

Society of Black Hats
Witches Ride

Event Date(s): October 28, 2023

Added to Rec Calendar: 6/26/23

Added to Legistar: 6/26/23

Legistar File ID #: 23-0359

Agenda Date: 7/17/2023

Event: ☐ Approved ☐ Disapproved

Park Rental Fee: _____

Damage Deposit: _____

Total Amount Due: _____

Total Amount Paid: _____

Payment Date: _____

Balance Due: _____

Receipt #: _____

Internal Use

Final Application for Parade/Demonstration/Road Closure

Foley Police Department
200 East Section St
Foley, AL 36535

Instructions: This application shall be filed not less than ten (10) days before the date on which it is proposed to conduct the parade/demonstration/road closure.

What are you applying for?

☒ Parade ☐ Demonstration ☒ Road Closure

Name of Sponsoring Organization: Society of Black Hats

Applicant: Mell Davis & Anne Stenens

Event Manager/Person in Charge: Anne Stenens Mell Davis
(If there is a different person in charge of activities at different locations, each person must be listed.)

Address: 306 Bristol Way Foley, AL

Day Phone: _____ Evening Phone: _____

Cell Phone: 251.978.4721 Fax: _____

Email: Mk davis 219 @ gmail - com

Purpose of Application for Permit: Foley Witches Ride

Estimated Number of Participants: 600-800

Date of Activity (Month/Day/Year) From: 10.28.23 To: 10.28.23

Starting Time: 5 a.m. ☐ p.m. ☒ Disbanding Time: 10 a.m. ☐ p.m. ☒

List any Special Equipment (hand carried, shown, displayed, props, stages, sound equipment, and other structures) that will be used in assembly or rally areas

(If insufficient space, list on separate sheet) N/A

Parade/Demonstration Route/Assembly area (If insufficient space, list on separate sheet) See Attached

Please list street closures and why they are necessary (If insufficient space, list on separate sheet) Hwy 59 @ E Violet Ave for participants to cross at beginning and end of bike ride.

Additional Application for Parade/Demonstration/Road Closure

(continued)

Number & Type of Vehicles: Bikes & Golf Carts - Bikes - 400 Golf Carts - 12

Number & Type of Animals: N/A

Number & Type of Bands: N/A

Number & Type of Banners: N/A

Number & Type of Signs: N/A

Number & Type of Special Props: N/A

Number of Parade Marshals: 1

Speed (if applicable) units at which the Parade/Demonstration is to move:

Minimum: _____ Maximum: _____

APPLICATION/PERMIT NOT VALID UNLESS SIGNED

Signature of person filing application/permit: Mell Davis

Printed name of person filing: Mell Davis

Contact Information

Address: 306 Bristol Way

Day Phone: _____ Evening Phone: _____

Cell Phone: 251. 978. 4721 Fax: _____

Email: mkdavis@gmail.com

No person or entity shall engage in, participate in, aid, form, join, incite, continue, organize, or start any Parade/Demonstration/Road Closure unless a Parade/Demonstration/Road Closure Permit has first been obtained from the Police Chief. The Police Chief, if he deems necessary, may require the applicant to designate a certain number of additional people who, along with the Event manager, shall be responsible for conducting the Parade/Demonstration/Road Closure in an orderly manner in compliance with the Parade/Demonstration/Road Closure Permit and other laws and regulations.

For Internal Use Only

Date Submitted: _____ Application Approved ☐ Application Denied ☐

Leisure Services Signature: _____

Police Chief's Signature (if needed): _____

Fire Chief's Signature (if needed): _____

Event Details

Event Title: Foley Witches Ride

Purpose:

☐ Athletic/Recreation

☒ Parade*

☐ Festival/Fair

☐ Demonstration*

☐ Outdoor Market

☐ Concert/Performance

☐ Social

☒ Road Closure*

*Additional paperwork is required to be submitted directly to Foley PD. Please See Appendix A

Provide a clear statement of the specific reason(s) you believe the event will significantly contribute to and benefit the City of Foley.

