

City of Scottsbluff, Nebraska

Monday, November 6, 2017

Regular Meeting

Item Public Inp3

Council to consider a Community Festival Permit for Christmas on Broadway / Jingle Jog sponsored by the Scottsbluff YMCA and First State Bank on December 2, 2017, 3:00 p.m. to 5:30 p.m., including street closures, vendors and noise permit.

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. Scottsbluff YMCA / City of Scottsbluff
(name of sponsoring organization)
22 South Beltline Hwy E Scottsbluff, NE 68357 635-2318
(street) (city) (state) (telephone number)
Trinity Burger 635-2318
(chairperson responsible for event) (day telephone number)

2. First State Bank
(name of co-sponsoring organization)
2002 Broadway Scottsbluff, NE 632-4158
(street) (city) (state) (telephone number)
Rebecca Tompkins 632-4158
(contact person) (day telephone number)

3. **Event Information**

Jingle Jog / Christmas on Broadway
(name of event)
Dec 2, 2017 3:00-5:30
(date(s) of event) (time(s) of event)
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.)

Christmas music, carolers, treats, Santa, decorations + props

*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**

along run route. away ^{& parking lot} through 18th street plaza
Please note any streets to be closed and the times required for closure

6. **Flags/Banners/Signs**

activities in 18th street plaza

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: 10/12/17 _____

Signed:

YMCA

(name of sponsoring organization)

Tumito Bungner

(signature of authorized representative of sponsoring organization)

City of Scottsbluff

(name of co-sponsoring organization)

(signature of authorized representative of co-sponsoring organization)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2017

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.

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.

PRODUCER: J.G. Elliott Insurance Center; CONTACT: Dedra Wick; INSURER(S): Crum & Forster Specialty Insurance, FIRST COMP, Philadelphia Indemnity Insurance Company.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation, and Directors and Office.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2017 Jingle Jug 5K Run/Walk - 12/2/2017

CERTIFICATE HOLDER: City of Scottsbluff; CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.