

City of Scottsbluff, Nebraska

Monday, October 3, 2022

Regular Meeting

Item Public Inp1

Council to discuss and consider action on a Community Festival Permit for the Downtown Scottsbluff Association's Very Merry Christmas Market Event on December 3, 2022 from 12:00 -5:00 p.m. to include vendors, noise permit and street closure of the 1600-1800 Blocks of Broadway.

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. Downtown Scottsbluff Association
(name of sponsoring organization) %Jeri Goodman
P. O. Box 28 Scottsbluff NE 308-635-8606
(street) (city) (state) (telephone number)
Kristin Wiebe 308 672 3923
(chairperson responsible for event) (day telephone number)
(Very Merry Christmas Market)
2. City of Scottsbluff - small business outreach
(name of co-sponsoring organization)
2525 Circle Dr Scottsbluff NE 308-632-4136
(street) (city) (state) (telephone number)
Sharaya Toof 308-632-0052
(contact person) (day telephone number)
3. **Event Information**
Very Merry Christmas Market
(name of event) setup at 11am
Saturday, December 3, 2022 noon - 5pm
(date(s) of event) (time(s) of event)
16th & Broadway to 18th & 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.)
Approximately 30-40 vendors w/ canopy booths on street. A variety of food trucks & local small group entertainment planned
*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**
16th & Broadway to 18th & Broadway
Please note any streets to be closed and the times required for closure
6. **Flags/Banners/Signs**
Yard type signs placed in garden bulb out & store window flyers
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 Yes this is through the DSA
X No _____

Community Festival/Business Promotion

Street Carnival

\$200,000 for one person

\$500,000 for any one accident

\$ 50,000 for injuries to property

\$ 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: 9-23-22

Signed:

Jeri Goodman
DSA

(name of sponsoring organization)

Jeri Goodman
DSA

(signature of authorized representative of
sponsoring organization)

Kristin Witek
Very Merry Christmas Market

(name of co-sponsoring organization)

(signature of authorized representative of
co-sponsoring organization)



DOWNSCO-01

JSCHANAMAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2022

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 J.G. Elliott Insurance Center 1110 Circle Drive Scottsbluff, NE 69361	CONTACT NAME: Jackline Schanaman	
	PHONE (A/C, No, Ext): (308) 633-9708	FAX (A/C, No):
	E-MAIL ADDRESS: jschanaman@jgelliott.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : United States Liability Insurance Company	25895
INSURED Downtown Scottsbluff Association P O Box 28 Scottsbluff, NE 69363	INSURER B : CNA SURETY	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	X		NBP1559995A	6/2/2022	6/2/2023	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Blanket Addl Insured						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <input checked="" type="checkbox"/> N / A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	Bond			61320962	5/21/2022	5/21/2023	2,500

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

CERTIFICATE HOLDER

CANCELLATION

City of Scottsbluff 2525 Circle Drive Scottsbluff, NE 69361	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>

ACORD 25 (2016/03)

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