

**TOWN OF JONESBOROUGH  
BOARD OF MAYOR AND ALDERMEN  
AGENDA PRESENTATION**

**DATE:** June 15, 2026      **AGENDA ITEM #:** Consent Agenda 6.12

**SUBJECT:** Special Event – JAMSA Pumpkin Fest

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**BACKGROUND:**

We have received a Special Events Application from Lisa Friday for the Pumpkin Fest sponsored by JAMSA on Saturday, September 19, 2026, from 11:00 am to 5:00 pm. The purpose of the event is to bring new and returning visitors to our area, to raise funds for the community, and to bring tourism to Jonesborough. Businesses will be serving various pumpkin treat foods, hayrides, and other fall and pumpkin related events. The estimated number expected to attend is 1000 and the estimated number of citizens expected to either participate in and/or view the event is 700. Request for services include police and security, signage, refuse collection, and parking.

A request for street closure is included as part of their application (shown on map), asking for Main Street to be closed from Fox Street to Second Avenue on September 19<sup>th</sup> by 10:00 am until 5:30 pm, or when police deem it safe for reopening.

Proof of Insurance and Hold Harmless have been received.

**RECOMMENDATION:**

Approve the Pumpkin Fest Special Event Application sponsored by JAMSA on Saturday, September 19, 2026 from 11:00 am to 5:00 pm; and for Main Street to be closed from Fox Street to Second Avenue on the 19<sup>th</sup> by 10:00 am until 5:30 pm, or when the police deem it safe to reopen, as presented.

## Town Of Jonesborough, Tennessee

### Special Event Permit Application

A *Special Event* is any occasion including but not limited to fairs, shows, exhibitions, city-wide celebrations and festivals taking place within a specifically defined area of the Town of Jonesborough for a period of time. A special event may include the use of public facilities in the Town of Jonesborough, including, but not limited to parks, streets, alleys, sidewalks, restrooms or other municipal owned facilities, and which includes a general invitation to all members of the public to either participate in and/or view such event, or part thereof, Special Events may be one-time or recurring occasions.

12-402 Jonesborough Municipal Code

Whenever any person, group, association, club, business, firm or corporation desires to sponsor a Special Event such person, group, association, club, business, firm or corporation shall first obtain a "Special Event Permit" from the Town of Jonesborough.

12-403 Jonesborough Municipal Code

Person(s) completing Application

Date

Name

LISA ELLIS FRIDAY

6-3-2026

Address

110 CHARLIE HOSS RD

UNIT 2 - JONESBOROUGH TN

Phone

205-454-4611

Fax

Email

LISA.FRIDAY1@gmail.com

#### Instructions:

- 1) Each question on this application must be answered in some fashion for your application to be considered for approval. Please attach an additional sheet(s) if necessary to completely and accurately provide the requested information in each question, labeling any additional sheet(s) clearly as such.
- 2) Incomplete applications will be returned to the address you have provided above without further consideration until a complete application, including exhibits is filed.
- 3) The original application and your exhibits of the entire package should be filed with the Town Administrator's office at least 90 days in advance of your event. See Schedule of Approval, Chapter 10 Title 12 of the Jonesborough Municipal Code, a copy of which is attached.

**Sponsoring Organization Information:**

Name JAMSA

Purpose Community Event Fundraising,  
Community Awareness

Is this a recurring Special Event? ☒ Yes ☐ No

Special Events that are recurring require the annual approval of the Board of Mayor and Aldermen. This permit application shall provide a schedule for the term of a recurring event:

September each year

**Event Information:**

Name of Event Pumpkin Fest

Description & Purpose of Event To RAISE funds for the community,  
bring tourism to Jonesborough, Fall Festival  
Family Event, No Alcohol

Dates and hours of event 9-19-2026 Estimated number expected to attend 1000  
11am-5pm

Estimated number of town citizens expected to either participate in and/or view the event 700

Is a request for public safety assistance included in your Security Plan attached as per the list of items below? ☒ Yes ☐ No

### **Required Exhibits to Application**

Please attach the following exhibits to this application (each item should be clearly labeled with the number in this list to facilitate a prompt review of your application). If your event will not involve one or more of these items you should attach an exhibit with appropriate number and heading explaining the fact:

1. **Hold Harmless Agreement** executed on form approved by the Town of Jonesborough (copy provided with this application and available from the Town Recorder)
2. **List of pre-events and post-events** to be held in conjunction with the main event (including parade, fireworks, etc.)
3. **Map with city streets** showing event boundary and registration area, tents, booths, food, office/administration, etc.)
4. **Outline of your publicity plan** with examples of previous efforts, if available
5. **Security Plan**, including crowd control, pedestrian safety, any special parking provisions including handicap spaces, vendor and/or performer parking, a parking map and list and samples of any special parking permits that will be issued, etc. and any request for public safety assistance (a request for public safety assistance should also be included with your Town Services Request in the next section of this application).
6. **Emergency Plan**, including emergency procedures, provisions for first aid services and provisions for appropriate emergency communication. Include an outline of any activities involving moving vehicles and safety procedures used to avoid or prevent injury.
7. **Event Sponsors List** including all sponsors' names, addresses, and telephone numbers along with their title and area of responsibility for the event.
8. **Proof of your liability insurance** provided by your insurance company (if requested by the Town Recorder, this information must be sent directly to the Town from the insurance company).
9. **Anticipated vendors and concession booth list.** (A final and complete list of vendors and concession booths shall be filed with the Town Recorder at least 48 hours before the event begins.
10. **A list of physical services for the event that will be provided by or contracted for by the event sponsor.** List should include erection of temporary stages or facilities including tents, lighting, sound, efforts to address refuse collection, security, etc.
11. **Clean-up Plan** detailing person or persons responsible for site clean-up, schedule and any repairs or grounds remediation that is expected.
12. **Street Closure Request** listing of all streets or portions of streets including the dates and hours of closure (failure to list a portion of a street will result in your application being considered under the assumption you are requesting the entire street to be closed within the town limits.)

### Request for Services from the Town of Jonesborough

Please indicate any services you request for your event from the Town of Jonesborough\*. (A fee may be Levied by the Town for additional services per the Municipal Code, see 12-1007)

|                                                                |                                                           |
|----------------------------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Police and Security        | <input checked="" type="checkbox"/> Refuse Collection     |
| <input type="checkbox"/> Street Cleaning                       | <input type="checkbox"/> Event Preparation/Beautification |
| <input checked="" type="checkbox"/> Signage                    | <input checked="" type="checkbox"/> Parking               |
| <input type="checkbox"/> Use of facilities – Facility _____    | Dates & Hours <u>9-19-26</u>                              |
| <input type="checkbox"/> Space and staffing needs _____        |                                                           |
| <input type="checkbox"/> Communications and/or publicity _____ |                                                           |

\* For each such service requested please provide a detailed description of your request as Exhibit 13

### Acknowledgement of receipt of Chapter 10 of the Jonesborough Municipal Code

I/We the undersigned representatives of the sponsoring organization listed above acknowledge receipt of a copy of Chapter 10 of the Jonesborough Municipal Code governing special events and agree to comply with all provisions of that Chapter.

Date: 6/5/2026 Signature: Lisa E. Friday  
Print Name: Lisa E. Friday  
Title: President  
Witness: [Signature]

The undersigned certifies that the information contained in both this application and the attached exhibits is complete and accurate and further agrees to amend this application immediately if any such information changes. The undersigned understands the Board of Mayor and Aldermen may approve, reject or modify this request in whole or in part under the Jonesborough Municipal Code.

**Please note, your application should include this form and 13 Exhibits**

Date: 6/5/2026 Signature: Lisa E. Friday  
Print Name: Lisa E. Friday  
Title: President  
Witness: [Signature]

## Town Of Jonesborough, Tennessee

### Special Event Permit Application

#### EXHIBIT I – Hold Harmless and Indemnity Agreement

This agreement made on the 5<sup>th</sup> day of June, 20 26, in the Town of Jonesborough, County of Washington, State of Tennessee

The parties to the agreement are the undersigned JAMSA,  
(Name of Organization or Sponsor)  
called "indemnitor", and the Town of Jonesborough, Tennessee, call "indemnatee."

Indemnitor has submitted a Special Event Permit Application to indemnatee. The agreement is attached as Exhibit 1 to that application. Approval of that application is expressly conditioned on the execution of this agreement, indemnatee has agreed to review for approval the application for a special event and if approved to allow the indemnitor's special event to take lace within the limits of the Town of Jonesborough in consideration of the indemnatee's allowing the event to take lace and \$1.00, receipt of which by indemnitor is acknowledged, the parties agree as follows:

### SECTION I

#### Scope of Indemnity

Indemnitor undertakes to indemnify and to save harmless indemnatee from any liability, loss or damages indemnatee may suffer as a result of claims, demands, costs, or judgments against it arising out of the operation within the limits of the Town of Jonesborough, County of Washington, State of Tennessee, of the special event outlined in the application or the management thereof.