All funds raised go back into our community. We give donations to Family Promise, Summer Backpack Feeding program, Foley High School, Foley Middle School, Foley Elementary & Mathis Elementary. We also donate to Turkey Take Out.

Provide a clear statement of the opportunity for City-wide citizen participation in the event.

Participation can occur on 3 levels, rider-women only - spectator or After Party attendee. Plenty of opportunity for the residents of Foley & surrounding areas to join in the fun.

Are there any potential negative impacts to the local business community or surrounding areas?

None - our event brings a number of people to downtown Foley.

The City reserves the right to request an Event Application Presentation to staff if they deem the event to have an impact on the surrounding community.

Event Details Continued

Setup Date & Time: 10.28.23 9:am
Event Start Date: 10.28.23 Event Start Time: 5 pm
Event End Date: 10.28.23 Event End Time: 10 pm
Clean-up Date & Time: 10.28.23 - 10pm

Outdoor entertainment may take place from 8 am – 10 pm, Sunday – Thursday and 8 am – 11 pm on Friday and Saturday.

Main Contact Name: Mell Davis & Brenda Shambo
Phone Number: 251.978.4721 Backup Phone Number: _____
Email Address: mkdavis219@gmail.com

Where will the event take place?

☐ Public Property

☒ Park Property

Estimated Attendance: 700

Estimated Attendance Previous Year: 500

Estimated Attendance During Peak: 700

Event Website/Facebook Page: Facebook - Foley Witches Ride

Event Promoter (if other): _____

Is this a repeat event for the City? Yes - yearly

Will the event include any of the following?

☐ Fireworks

☐ Generators

☒ Live Entertainment

☐ Tents

☒ Alcohol - 320B

☐ Petting Zoo, Carnival, Circus, Inflatables (if yes additional insurance will be required)

☐ Open Flames of Any Type

☒ Mobile Food Vendors

☒ Street Closure

☒ Parade

☐ Tents over 400 sq. ft.

☐ Other _____

Required Documents

Site Plan

- Provide a detailed plan on the location of the following:
 - Music, barricades, food truck and vendor layout
 - Number of toilets (how often are toilets serviced) and hand-washing sinks
 - Entries and exits, including emergency access if deemed necessary

Utilities Plan

- Utilities including electrical requirements/generators and water supply.
- Obtaining complete electrical and water needs information from vendors, musicians, tent lighting, entertainers, exhibitors, is the responsibility of the event organizer.
- Event organizers will need to decide if the existing power facilities are suitable.
- The installation and distribution of all electrical power used to support the event shall be completed by a licensed electrician. In some cases, electrical distribution plans and load calculations prepared by a licensed electrician may be required.

Security/Safety Plan

- Plan will be developed and approved in coordination with Foley PD/FD
- Please describe your security plan including crowd control, internal security, and venue safety.
- Foley PD officers are required when alcohol will be served at City facilities.

Emergency Action Plan

- Please describe your basic emergency response plan including:
 - Identification of who will make key decisions such as canceling the event
 - Plans for communicating with event staff, volunteers, guests, vendor, on-site police/security, and first aid providers
 - Plan for safely managing site evacuation
 - Plan for injured participants or lost children
 - Plan for securing potentially dangerous items on the event site (tents, signage, propane tanks, and items that can be propelled by high winds)
 - Plans for inclement weather

Medical Plan

- This will require a plan to be approved by Foley Fire Department.
- The event organizer shall be responsible for making adequate plans for medical coverage of performers, employees, participants, and attendees. Please describe your medical plan including your communications plan and the types of resources that will be at your event.
- Please identify any medical aid areas.

Required Documents (continued)

Waste Management Plan

- Consideration must be given at all times to how waste generated by event will be managed by Event Organizer. Depending on the details of your event, you may be required to develop a Waste Management Plan. Please note, if waste is left at City venues following an event the cost of removal and clean-up will be passed on to the Event Organizer.

