

City of Scottsbluff, Nebraska

Tuesday, July 5, 2022

Regular Meeting

Item Public Inp1

Council to discuss and consider action on a Business Promotional Event Permit for Denzel and Celeste Salazar for the Emerald Center, LLC Grand Opening located at 17 W. 16th Street, Scottsbluff, NE on July 24, 2022 from 4:00-7:00 p.m., including street closure, food vendors and noise permit.

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. The Emerald Center LLC
(name of sponsoring organization)
17 W 16th Street, Scb, NE 69361 ^{Denzel - 308 6415445}
(street) (city) (state) (telephone number) ^{Celeste - 308 7651814}
Celeste Sarazar 308 7651814
(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**
The Emerald Center LLC Grand Opening
(name of event)
7/24/22 4pm - 7pm
(date(s) of event) (time(s) of event)
17 W 16th Street, Scb, NE 69361
(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

*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**
W 16th Street, Scb, NE 69361
Please note any streets to be closed and the times required for closure

6. **Flags/Banners/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
X 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 X No _____

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

Dated: June 27, 2022

Signed:

The Emerald Center LLC
(name of sponsoring organization)

Celeste Salazar
(signature of authorized representative of
sponsoring organization)

(name of co-sponsoring organization)

(signature of authorized representative of
co-sponsoring organization)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/30/2022

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 R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602	CONTACT NAME: Robert V. Nuccio	
	PHONE (A/C, No, Ext): (800) 364-2433 FAX (A/C, No): (818) 980-1595	
	E-MAIL ADDRESS: support@rvnuccio.com	
INSURED The Emerald Center LLC 17 W 16th Street Scottsbluff, NE 69341	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: The American Insurance Company	21857
	INSURER B:	
	INSURER C:	
	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 SUBR INSD 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"/> Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	UST022072210 NAEP102080	7/24/2022	07/25/2022	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES \$ 50,000 MEDICAL EXPENSE \$ 0 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured: The City of Scottsbluff

CERTIFICATE HOLDER The 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 Robert V. Nuccio
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



Applicant Information

I'm the	Event Holder/Organizer/Host
I am a	Limited Liability Company
Company Name	The Emerald Center LLC
Street	17 W 16th Street
City	Scottsbluff
State	NE
Zip Code	69341
Applicant Phone Number	3086415445
E-mail Address	theemeraldcenterllc@gmail.com
Website Address	
Will the applicant receive any proceeds from the sale of alcohol?	No
Will alcohol be served or be available for consumption at the event?	No
Does the event or the insured's business operations include selling, distributing, manufacturing, growing, serving, or furnishing any drug including but not limited to marijuana, CBD, cannabis, drug(s) of any kind or related products?	No
Will the event be held on premises owned, managed, or operated by the applicant?	No

Event Information

Event Type	Party, Neighborhood/No Block or Street Party
Name of Your Event(ex: Pleasantville 3rd Annual Fall Festival)	Grand Opening
Description of Event Activities	Food Vendors, street closure
Will there be any Concessionaires, Exhibitors or Vendors attending or participating in the Event?	Yes
Will the applicant require that all Concessionaires, Exhibitors and Vendors name the applicant as an Additional Insured on a \$1,000,000 Commercial General Liability insurance policy?	No
Start Date	7/24/2022
Start Time	3:00pm
Stop Date	7/24/2022
Stop Time	10:00pm
Total number of calendar days event will be open	1
Maximum Daily Attendance	200
Audience Age Group From	1
Audience Age Group To	99
Estimated Gross Revenues (Enter Dollar Amount)	500
Is a donation expected or a charge required to attend the event?	No
Is a celebrity or other high profile person attending this event?	No
Will there be security at this event?	No
Will there be music played at the event?	Yes
Live Music	Not Selected
Disc Jockey	Not Selected
Stereo/CD Player/iPod	Yes
Big Band (1930s - 1950s)	Not Selected
Classic Rock (1950s - 1970s)	Not Selected
Alternative Rock (1980 - 1990)	Not Selected
Alternative Rock (2000s)	Not Selected
Classical	Not Selected
Country / Bluegrass	Not Selected
Electronic	Not Selected
EDM	Not Selected



Heavy Metal / Punk Rock
Instrumental / Acapella
Jazz
Pop
Rap / Hip Hop
Reggae
Rhythm & Blues (R&B)
Trance / Psychedelic

Not Selected
Not Selected
Not Selected
Not Selected
Not Selected
Not Selected
Not Selected
Not Selected

Facility Information

Name Of Facility/Venue
Event Location Street Address
City
State
Zip Code

The City of Scottsbluff
17 W 16th Street
Scottsbluff
NE
69361
Yes
Yes

Is public access limited by fences, ropes, barricades or guard rails?
Is the event facility/venue requiring that they be named on a Certificate of Liability as an Additional Insured?

Coverages

Liability Limit

\$ 500,000/\$1,000,000 Per Occurrence/Annual Aggregate

Care Custody Control (3rd Party Property Damage) Liability Coverage

Not Selected

Damage To Premises Limit

\$50,000

Medical Payments Coverage

Not Selected

Collapse Of Temporary Structure Liability Coverage

Not Selected

Contractual Liability Coverage

Not Selected

Hired And Non-Owned Automobile Liability Coverage

Not Selected

Liquor Liability Coverage

Not Selected

Waiver of Subrogation Coverage

Yes

Terrorism Coverage

Yes

AD&D Limit

Not Selected

Event Cancellation Limit

Are you and/or the applicant aware of any circumstances or conditions, whether actual or threatened that may possibly result in a claim under this insurance?

Not Applicable

Do you have the ability to move the event indoors without any additional expense?

Not Applicable

Do the amounts indicated in (1) Expected Event Expenses And Revenues and (2) Expected Event Gross Revenues above represent the full extent of your financial responsibilities?

Not Applicable

Are there any other material facts or items of information with regard to this event that should be disclosed? (A material fact is one likely to influence acceptance or assessment of this application by underwriters)

Not Applicable

Do you and/or the applicant understand and agree that there no coverage for virtual components or teleconferencing?

Not Applicable

Do you and/or the applicant understand and agree that there is no coverage for losses due in any way to the Coronavirus (COVID-19)?

Not Applicable

To the best of my knowledge and belief, the information provided within this application is true, up-to-date, and accurate as of the date of signing this Declaration indicated below, and I have not withheld any material facts. I understand and agree that non-disclosure or misrepresentation of material facts will entitle the Company to void the Insurance.

Not Applicable

I understand and agree that it is the insured's responsibility to read the insurance policy and that I have been offered all available coverages.

Yes



Do you understand and agree that by signing this application, R.V. Nuccio & Associates, Inc. is hereby appointed and designated as your Broker Of Record regarding the placement of this insurance policy? Yes

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not cover Bodily Injury, Property Damage, Personal Injury, or Event Cancellation if the Event Type, Music Type or any other application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance. Yes

Enter Your First and Last Name	Denzel Salazar
Accepted Date	6/30/2022
Memorandum Number	NAEP102080

Additional Insureds

2	
Additional Insured Name	The City of Scottsbluff
Additional Insured Street	17 W 16th Street
Additional Insured City	Scottsbluff
Additional Insured State	NE
Additional Insured Zip	69361
Additional Insured Wording	The City of Scottsbluff

2	
Additional Insured Name	The City of Scottsbluff
Additional Insured Street	2525 Circle, Drive
Additional Insured City	Scottsbluff
Additional Insured State	NE
Additional Insured Zip	69361
Additional Insured Email	
Additional Insured Phone	3086324136
Additional Insured Wording	