

# **City of Scottsbluff, Nebraska**

**Tuesday, May 31, 2016**

**Regular Meeting**

## **Item Public Inp1**

**Council to consider a Business Promotional Event Permit for the Downtown Scottsbluff Association, sponsors of the “Farmers Market” at the 18th Street Mini-Park on Saturday mornings, 6/4/16 – 9/24/16 6:00 a.m. to 12:00 p.m. - includes closure of 18th St. between Broadway and 1st Ave.**

**Staff Contact: Cindy Dickinson, City Clerk**

**APPLICATION  
COMMUNITY FESTIVAL, BUSINESS PROMOTIONAL EVENT, CARNIVAL  
PERMIT**

To be filed with the city Clerk at least 14 days, but no more than one year before proposed event.

**1. DOWNTOWN SCOTTSBLUFF ASSOCIATION**

(name of sponsoring organization)

PO Box 28 SCOTTSBLUFF NE 69343 (308) 635-8609  
(street) (city) (state) (telephone number)

Seri Goodman 308-635-8609  
(chairperson responsible for event) (day telephone number)

**2.**

(name of co-sponsoring organization)

\_\_\_\_\_  
(street) (city) (state) (telephone number)

\_\_\_\_\_  
(contact person) (day telephone number)

**3. Event Information**

FARMER'S MARKET

(name of event)

4/4/16 - 9/24/16 6 AM - 12 NOON - EVERY SATURDAY  
(date(s) of event) (time(s) of event)

MINI PARK ON 18<sup>TH</sup> STREET AND BROADWAY

(location of event)

**4. Activity Information**

Describe general activities including whether there will be any vendors, music, loudspeakers. Serving or selling of alcoholic beverages\*, etc.)

FOOD VENDORS, CRAFTERS, FARMERS, BAKERS, GARDNERS, ETC. TO SELL THEIR  
GOODS. TABLES AND CHAIRS ON SIDEWALKS.

\*If alcoholic beverages will be sold or served, a special permit will be required. The applicant should contact the City Clerk for more information.

**5. Street Closure**

18<sup>TH</sup> STREET BETWEEN BROADWAY AND 1<sup>ST</sup> STREET & ALLEY. BARRIERS LEFT FOR  
WORKERS TO PUT OUT EACH WEEK.

Please note any streets to be closed and the times required for closure

**6. Flags/Banners/Signs**

CANVAS BANNER & SIGN BANNERS

**7. Carnivals - If event includes a carnival, the next sheet should be completed.**

8. Have you provided for a public liability insurance policy naming the City as additional insured? Yes ✓ No \_\_\_\_\_

Community Festival/Business Promotion

\$200,000 for one person  
\$500,000 for any one accident  
\$ 50,000 for injuries to property

Street Carnival

\$ 800,000 for one person  
\$2,000,000 for any one accident  
\$ 200,000 for injuries to property

9. Have you provided either a \$2,500.00 cash deposit or surety bond for clean up. (This will be returned after it is determined that no repairs or clean up is required by City).

Yes ✓ No \_\_\_\_\_

I (We) agree to abide by all regulations as stated in the Scottsbluff Municipal code regulating this permit.

Dated: 5/16/16

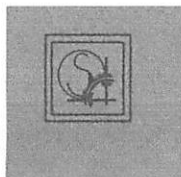
Signed:

Downtown SCBF Assn  
(name of sponsoring organization)

Kristi Goodman  
(signature of authorized representative of  
sponsoring organization)

\_\_\_\_\_  
(name of co-sponsoring organization)

\_\_\_\_\_  
(signature of authorized representative of  
co-sponsoring organization)



18<sup>th</sup> Street Farmers' Market  
2016 Season Vendor Application

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Website: \_\_\_\_\_  
Email: \_\_\_\_\_

The best way to contact me is by phone \_\_\_\_\_ or email \_\_\_\_\_ (Check one).

List All Products to be sold (Use the back of the application if you need additional room for product listing.):

Please list the applicable numbers you have: Food Establishment Permit Number: \_\_\_\_\_ Nebraska  
Egg Code Number: \_\_\_\_\_ Organic Certification Number: \_\_\_\_\_ other (please  
specify): \_\_\_\_\_

**Season Vendor Options**

- ☐ Regular Season Vendor 1 10x10 spot **\$150.00**  
☐ Regular Season Vendor 2 10x10 spots **\$225.00**  
☐ Regular Season Vendor 1 spot with truck **\$200.00**  
☐ Regular Season Vendor 1 spot with truck and trailer  
**\$250.00**  
☐ One Weekend Vendor \$20 per spot (no more than 2 spots)  
☐ Non-profit information booth \$10 1 spot per market

Payments can be made with ½ of your total vendor fees, due with your application at the beginning of the season. The remaining amount is due by August 15, 2015.

Vendor agrees to indemnify and hold harmless the Scottsbluff Downtown Association, Oregon Trail Community Foundation, The City of Scottsbluff, its employees and volunteers, from any and all causes of action which may arise from the operation of the 18<sup>th</sup> Street Farmers' Market, not caused by negligence of the Scottsbluff Downtown Association, Oregon Trail Community Foundation, The City of Scottsbluff, its employees and volunteers.

I grant permission for 18<sup>th</sup> Street Farmers' Market, Scottsbluff Downtown Association, Oregon Trail Community Foundation, The City of Scottsbluff, its employees and volunteers to use any photos, videotape, etc. taken of my products or me in any and all publicity and advertising promoting the Market.

*By signing this application, I acknowledge that the agreement has been read and understood, and I will abide by the terms presented in the 2016 Vendor Rules & Regulations as well as any Federal, State or local law that pertains to products I am selling. Failure to do so will result in myself being banned from the farmers' market without refund of space rental.*

Signature: \_\_\_\_\_

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

**Season Vendors Calendar**

Please cross off any date that you know you will **NOT** be at the market. This helps us keep the Market full and it helps to keep vendor fees low!

June: 4 11 18 25

July: 2 9 16 23 30

Aug: 6 13 20 27

Sept: 3 10 17 24

Return completed applications to:

Pamela Pritchard  
1623 14th Ave  
Scottsbluff NE, 69361

Make checks payable to "Scottsbluff Downtown Association"

Questions? Contact  
Pamela Pritchard @ 308 - 631 - 7623  
(cell)

Don't forget to "LIKE" the 18<sup>th</sup> Street Farmers' Market on Facebook!

**Office Use Only**

Total Due from Vendor \$ \_\_\_\_\_

Payments:

Date: \_\_\_\_\_ \$ \_\_\_\_\_ CA CK \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ CA CK \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ CA CK \_\_\_\_\_

Date: \_\_\_\_\_ \$ \_\_\_\_\_ CA CK \_\_\_\_\_