

# **City of Scottsbluff, Nebraska**

**Monday, October 17, 2022**

**Regular Meeting**

## **Item Public Inp1**

**Council to discuss and consider action on a Community Festival Permit for the Downtown Christmas Parade 2022 on Broadway, sponsored by the Downtown Scottsbluff Association on November 27, 2022 from 4:00-8:00 p.m., including street closure, 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.

DSA (Downtown Scottsbluff Association)  
1. \_\_\_\_\_  
(name of sponsoring organization)  
1703 Broadway, Cappuccino and Company  
\_\_\_\_\_  
(street) (city) (state) (telephone number)  
Angela Scanlan 308.765.0599  
\_\_\_\_\_  
(chairperson responsible for event ) (day telephone number)  
N/A

2. \_\_\_\_\_  
(name of co-sponsoring organization)  
\_\_\_\_\_  
(street) (city) (state) (telephone number)  
\_\_\_\_\_  
(contact person) (day telephone number)

**3. Event Information**

Downtown Scottsbluff Christmas Parade - 2022  
\_\_\_\_\_  
(name of event)  
Sunday, November 27, 2022 4:00 - 6:00 p.m.  
\_\_\_\_\_  
(date(s) of event) (time(s) of event)  
Broadway – 15<sup>th</sup> Street to Bluffs Middle School  
\_\_\_\_\_  
(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, some sidewalk vending along Broadway; music (floats, speakers.) NO ALCOHOL.

\_\_\_\_\_  
\_\_\_\_\_

\*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**

**4PM – Broadway, 15<sup>th</sup> Street up to Bluffs Middle School. Parade begins at 6:00 p.m., lasts up to 90 minutes.**

\_\_\_\_\_

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

**6. Flags/Banners/Signs**

**As part of parade groups or floats.**

\_\_\_\_\_

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

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 \_\_\_\_\_ No X \_\_\_\_\_

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

Dated: 10/5/22 \_\_\_\_\_

Signed:



(name of sponsoring organization)

(signature of authorized representative of sponsoring organization)

\_\_\_\_\_

(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: <b>Jackline Schanaman</b>	
	PHONE (A/C, No, Ext): <b>(308) 633-9708</b>	FAX (A/C, No):
	E-MAIL ADDRESS: <b>jschanaman@jgelliott.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : <b>United States Liability Insurance Company</b>	<b>25895</b>
INSURED  <b>Downtown Scottsbluff Association P O Box 28 Scottsbluff, NE 69363</b>	INSURER B : <b>CNA SURETY</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	COMMERCIAL GENERAL LIABILITY	X		NBP1559995A	6/2/2022	6/2/2023	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000		
	X 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 

ACORD 25 (2016/03)

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