Indemnitor assumes full responsibility for all damages and injury that may result to any person or persons or to adjoining property by reason of the excavation for, and the erection, construction, and maintenance of, any structures put in place for the event, and agrees and covenants to indemnify indemnatee against any such claim or claims.

Indemnitor expressly undertakes to indemnify and to save harmless indemnitee from all liability and/or loss or damages for or arising out the special event outlined in the application, whether it be caused by the negligence of indemnitee, indemnitee's agents or employees, indemnitee's contractors or otherwise.

## **SECTION II**

### **Period Covered**

The indemnity will extend from the date of this agreement to and including the date the special event concludes, including cleanup.

## **SECTION III**

### **Expenses, Attorney's Fees, and Costs**

Should it become necessary for purposes of resisting, adjusting, or compromising any claim(s) or demand(s) arising out of the subject matter with respect to which indemnification is provided by this agreement, or for purposes of enforcing this agreement, for indemnitee to incur any expenses, or become obligated to pay any attorney's fees or court costs, or costs within a reasonable time, in no event to exceed thirty days, after receiving written notice from indemnitee of the incurring of such expenses, attorney's fees or costs.

## **SECTION IV**

### **Interest**

Indemnitor agrees to pay indemnitee interest at the rate of ten percent per annum or any necessary expenses or costs incurred by indemnitee in the enforcement of this indemnity contract, or on any sums indemnitee is obligated to pay with respect to the matters to which indemnity is given in the contract, from the date such expenses or costs are incurred, or such sums are paid.

## **SECTION V**

### **Notice of Claim Against Indemnitee**

Indemnitee agrees to give indemnitor ten days' written notice of any claim made against indemnitee on the obligations indemnified against.

Executed on the date first written above

Organization: JAMSA

By: Lisa E. Friday  
Printed Name: Lisa E. Friday  
Title: President

STATE OF TENNESSEE  
COUNTY OF WASHINGTON

Before me, the undersigned Notary Public in and for the State and County aforesaid, personally appeared Lisa E. Friday, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who upon oath, acknowledged himself/herself to be the President (title) of Jonesborough Area Merchants + Service Assoc. (organization), and that he/she, as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of organization by himself/herself as such officer.

WITNESS my hand and seal at office in the State and County aforesaid, this, the 5<sup>th</sup> of June, 2026.

Shannon Stayer  
NOTARY PUBLIC

My Commission Expires:

4/11/2029



Pumpkin Fest  
September 19, 2026

Pre events: None

Map: See attached

Publicity plan: JAMSA to provide a press release to be sent to all media.  
Boone street banner to be installed by foster signs

Security plan: Police presence is requested at this event to ensure  
pedestrian safety.

Emergency Plan: The officer on duty will be notified immediately and will  
also have the phone numbers of the organizer(s)

