

# **City of Scottsbluff, Nebraska**

**Monday, October 4, 2021**

**Regular Meeting**

## **Item Public Inp4**

**Council to discuss and consider action on a Community Festival Permit for the Midwest Theater on October 16, 2021 from 10:00 a.m. to 3:00 p.m. to include street closure and noise permit for the Oregon Trail Zombie Invasion Event.**

Staff Contact: Kim Wright, 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. Midwest Theater  
(name of sponsoring organization)  
1707 Broadway Scottsbluff NE 632-4311  
(street) (city) (state) (telephone number)  
Krista Baird 632-4311  
(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**  
Oregon Trail Zombie Invasion  
(name of event)  
Saturday, October 16, 2021 10am - 3:00 pm  
(date(s) of event) (time(s) of event)  
18th St. Plaza  
(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.)

Panhandle Health will be there w/ mobile unit for vaccines, dance  
teams - teaching & performing music, food trucks, zombie "salon"  
Local Business window contest, costume contest, zombie invasion of Broadway  
\*If alcoholic beverages will be sold or served, a special permit will be required. The applicant should contact the City Clerk for more information. NO ALCOHOL

5. **Street Closure**  
1700 - 1800 Blocks of Broadway  
\_\_\_\_\_  
Please note any streets to be closed and the times required for closure

6. **Flags/Banners/Signs**  
Zombie signs  
\_\_\_\_\_

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 ~~NA~~

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 NA

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

Dated: 9/29/21

Signed:

Midwest Theater  
(name of sponsoring organization)

Donald David  
(signature of authorized representative of  
sponsoring organization)

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

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



FRIEFT-01

JSCHANAMAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/30/2021

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).

PRODUCER J.G. Elliott Insurance Center 1110 Circle Drive Scottsbluff, NE 69361	CONTACT NAME: <b>Jackline Schanaman</b>		
	PHONE (A/C, No, Ext): <b>(308) 633-9708</b>	FAX (A/C, No):	
	E-MAIL ADDRESS: <b>jschanaman@jelliott.com</b>		
INSURED  Friends of the Midwest Theater P O Box 276 Scottsbluff, NE 69363-0276	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: <b>Evanston Insurance Company</b>		<b>35378</b>
	INSURER B: <b>StarStone Specialty Insurance Company</b>		
	INSURER C: <b>SFM Mutual Insurance Company</b>		<b>11347</b>
	INSURER D:		
	INSURER E:		
INSURER F:			

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Addl Ins & WOS w/Con GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		3AA470023	4/18/2021	4/18/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ Included
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			3AA470023	4/18/2021	4/18/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			72571X214ALI	4/18/2021	4/18/2022	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NE) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	133321.201	1/27/2021	1/27/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Zombie Event - October 16, 2021

CERTIFICATE HOLDER  City of Scottsbluff 2525 Circle Drive Scottsbluff, NE 69361	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.  AUTHORIZED REPRESENTATIVE <i>Jackie Schanaman</i>
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ACORD 25 (2016/03)

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