Noise Control Plan

- Please describe the sound equipment that you will use Live Band - Vocals,
Guitars & Drums + Speakers & Amp
- Will you be using amplification? ☒ Yes ☐ No
- What noise sources are anticipated from the event?
 - ☒ Pre-recorded
 - ☒ Live music/band
 - ☐ Acoustics
 - ☐ PA System
 - ☐ Other _____
- Please provide a list of performers, performance type, music genre, performance times and duration. The complete performance list is required 7 days prior to the event.

Road Closures

- Parades and Road Closures must be approved by City of Foley PD. All events must give substantial notice (60 days) to minimize the risk to your event.

Additional Service Providers

- Provide a complete list all event service providers 7 days prior to event including EMS, Carnival Operators, Portable Toilets, Tables/Tents, Barricades/Traffic, etc. This must also include all food vendors so Foley FD can check for adherence to fire code.

Marketing Materials

- Any signage must comply with the City's Temporary Advertising Signs Policy. Signage must be robust and of good quality. Additional signage may require a permit,
 - Do you wish to erect signage or banners within the City to promote your event?
☒ Yes ☐ No
 - Type of signage or banners: The only signs we use are along
the approved ride route - placed & removed same day

Required Documents Continued

Certificates of Insurance

- Any amusements rides or inflatables required additional insurance with the City listed as an additional insured. In addition to completing the application form and paying permit and rental fees (when applicable), the applicant is required to submit an original certificate of insurance showing Commercial General Liability coverage with a minimum of \$1,000,000 combined single limit per occurrence. If any alcohol will be served, liquor liability coverage must be obtained and is subject to Alabama's statutory limits. If the applicant has employees, workers' compensation insurance must be obtained and is subject to Alabama's statutory limits. The applicant also agrees to endorse the City of Foley (City of Foley, Alabama, Attn: Special Events Division, P.O. Box 1750, Foley, AL 36535) as an additional insured on the general liability, auto, and liquor liability policy and to include a copy of each endorsement with the certificate of insurance. Proof of insurance, acceptable to the City, shall be furnished no later than five (5) days preceding the date of the assembly. Failure to provide proof of insurance will automatically revoke permit. Each certificate of insurance shall provide that the insurer must give the City of Foley at least twenty-one (21) days' prior written notice of cancellation and termination of the applicant's coverage there under.

Events run for profit and commercial purposes will be subject to an application fee. Please contact the City of Foley for current fees and charges. Processing Fee TBD due 21 days prior. Applications will not be accepted less than 21 days before an Event Date. All vendors participating in events must have a business license or special event license.

Fire Department Representative: _____

Police Department Representative: _____

Public Works Department Representative: _____

Leisure Services Department Representative: _____

Department	Estimated Cost
Fire Department	
Police Department	
Public Works	
Leisure Services	
TOTAL	

City Council Approval Date: _____

Self-Certification Form

I/We, Society of Black Hats, as the event organizer seeking approval to host an event within the City of Foley, acknowledge that the information submitted in this application is true and correct.

I/We accept full responsibility for any damages incurred to City of Foley premises including irrigation lines, electrical lines, water mains, electricity, toilets, pavilion, and other permanent structures as a result of our activities during the specified contract period.

I/We indemnify the City of Foley against any action, suit or proceeding caused by my failure to observe all statutory and or other requirements or as a result of my negligence or willful actions.

I/We will ensure the appropriate liability and other insurances are in place for the activities to be conducted.

I/We understand that I am responsible for obtaining approval from all applicable agencies.

I/We will keep a copy of the completed form on-site during the event to present upon request to any police officer prior to or during the event.

I/We will provide a post event letter to the Mayor and Council to identify the contributions made to the local community.