Event sponsort: JAMSA

Proof of insurance: See attached

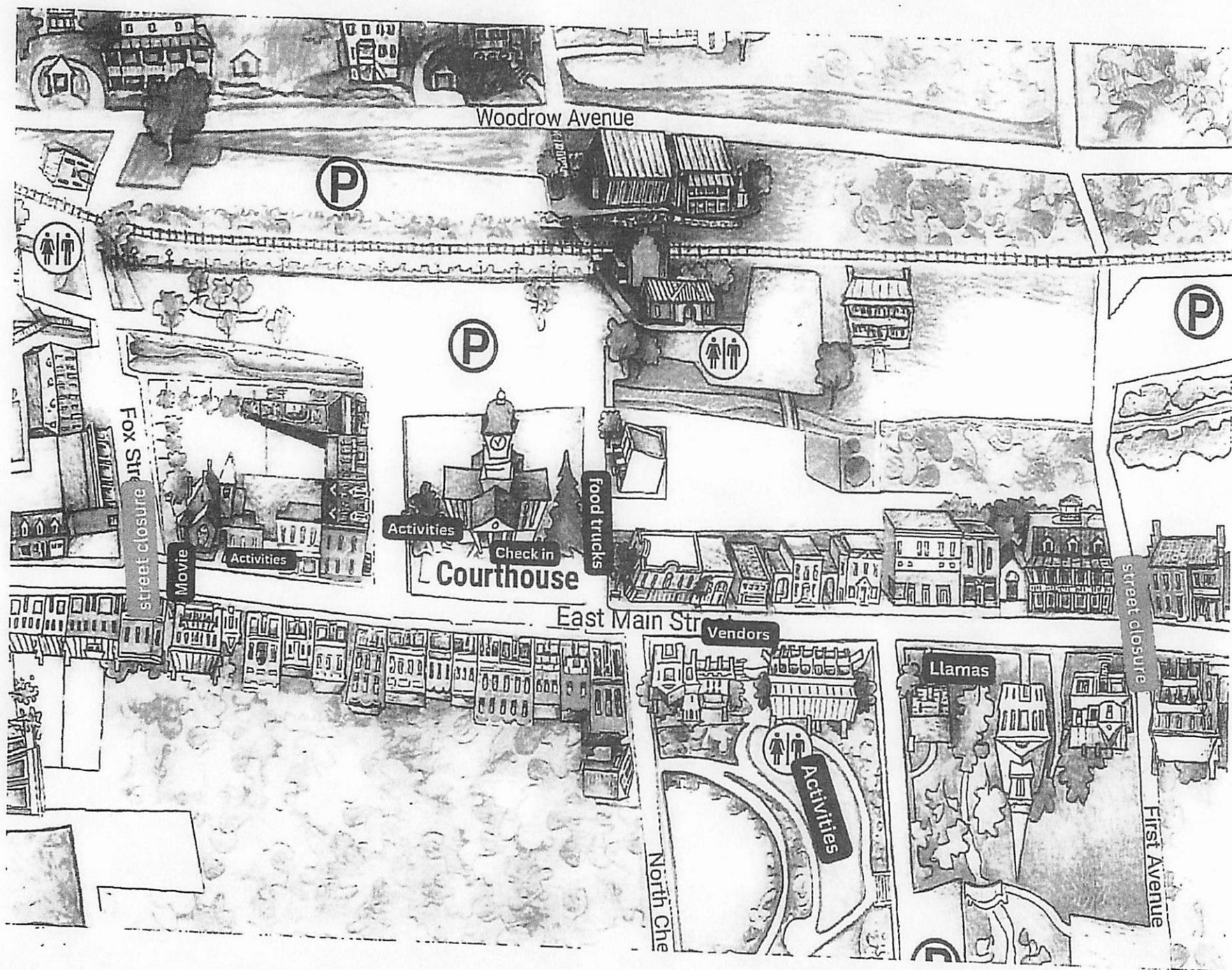
Food Trucks:

Vendors:

Physical Services: None

Cleanup Plan: JAMSA members responsible for cleanup.

Street closure request: 10 am - 5<sup>30</sup> pm





JONEARE-01

TIFFT

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/26/2026

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).

|                                                                                                 |                                                                                  |               |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>Widener Insurance Agency Inc.<br>607 Baxter Street<br>Johnson City, TN 37601 | <b>CONTACT NAME:</b>                                                             |               |
|                                                                                                 | <b>PHONE (A/C, No, Ext):</b> (423) 926-7151 <b>FAX (A/C, No):</b> (423) 926-1825 |               |
|                                                                                                 | <b>E-MAIL ADDRESS:</b> sandrad@widenerins.com                                    |               |
|                                                                                                 | <b>INSURER(S) AFFORDING COVERAGE</b>                                             | <b>NAIC #</b> |
|                                                                                                 | <b>INSURER A: Auto Owners Insurance</b>                                          | <b>18988</b>  |
|                                                                                                 | <b>INSURER B:</b>                                                                |               |
|                                                                                                 | <b>INSURER C:</b>                                                                |               |
|                                                                                                 | <b>INSURER D:</b>                                                                |               |
|                                                                                                 | <b>INSURER E:</b>                                                                |               |
|                                                                                                 | <b>INSURER F:</b>                                                                |               |

**INSURED**  
  
Jonesborough Area Merchants  
PO Box 696  
Jonesborough, TN 37659

## 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 SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                    |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------|-------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br>OTHER: |                    | 03818047      | 6/12/2026               | 6/12/2027               | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/PROP AGG \$ 2,000,000<br>HIRED AND NONOW \$ 1,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                         |                    |               |                         |                         | COMBINED SINGLE LIMIT (Per accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                                                    |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                                                            |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                |                    |               |                         |                         | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                            |
|          |                                                                                                                                                                                                                                                                                                               |                    |               |                         |                         |                                                                                                                                                                                                                                                                           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
The Town of Jonesborough is an additional insured in regard to the General Liability

Event: Pumpkin Fest September 19, 2026

## CERTIFICATE HOLDER

## CANCELLATION

Town of Jonesborough  
123 Beano St  
Jonesborough, TN 37659

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