



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Event Title: CHAMBER BBQ

Date of Event 8-24-2024

Start Time of Event 6:00 pm

Finish Time of Event 10:00 pm

Location of Event _____

CRETE MUNICIPAL AIRPORT HANGER
2429 County Road F, CRETE, NE 68333

☐ This request is for temporary occupation of the street or sidewalk right-of-way.

Streets or Alleys requesting to be closed NA

Special Equipment 6-55 GALLON TRASH BARRELS

Organization CRETE CHAMBER OF COMMERCE

Responsible Party JACK COCHANAR EXECUTIVE DIRECTOR

Address 1302 LINDEN, CRETE NE 68333

Phone OFFICE # 402-826-2136 CELL # 402-644-2821

DO NOT WRITE IN THIS SPACE

Application # SE24-07

City Admin. Review _____

Public Works Review _____

Emergency Services Review _____

Parks & Recreation Review _____

Council Meeting Date _____

Approved _____

Denied _____

Insurance Certificate
Required _____

Ins. Cert. Received _____

(COMPLETE REVERSE SIDE)

By signing this application, Applicant agrees to indemnify and hold the City of Crete and all of its officers and employees harmless from and against any and all claims made by any person or any loss or damage sustained by any person as a direct result of the acts or omissions of the Applicant, its employees, agents, invitees, or guests or as a direct result of the event set forth in the application and any activities related thereto (the "Event"). Applicant agrees to abide by all applicable laws, rules, and regulations pertaining to Applicant's event, including those relating to copyright and intellectual property. Applicant shall bear the sole responsibility for securing any necessary licenses, including music licenses, prior to the event and shall indemnify and hold the City of Crete and all of its officers and employees harmless from and against any and all claims made by any person alleging intellectual property infringement or other claims related to licensure or lack thereof.



Signature of Responsible Party

REQUIRED ATTACHMENTS:

☒ Diagram or print of location of event.

☒ If alcoholic liquor will be served, copy of SDL.

☒ If alcoholic liquor will be served, description of barricades, devices, security measures, etc. to ensure compliance with The Nebraska Liquor Control Act:

EXISTING CHAIN LINK FENCE ALONG WITH INSTALLED SNOW FENCE.
WILL BE USED TO CREATE BARRICADE. THERE WILL BE VOLUNTEER
AND HIRED SECURITY ON SITE. SDL WILL BE PROVIDED BY
BOTTLE ROCKET BREWERY AND THE BEAVER LIQUOR STORE

☒ Copy of insurance covering event with City of Crete as named insured.

PARKING

BAND

Office Area

EMERGENCY EXIT

check
clips

Gate

4 1/2' ChainLink Fence

85'

SIDEWALK

147' SNOWFENCE

147' SNOWFENCE

GRASSY AREA

ChainLink Fence

20' SNOWFENCE

Wash. Station

Porta Potties

POP/WATER

FOOD

BUILDING

85' SNOWFENCE



CRECH-1

OP ID: DB

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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 Bauer Insurance Inc. 1241 Main P.O. Box 159 Crete, NE 68333 David A Bauer	402-826-5141	CONTACT NAME: David A Bauer	
		PHONE (A/C, No, Ext): 402-826-5141	FAX (A/C, No): 402-826-4322
		E-MAIL ADDRESS: daveb@bauerinsuranceinc.com	
INSURED Crete Chamber of Commerce PO Box 465 Crete, NE 68333	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Auto Owners Insurance		18988
	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	X	39997389	12/04/2023	12/04/2024	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMPI/OP AGG \$ 2,000,000
	OTHER:					\$
	AUTOMOBILE LIABILITY		INCL IN GENERAL LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	39108118	12/04/2023	12/04/2024	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				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)

The City of Crete is listed as an additional insured as required by contract.

CERTIFICATE HOLDER

CANCELLATION

City of Crete
223 E 13th Street
Crete, NE 68333

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

David A Bauer

