



City Council Meeting - Final

January 29, 2024
7:00 PM

- H. ATH2024-018** Approval of the Smyrna Little League Opening Day Parade on Saturday, March 16, 2024, starting at 10:00 a.m. with rolling road closures and police presence from Campbell Middle School to Brinkley Park following the attached route map.
Ward 3 Councilmember – Travis Lindley



City of Smyrna

Issue Sheet

A Max Bacon
City Hall
2800 King Street
Smyrna, GA 30080

File Number: ATH2024-018

Agenda Date: 1/29/2024

In Control: City Council

File Type: Authorization

Agenda Section:
Consent Agenda

Agenda Number: H

Department: Administration

Agenda Title:

Approval of the Smyrna Little League Opening Day Parade on Saturday, March 16, 2024, starting at 10:00 a.m. with rolling road closures and police presence from Campbell Middle School to Brinkley Park following the attached route map. Ward 3 Councilmember – Travis Lindley

ISSUE AND BACKGROUND:

Smyrna Little League would like to celebrate the opening day of their baseball season with a mobile parade on March 16, 2024. The parade will start at Campbell Middle School at 10:00 a.m. and conclude in Brinkley Park by 10:30 a.m. Set up will begin at 9:00 a.m. and dismantling will conclude by 11:00 a.m. Smyrna Police Department will be present to handle rolling road closures and social media will be updated to inform citizens in the area.

RECOMMENDATION / REQUESTED ACTION:

Staff recommends approval of the Smyrna Little League Opening Day Parade on Saturday, March 16, 2024, starting at 10:00 a.m. with rolling road closures and police presence from Campbell Middle School to Brinkley Park following the attached route map.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
03/08/23

PRODUCER
Keystone Risk Managers, LLC
1995 Point Township Drive
Northumberland, PA 17867

CERTIFICATE #: 3100214-2023-4

3 10 02

INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:
SMYRNA LL
4255 Parkside Court
Smyrna, GA 30082

INSURER A:	Lexington Insurance Company
INSURER B: (Non-Liability)	National Union Fire Insurance Company of Pittsburgh, PA
INSURER C:	AIG Specialty Insurance Company

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.
* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #34 OF THE MASTER D&O POLICY.
** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.

INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS			
A	X	GENERAL LIABILITY	011405746	01/01/2023	01/01/2024	EACH OCCURRENCE	\$1,000,000		
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
						Sexual Abuse AGGREGATE	\$1,000,000		
		MEDICAL PAYMENTS				Any One Person			
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *		
						AGGREGATE	\$1,000,000		
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION				
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION				
		CRIME COVERAGE				EACH LOSS	\$35,000		
						AGGREGATE	NONE		
		CRIME DEDUCTIBLE: \$250 Property/\$1,000 Money							
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

ADDITIONAL INSURED

Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions:
1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

1. MTH Pizza, LLC 2. CCSD

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S.RT. 15 Highway
South Williamsport, PA 17702

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

IMPORTANT

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

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1995 Point Township Drive
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INSURERS AFFORDING COVERAGE:

ADDITIONAL NAMED INSURED:
SMYRNA LL
4255 Parkside Court
Smyrna, GA 30082

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		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000		
		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000		
						Sexual Abuse AGGREGATE	\$1,000,000		
		MEDICAL PAYMENTS				Any One Person			
C	X	DIRECTORS & OFFICERS	015454400	01/01/2023	01/01/2024	EACH LOSS	\$1,000,000 *		
						AGGREGATE	\$1,000,000		
C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
						S&P SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	RETROACTIVE DATE	CONTINUITY DATE
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION	POLICY INCEPTION	POLICY INCEPTION				
	EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY ** \$1,000 PER LEAGUE RETENTION	NOT APPLICABLE	POLICY INCEPTION				
		CRIME COVERAGE				EACH LOSS	\$35,000		
						AGGREGATE	NONE		
		CRIME DEDUCTIBLE: \$250 PROPERTY/\$1,000 MONEY							
B	X	SPORTS EXCESS ACCIDENT	SRG9105434	01/01/2023	01/01/2024	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess		

"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED

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1. Structural alterations, new construction, maintenance, repair or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above named Little League; and
2. That part of the ball field or other premises not being used by the above named Little League.