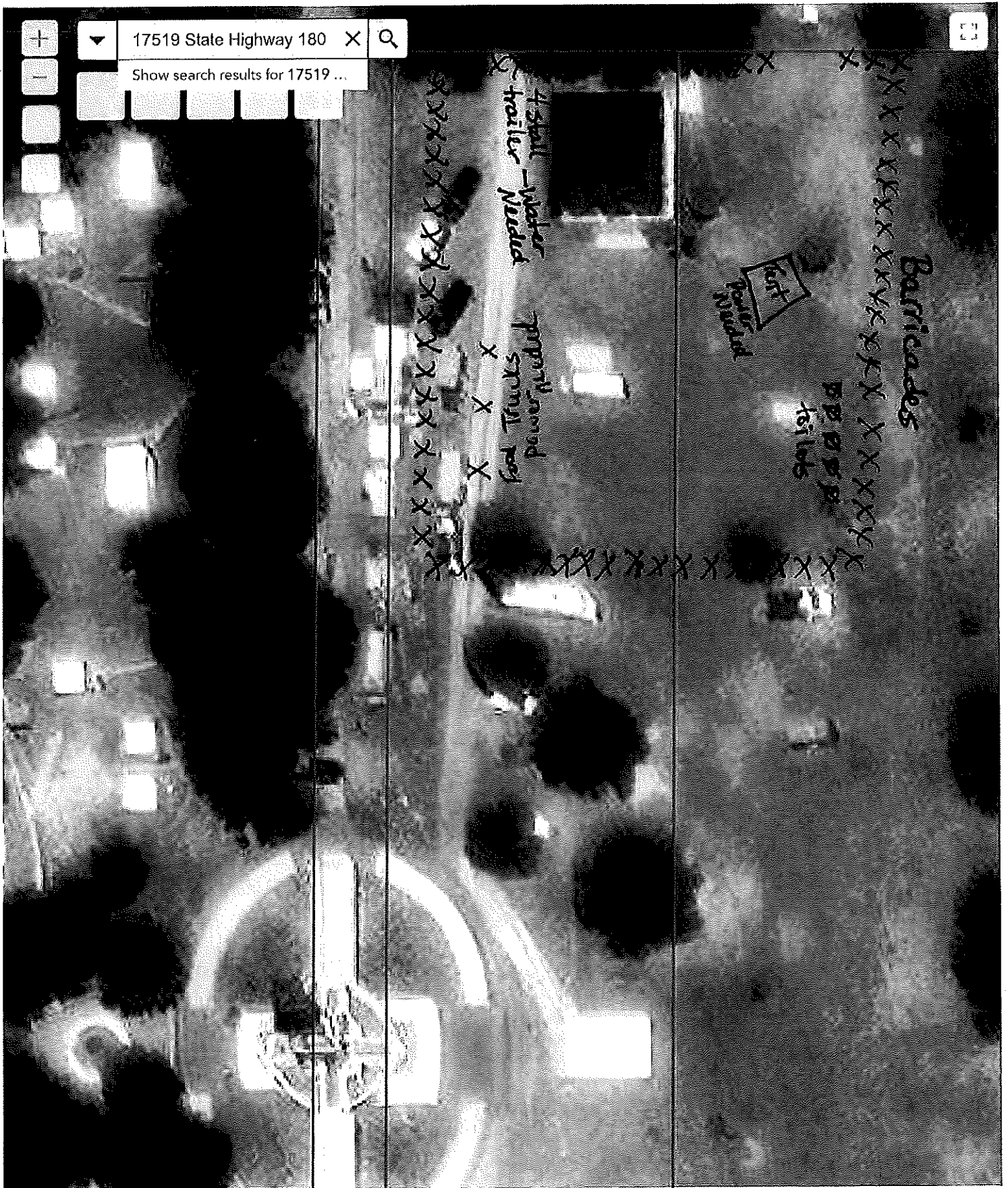
Signature: Anne Stevens
Print Name: Anne Stevens

