

Fee Paid: _____

Date Issued: _____

Approved By: _____

Waterway Village Art Market
Placement of 3' x 5' Signs