NAME AND ADDRESS OF PERSON OR ORGANIZATION:

MTH Pizza, LLC
1675 Cumberland Pkwy SE Suite 415
Smyrna, GA 30080

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S.RT. 15 Highway
South Williamsport, PA 17702

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

IMPORTANT

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2023

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 Keystone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867	CONTACT NAME: David Irwin PHONE (A/C. No. Ext): (570) 473-2150 E-MAIL ADDRESS: Dlrwin@Keystoneinsgrp.com	FAX (A/C. No): (570) 473-2151
	INSURER(S) AFFORDING COVERAGE	
INSURED Little League Baseball Risk Purchasing Group, Incorporated SMYRNA LL 4255 Parkside Court Smyrna GA 30082	INSURER A: Lexington Insurance Company	NAIC # 19437
	INSURER B: AIG Specialty Insurance Company	NAIC # 26883
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

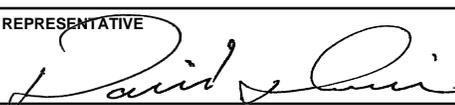
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input checked="" type="checkbox"/> OTHER: Per League	X		011405746	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SEXUAL ABUSE OCC/AGG \$ 1M/\$1M
	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 <input type="checkbox"/> 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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER**CANCELLATION**

MTH Pizza, LLC 1675 Cumberland Pkwy SE Suite 415 Smyrna GA 30080	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 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

MTH Pizza, LLC
1675 Cumberland Pkwy SE Suite 415
Smyrna, GA 30080

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

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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DATE (MM/DD/YY)
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1995 Point Township Drive
Northumberland, PA 17867

CERTIFICATE #: 3100214-2023-4

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		X INCL PARTICIPANTS				Property Damage Deductible: \$250		PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
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C	X	CYBER LIABILITY COVERAGE	015440383	01/01/2023	01/01/2024	LIMIT OF LIABILITY CLAIMS MADE	\$100,000 PER LEAGUE AGGREGATE		
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NAME AND ADDRESS OF PERSON OR ORGANIZATION:

CCSD
PO Box 1088
Marietta, GA 30061

INSURED

Little League Baseball Risk Purchasing Group, Incorporated
539 U.S.RT. 15 Highway
South Williamsport, PA 17702

CANCELLATION

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INSURED Little League Baseball Risk Purchasing Group, Incorporated SMYRNA LL 4255 Parkside Court Smyrna GA 30082		INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: AIG Specialty Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19437 26883	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

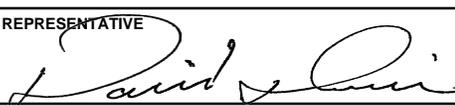
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	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 300,000	
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							SEXUAL ABUSE OCC/AGG	\$ 1M/\$1M
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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						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)

Certificate Holder is named as Additional Insured per form CG 2026 (04/13)

CERTIFICATE HOLDER**CANCELLATION**

CCSD PO Box 1088 Marietta GA 30061	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 
--------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

CCSD
PO Box 1088
Marietta, GA 30061

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

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CITY OF SMYRNA EVENT PERMIT APPLICATION



CITY OF SMYRNA EVENT PERMIT APPLICATION
Must be submitted ninety (90) days prior to event

Application Date: Jan 10, 2024 Name of Representative: Alison Chappell

Name of Organization: Smyrna Little League (SLL) Federal Tax ID/EIN: 58-1462774

Address: 1270 Hunter St.

City: Smyrna State: GA Zip Code: 30080

Telephone #: 404-964-8234 Fax #: _____

Purpose of Event Permit: SLL Opening Day Parade

Type of Event: Festival/Arts Show Parade Other _____

Please fill out a Racing Event Permit Application for walks, runs, and bike races.

Proposed Event Date: Saturday March 16 2024

Proposed Assembling Location: Campbell Middle School Parking Lot

Time of Assembling: 9:00 AM Event Start Time: 10:00 AM

Event End Time: 10:30 AM Time Dismantling Complete: 11:00 AM

Description of Event (attach additional page if more space is needed):

SLL Opening Day parade of Teams
~ 50 trucks w/ teams
Smyrna FD - Firetruck
No walking attendees.