Date: 4/26/22

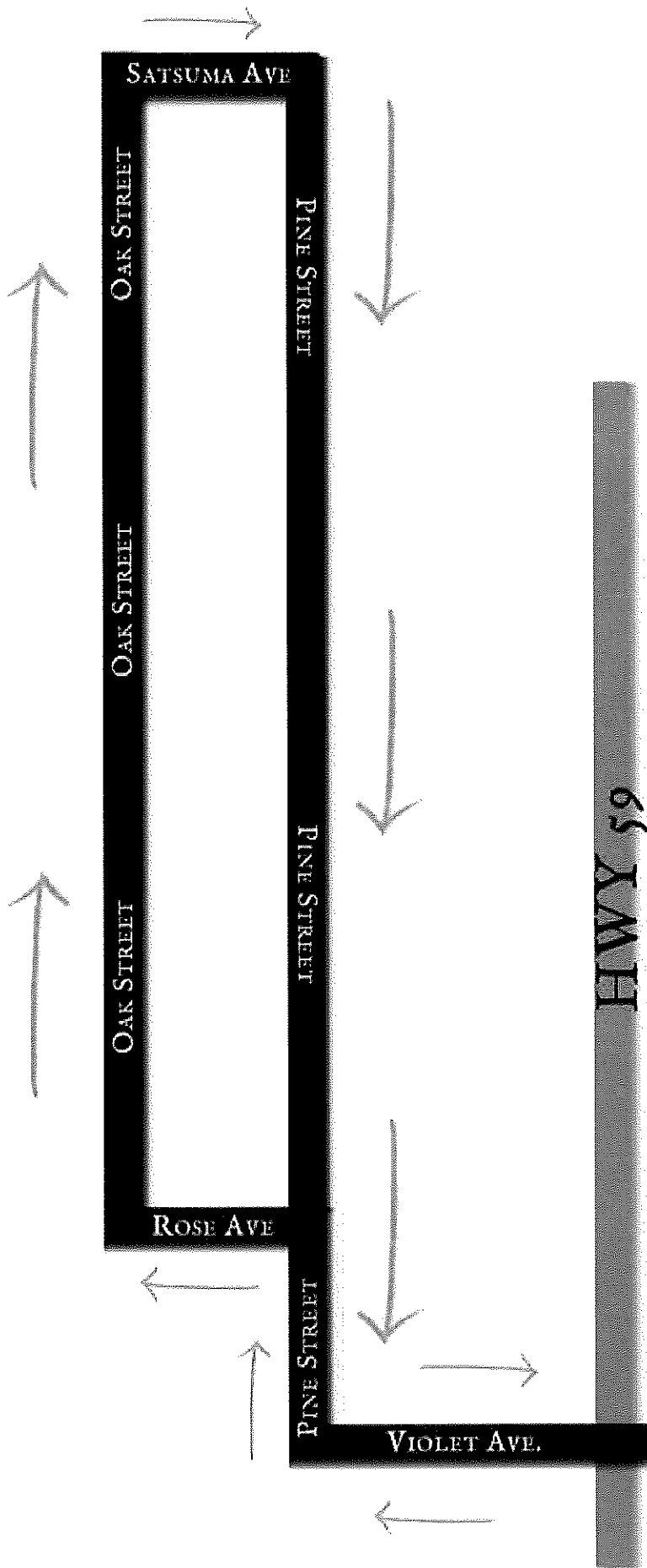
2023 Witches Ride Event Application Addendum

7.6.23

- If you are planning to use the Heritage Park/gazebo area for the after party event we will need that noted in the event details.
****We will be using Heritage Park/Gazebo area for the Witches Ride After Party. The event will conclude at 10 p.m.***
- If you are requesting fees to be waived we will need that noted in the event details.
****We are a 501C3 Non-Profit organization and request that all fees be waived***
- If you are requesting the approval to serve alcohol (BYOB) in the park we will need that noted.
****We are requesting that alcohol be allowed in the park for the event, it is advertised as BYOB.***
- If you will need the city to provide barricades we will need that noted as well.
****We will need the event space to be enclosed with barricades, please see map.***
- We also need to know if you will have food vendors/trucks and how many.
****We will have 2-3 food trucks at the event, all will need power.***
- The time you will need the street blocked...last year's agenda noted 3pm - 6pm.
- ****We will need the E. Violet Ave. blocked off from 3-6 p.m.***



