

# WOMEN'S CARE

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Post Office Box 1610  
Robertsdale, Alabama 36567



# MEDICAL CENTER

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251.947.2111  
[www.FriendsofWCMC.org](http://www.FriendsofWCMC.org)

June 12, 2025

City of Foley  
P.O. Box 1750  
Foley, AL 36536

Dear City Council,

Women's Care Medical Center is a 501c3 organization and has been providing early pre-natal care to women in unplanned pregnancies since 1990. We are also partners in education with the Baldwin County Board of Education and provide abstinence education programs. We are located in Robertsdale and Gulf Shores and serve the entire county. Last year alone we served over 2600 clients from all across our county and taught over 4600 students. All our services are free of charge.

I am requesting your permission to use the Max Griffin Park for our annual Walk for Life to be held on March 14, 2026. The event is held from 7:30 a.m. till 10:00 a.m. and we are expecting around 80 people. The walkers generally do not come all at once but come at various times thru out the event.

We do not receive any government funding and rely heavily on our Walk for Life fundraiser to be able to continue to serve women and children and provide abstinence education in our schools. Thank you in advance for your consideration to waive any fee that may be required to use the John B. Foley Park.

We are thankful for your past gracious welcome in Foley and remain grateful for our partnership in helping women in unplanned pregnancy. Thank you for your kind consideration in using your park.

Sincerest Regards,

Sue Leavins  
*Executive Director*

# Foley



## Special Event Application

All outdoor events on public property that meet one or more of the following criteria must complete a Special Event Application.

- Multiple Vendors on One Property (Does not Apply to Mobile Food Vendors)
- Parade or Street Closures (a minimum of 60 days prior is required)
- Serving or Selling Alcohol on Public Property
- Activities on Park Property of more than 250 people

Additionally, any private, city-sponsored, outdoor event of more than 250 people requiring city resources also needs to complete a Special Event Application.

The City of Foley takes pride in the quality and safety of festivals, parades, and other special events that take place throughout the year. Please complete this application accurately and completely. Due to an overwhelming demand for rentals, events and the turnaround needed, City staff may be unavailable. For questions, please email [specialevents@cityoffoley.org](mailto:specialevents@cityoffoley.org)

Application for activities which will cause major impact on the use of a park or park facility may be reviewed by the City Council. The City Council may approve such an activity including closure/fencing of a park or park facility and the charging of admission for the activity.

In determining if the exclusive use of a park, park area, or facility should be approved, the following factors shall be considered by the City Council:

- The proposed event will not obstruct the operation of emergency vehicles or equipment in or through the permit area.
- The proposed event does not present a safety, noise or traffic hazard.
- The proposed event conforms to regulations regarding the use or allowable number of participants for the proposed venue, location or site.
- The proposed event does not violate any ordinances/laws of the City of Foley, State of Alabama, or the United States.
- The proposed event can be deemed beneficial to the public and the local business community.
- The proposed event does not create additional burden on the City of Foley, the local business community, or the citizens as a whole.

Event Date(s): March 14, 2020

Added to Rec Calendar: \_\_\_\_\_

Added to Legistar: \_\_\_\_\_

Legistar File ID #: \_\_\_\_\_

Agenda Date: \_\_\_\_\_

Event: ☐ Approved ☐ Disapproved

Park Rental Fee: \_\_\_\_\_

Damage Deposit: \_\_\_\_\_

Total Amount Due: Please Waive

Total Amount Paid: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Balance Due: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Internal Use





## Event Details

Event Title: Women's Care Medical Center Walk-a-thon

Purpose:

☐ Athletic/Recreation

☐ Outdoor Market

☐ Parade\*

☐ Concert/Performance

☐ Festival/Fair

☐ Social

☐ Demonstration\*

☐ 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.

Walk-a-thon helps maintain yearly budget.  
We have an office in Gulf Shores and one in  
Robertsdale that serves men and women who live in  
Foley. All of our services are no cost so we have to  
raise funds to cover expenses.

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

Everyone is welcome to participate in our walk.  
Many Foley citizens and churches participate in  
this event each year!

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

No

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: March 14, 2026 7am  
Event Start Date: March 14, 2026 Event Start Time: 7:30 am  
Event End Date: March 14, 2026 Event End Time: 10:00 am  
Clean-up Date & Time: March 14, 2026 10:30 am

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

Main Contact Name: Tricia Hughes  
Phone Number: 251-599-0381 Backup Phone Number: Sue 251-406-4007  
Email Address: Sue.lewisa@womenscaremedicalcenter.org

Where will the event take place?

☐ Public Property

☒ Park Property

Estimated Attendance: 80 come and go

Estimated Attendance Previous Year: 83

Estimated Attendance During Peak: \_\_\_\_\_

Event Website/Facebook Page: \_\_\_\_\_

Event Promoter (if other): \_\_\_\_\_

Is this a repeat event for the City? Yes, we have done annually

Will the event include any of the following?

☐ Fireworks

☐ Mobile Food Vendors

☐ Generators

☐ Street Closure

☐ Live Entertainment

☐ Parade

☒ Tents only if it is raining for  
sign in (10x18)

☐ Tents over 400 sq. ft.

☐ Alcohol

☐ Other \_\_\_\_\_

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

☐ Open Flames of Any Type



# 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 N/A
- 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 of 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: \_\_\_\_\_



## 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	
<b>TOTAL</b>	

City Council Approval Date: \_\_\_\_\_



## Self-Certification Form

I/We, Sue Leavins, 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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Additional Application for Parade/Demonstration/Road Closure

TO: 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: \_\_\_\_\_

Applicant: \_\_\_\_\_

Event Manager/Person in Charge: \_\_\_\_\_

(If there is a different person in charge of activities at different locations, each person must be listed.)

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Purpose of Application for Permit: \_\_\_\_\_

Estimated Number of Participants: \_\_\_\_\_

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

Starting Time: \_\_\_\_\_ a.m. ☐ p.m. ☐ Disbanding Time: \_\_\_\_\_ 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) \_\_\_\_\_

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

Please list street closures and why they are necessary (If insufficient space, list on separate sheet) \_\_\_\_\_



## Additional Application for Parade/Demonstration/Road Closure (continued)

Number & Type of Vehicles: \_\_\_\_\_

Number & Type of Animals: \_\_\_\_\_

Number & Type of Bands: \_\_\_\_\_

Number & Type of Banners: \_\_\_\_\_

Number & Type of Signs: \_\_\_\_\_

Number & Type of Special Props: \_\_\_\_\_

Number of Parade Marshals: \_\_\_\_\_

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: \_\_\_\_\_

Printed name of person filing: \_\_\_\_\_

### **Contact Information**

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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): \_\_\_\_\_