CITY OF SMYRNA EVENT PERMIT APPLICATION

Projected Attendance: 750 Previous Year's Attendance: 600

Does this event require street closures? Yes (attach street closure map) No

Streets to be closed: partial Atlanta Rd, W. Spring St, King St, Concord

Closure Date and Time: 10:00 AM 3/16/24 Reopen Date and Time: 10:30 AM 3/16/24

Number of Off-Duty Police Officers requested (minimum 4 hours per officer): will be handled by Sgt. Cole at no cost

Fees: Patrolling - \$55/hour/officer

Directing Traffic - \$65+/hour/officer

Total number of portable restrooms: 0 Total number of portable ADA restrooms: 0

Portable restroom company and phone number: _____

Please refer to the Georgia Department of Public Health [Portable Sanitation Brochure](#) or www.dph.georgia.gov, and the Americans with Disabilities Act of 1990 (ADA), for rules and guidelines.

Will generators be used? Yes No

Generator company and phone number: _____

Will tents be used? Yes No

If yes, number of tents: _____ Tent size: _____

Will food or non-alcoholic beverages be served or sold? Yes No

Approval from Cobb & Douglas Public Health may be required. Please visit the [Cobb & Douglas Public Health website](#) or call 770-514-2300 to discuss food and beverage regulations before submitting an application.

Will alcohol be served or sold? Yes No

Temporary alcohol license requests require approval of the Mayor and City Council and must be requested a minimum of sixty (60) days prior to the day of the event.

Will any non-food items be sold? Yes No

Will there be any entertainment or music? Yes No

If yes, describe: _____

CITY OF SMYRNA EVENT PERMIT APPLICATION

Attachments & Acknowledgements:

- Event Site Plan showing the proposed event area and any/all items related to the event.
- Street Closure Map
- Parade Route (if applicable)
- Event Description (if more space is required)
- Signed Release and Indemnity Agreement: Attached in application packet.
- Proof of Liability Insurance: May be required based on event size and is due thirty (30) days before the event.

This information contained in the permit application will be submitted to the Smyrna Police Department and other related departments. Any changes in the date, time, composition, and/or route of the event must be approved by the police department, City management, and/or Mayor and Council. Upon approval of this application, this document will serve as your permit. The permit is to be carried by the lead representative of the event and is to be shown upon request. The City of Smyrna reserves the right to deny permission for activities in the streets and parks of the City.

The applicant acknowledges that the event is the responsibility of the event organizer, which includes planning, implementation, logistics, supplies, and resources. Requests to use City resources must be made in writing and approved with this process.

Applicant: Elison Cheppel Date: 1/8/2024

Approved By: _____ Date: _____

Fire Marshal

_____ Date: _____

Traffic Supervisor/Deputy Chief/Chief – Smyrna PD

City Administrator Approval: _____ Date: _____

**CITY OF SMYRNA
RELEASE AND INDEMNITY AGREEMENT**

In consideration of participation in said special event the undersigned organization/business/group/individual hereby agrees and warrants that they shall release, defend, indemnify and save harmless the City of Smyrna, its officers, directors, employees and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assigns and agents from any and all costs, expenses, restrictions, claims, demands, suits, actions, proceedings, damages, liabilities, deficiencies, judgments, levies, costs or expenses, including, but not limited to, attorney's fees and expenses of any kind and nature, including, but not by way of limitation, any claim for damages to property or injuries to or death of any person or persons relating to or arising from the special event or related activities, regardless of whether arising from the negligence or wrongful acts, errors or omissions of the City of Smyrna.

Without limiting the generality of the foregoing, the undersigned organization/business/group/individual agrees that they shall reimburse the City of Smyrna for legal fees and other costs incurred in the City of Smyrna's defense of such claims of litigation. The City of Smyrna shall have the right to participate in the defense of any claims or litigation and shall have the right to approve any settlement.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries or damages which are unknown or unsuspected to exist at the time, to the person executing such release, are hereby expressly waived.

The undersigned organization/business/group/individual acknowledges that the agreement hereby releases and discharges the City of Smyrna, its officers, directors, employees and agents, of any and all claims, relating to any bodily and personal injuries or damages to property and the consequences thereof resulting from their participation in the said special event. I do hereby covenant with the City of Smyrna that I, my heirs, executors, assigns and transferees will never at any future time sue the City of Smyrna for or on account of any claim for damages arising out of my participation in the said special event whether such claims arise by negligence of the City of Smyrna, its employees or agents, or by the negligence of any other participant.

It is further agreed and understood that said participation in the special event is not to be construed as an admission of liability and acceptance of assumption of responsibility by the City of Smyrna, its officers and members.

