



COLUMBIA COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM REQUEST FORM

The Board of County Commissioners meets the 1st and 3rd Thursday of each month at 5:30 p.m. in the Columbia County School Board Administrative Complex Auditorium, 372 West Duval Street, Lake City, Florida 32055. All agenda items are due in the Board's office one week prior to the meeting date.

Today's Date: June 9, 2020

Meeting Date: June 18, 2020

Name: Esther Chung

Department: Bcc Administration

Division Manager's Signature: _____

Ben Scott

1. Nature and purpose of agenda item:

Chamber of Commerce - Fireworks Display - July, 4, 2020

2. Recommended Motion/Action:

Approve display

3. Fiscal impact on current budget.

This item has no effect on the current budget.



Chamber Builders:

Anderson Columbia
Co., Inc.

City of Lake City

Columbia Bank

Columbia County
Board of
Commissioners

Do It Yourself
Lettering, Inc

Florida Power and
Light

First Federal Bank
of Florida

Florida Gateway
College

HAECO

Lake City Medical
Center

Lake City Reporter

Meridian Behavioral
Healthcare, Inc.

North Central Florida
Advertiser

North Florida Mega
Industrial Park

Nutrien

Odom, Moses &
Company/
Raymond James

Shands Lake Shore

S & S Food Stores

VyStar Credit Union

June 8, 2020

Honorable, Toby Witt, Chairman
Columbia County Board of County Commissioners
135 NE Hernando Ave. Ste 203
Lake City, FL 32055

Dear Commissioner Witt:

The Lake City – Columbia County Chamber of Commerce hereby requests the permits necessary to produce the annual 4th of July Firework Celebration. The event will be held on July 4th, 2020 at the Columbia County Fairgrounds/Rodeo Arena. The fireworks will be launched at approximately 9:20pm or when it is dark enough for optimal viewing. The pyrotechnics will be launched by Kynex Inc. Fireworks. Attached is their liability insurance and other necessary information.

For the past several years, it was agreed by all parties that the security of the event would be handled by the CCSO, the traffic control on HWY 90 and surrounding areas leaving the fairground property would be managed by the LCPD, the Lake City Public Works Department would handle the event logistics and the fire control would be handled by the CCFD. The above referenced agencies will have an event logistics meeting preceding the event to ensure all areas of the event are covered.

In previous years, it has been determined to ensure public safety we will need the following:

- Road closure permits for:
 - Bascom Norris Road from CR 247 to Mary Ethel Lane.
 - Mary Ethel Lane from Bascom Norris to CR 247
- Mosquito spray the fairground area, specifically near the Rodeo Arena.
- Have the ability to remotely control the traffic light from the intersection of CR 247 and Bascom Norris.

As always, our goal is to produce a safe, fun, family event for the members of our community. I welcome the opportunity to speak with any member of the board should they have questions or concerns. We appreciate your continued support and cooperation as we plan one of Columbia County's biggest events.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa M. Pinto".

Theresa M Pinto
Executive Director

162 South Marion Avenue Lake City, FL 32025
Phone (386) 752-3690 Fax (386) 755-7744
www.lakecitychamber.com

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
6/08/20

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	K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME:	SMALL COMMERCIAL UNIT	
		PHONE (A/C, No. Ext):	877-783-1161	FAX (A/C, No):
		E-MAIL ADDRESS:	SCU@KANDKINSURANCE.COM	
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A:	NATIONWIDE MUTUAL INSURANCE CO	23787
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:**

2007984

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. NC=NOT COVERED

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 <u>Owners & Contractors</u> <input checked="" type="checkbox"/> LIQ LIAB \$1M & LIQ AGG \$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		Y	FWC0031173800	12:01AM 5/26/20	12:01AM 5/26/21	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) NC PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE 5000000 PRODUCTS-COMP/OP AGG 5000000 Part Lgl Liab NC
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FWC0031173800	12:01AM 5/26/20	12:01AM 5/26/21	COMBINED SINGLE LIMIT (Ea Accident) 1000000 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) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A			PER-STATUE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

CERTIFICATE HOLDER IS ADDED AS AN ADDITIONAL INSURED, BUT ONLY FOR LIABILITY CAUSED, IN WHOLE OR IN PART, BY THE ACTS OR OMISSIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER**CANCELLATION**

CITY OF LAKE CITY 205 N. MARION AVENUE LAKE CITY, FL 32055	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 