40ft



SATURDAY
OCTOBER 30

WITCHES
TAKE FLIGHT
AT 5:00 PM

FOLEY
HERITAGE
PARK



P O Box 1750
Foley, Alabama 36536-1750
251-943-1545

QUESTIONNAIRE FOR COUNCIL AGENDA REQUEST

1. NAME: Mell Davis
2. COMPANY/ORGANIZATION NAME: Society of Black Hats
3. ADDRESS:
4. CONTACT PHONE NUMBER: 251. 948. 4721
5. EMAIL ADDRESS: Mkdavis219@gmail.com
6. TOPIC FOR COUNCIL AGENDA: Permission For Annual Witches Ride 10.28.23
7. PROGRAM NAME: Foley Witches Ride
8. WHAT IS THE TOTAL PROJECTED COST? N/A
9. ARE YOU REQUESTING CITY FUNDS?
YES ☐ NO ☒
10. HOW MUCH CITY FUNDS ARE YOU REQUESTING? N/A
11. IF FUNDS ARE GRANTED BY THE CITY, WHAT EXACTLY WILL THE FUNDS BE USED FOR?
Ads ☐ _____
Sponsorship ☐ _____ N/A
Other ☐ _____
12. WHAT IS THE DATE OF WHICH ANY FUNDS ARE NEEDED BY? N/A
13. IF THIS IS A COMMUNITY ACTIVITY, HOW MANY PEOPLE ATTEND/PARTICIPATE IN THIS PROGRAM?
450-500 Riders + 200 After Party Guests
14. HAS YOUR COMPANY/ORGANIZATION PREVIOUSLY RECEIVED FUNDS FROM THE CITY OF FOLEY?
YES ☐ NO ☒
15. IF YES, HOW WAS THE FUNDS USED AND HOW MANY PEOPLE BENEFITED FROM THE FUNDS?
N/A
16. HAVE YOU APPLIED FOR ANY GRANT FUNDS?
YES ☐ NO ☒

COASTAL ALABAMA FARMERS AND FISHERMENS MARKET, INC. ("CAFFM")

RENTAL APPLICATION

Applicant Name: Mell Davis

Organization Name: Society of Black Hats 501 (c) 3 ☒ Yes ☐ No

Applicant Physical Address: 306 Bristol Way Foley, AL 36535

Applicant Mailing Address: Same as above

City _____ State _____ Zip _____

Applicant Telephone numbers: () 251.978.4721

Date of Event: 10.28.23 Event Times - Begins: 6 p.m. Ends: 10 p.m.

Type of Event: After Party of Witches Ride

Number of Attendees: 299 (max capacity not to exceed 299) Selling Tickets: Yes ☒ No ☐

Alcohol: ☒ Yes ☐ No * Applicant is required to have City of Foley Police Officer(s) present during an event at CAFFM where alcoholic beverages are consumed. (One officer per 100 people @ \$45 per hr). See Exhibit B to Rental Contract for terms and conditions of serving/consuming alcoholic beverages at CAFFM.

Music: ☒ Yes ☐ No Type: Cover Band Name of Group: TBD

Space Usage: ☒ CAFFM Facility

Pricing

- Consumer Rate - \$400.00
- Commercial - \$500.00
- Damage Deposit Required

Additional Fees will be charged for the following

* Ice - Contact Chase at 251-979-6757

Applicant Signature: Mell K Davis Date: _____

TOTAL AMT. DUE _____ **OFFICE USE ONLY** CONTRACT NUMBER _____

- | | |
|-----------------------------------|-----------------------------------|
| 1) Function: Approved Disapproved | 5) Walk-Thru Scheduled _____ |
| 2) Contract Issued _____ | 6) Police Officer Scheduled _____ |
| 3) Signed Contract Received _____ | 7) Damage Deposit Received _____ |
| 4) Rental Deposit Received _____ | 8) Paid In Full _____ |

Amt. Pd.: _____ Date: _____ Amt. Pd.: _____ Date: _____ Amt. Pd.: _____ Date: _____