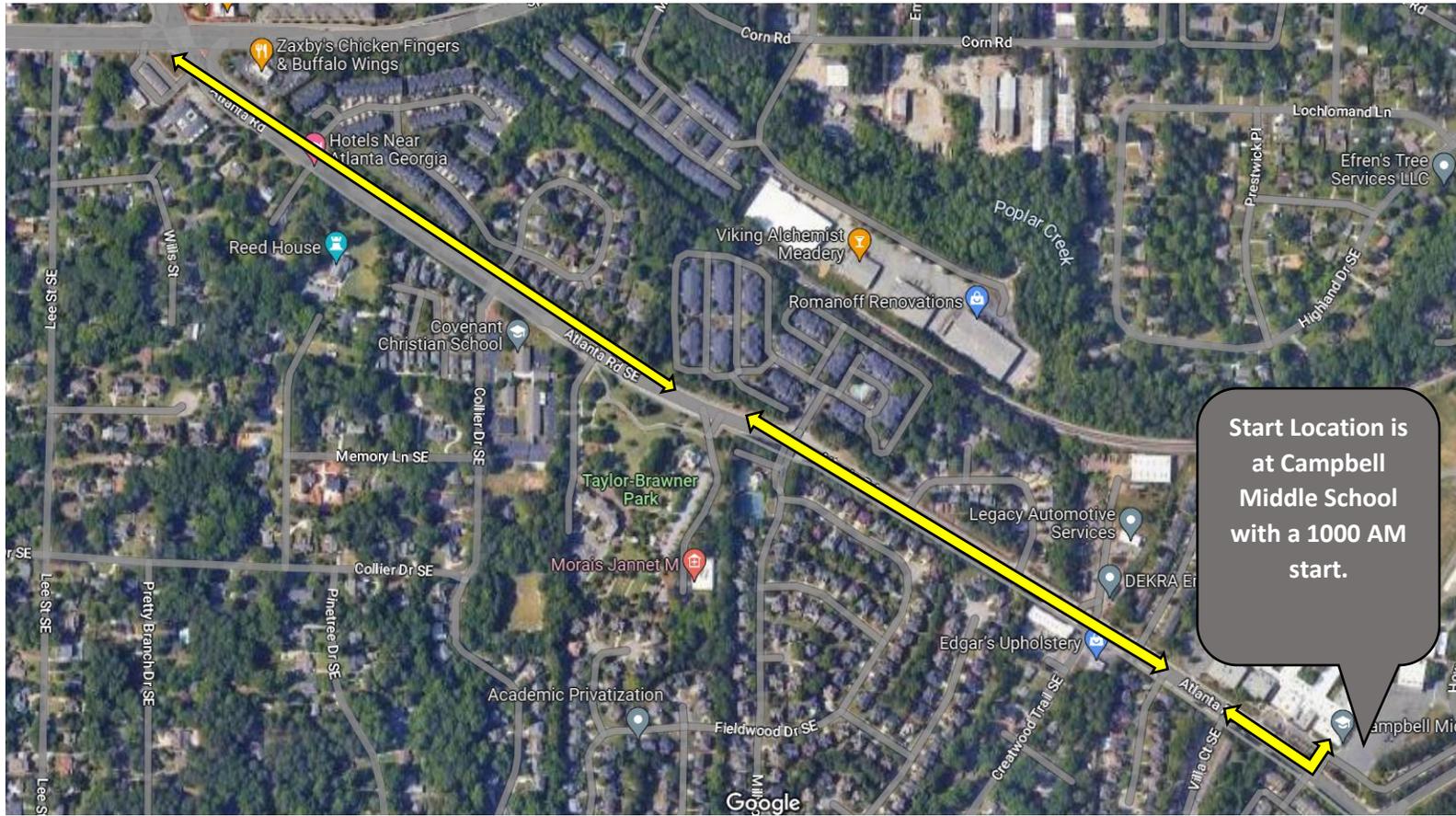
This is the 8 day of January, 2024.

NAME OF ORGANIZATION/BUSINESS/GROUP/INDIVIDUAL:

Smyrna Little League

INDIVIDUAL RESPONSIBILITY Miriam Chappell
(Signature)

Smyrna Little League Parade



Start Location is at Campbell Middle School with a 1000 AM start.

