



CITY OF CRETE  
APPLICATION FOR SPECIAL EVENT PERMIT

Event Title: Doane University Homecoming Bonfire

Date of Event October 15, 2024

Start Time of Event 8pm

Finish Time of Event 11pm

Location of Event Tuxedo Race Track

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

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

Streets or Alleys requesting to be closed \_\_\_\_\_

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

Special Equipment \_\_\_\_\_

Organization Doane University

Responsible Party Student Affairs Programming, Spencer Munson

Address 1014 Boswell Ave, Crete, NE 68333

Phone 402-429-2642

DO NOT WRITE IN THIS SPACE

Application # 2024-14

City Admin. Review ✓

Public Works Review ✓

GRY 108 Crete PD XXXX

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.

Debra J. Shesand  
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:

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



Blue River Raceway

Tuxedo Park Rd

Tuxedo Park Rd

Seritoma Rd





DOANEUNI

## CERTIFICATE OF LIABILITY INSURANCE

09/18/2024

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>6100 Fairview Rd Ste 1400</b> <b>Charlotte, NC 28210</b> <b>704 543-0258</b>	<table border="1"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Cassie Watkins</td> </tr> <tr> <td><b>PHONE (A/C, No, Ext):</b> 704 543-0258</td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b> cassie.watkins@usi.com</td> </tr> <tr> <td colspan="2"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td><b>INSURER A :</b> United Educators Ins, Recip Risk Ret Gr</td> <td><b>NAIC #</b> 10020</td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	<b>CONTACT NAME:</b> Cassie Watkins		<b>PHONE (A/C, No, Ext):</b> 704 543-0258	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b> cassie.watkins@usi.com		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A :</b> United Educators Ins, Recip Risk Ret Gr	<b>NAIC #</b> 10020	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER F :</b>																					
<b>INSURED</b> <b>Doane University</b> <b>1014 Boswell Avenue</b> <b>Crete, NE 68333</b>																					

REVISION NUMBER:

INSR LTR		TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY				S8357V	09/16/2024	09/16/2025	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/>	CLAIMS-MADE		<input checked="" type="checkbox"/>	OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/>	Deductible - \$5,000							MED EXP (Any one person)	\$5,000
	<input type="checkbox"/>								PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$3,000,000
<input checked="" type="checkbox"/>	POLICY	<input type="checkbox"/>	PRO-JECT	<input type="checkbox"/>	LOC				PRODUCTS - COMP/OP AGG	\$
<input type="checkbox"/>	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)	\$
	<input type="checkbox"/>			<input type="checkbox"/>					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>			<input type="checkbox"/>						\$
	UMBRELLA LIAB		<input type="checkbox"/>	OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB		<input type="checkbox"/>	CLAIMS-MADE					AGGREGATE	\$
	<input type="checkbox"/>	DED	<input type="checkbox"/>	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY								PER STATUTE	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			<input 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	\$

The City of Crete, Nebraska, is an Additional Insured for General Liability when required by written contract and executed prior to loss.

## CANCELLATION

Paula B. Behn

CMWE4

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## Nancy Tellez

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**From:** Nancy Tellez  
**Sent:** Monday, September 30, 2024 2:36 PM  
**To:** Tom Ourada  
**Subject:** FW: Special Event Permit

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**From:** Spencer Munson <spencer.munson@doane.edu>  
**Sent:** Monday, September 30, 2024 2:15 PM  
**To:** Nancy Tellez <nancy.tellez@crete.ne.gov>  
**Subject:** Re: Special Event Permit

Nancy,

We plan to source wood from Doane's campus and deliver it to the Tuxedo Race Track on the afternoon of the 15th. The fire will be in the middle of the track starting at 9pm and going till 11pm. We will build it about 4-5ft tall so that it can be managed with low risk. Students will be served hot chocolate and smores and play glow games around the track area. There will be 3-4 Doane staff members on site and 3-4 student leaders to manage the space and any liabilities. This is zero tolerance for alcohol event.

In the past the Crete Fire Department has helped us extinguish the remaining fire and we pick up the remaining logs the next day to clear the track. In the past we have left those remaining logs by the tree line to the east. Is there any wood in the area that needs to be burned?

We will make sure we leave the area as we found it.

Are there any other questions or concerns?

Thank you,

Spencer

On Mon, Sep 30, 2024 at 10:56 AM Nancy Tellez <[nancy.tellez@crete.ne.gov](mailto:nancy.tellez@crete.ne.gov)> wrote:

Good morning Spencer,

Yes, however the application was an outdated version. I reached out to your office and Deb Sherard helped out and sent the correct form. City Administrator Tom Ourada asked that along with the map you provided there be more info on what your plan is for the event.

Nancy

**From:** Spencer Munson <[spencer.munson@doane.edu](mailto:spencer.munson@doane.edu)>

**Sent:** Monday, September 30, 2024 10:38 AM

**To:** Nancy Tellez <[nancy.tellez@crete.ne.gov](mailto:nancy.tellez@crete.ne.gov)>

**Subject:** Re: Special Event Permit

Did you get this? I forwarded all of the info last week.

On Fri, Sep 27, 2024 at 5:07 PM Nancy Tellez <[nancy.tellez@crete.ne.gov](mailto:nancy.tellez@crete.ne.gov)> wrote:

Good afternoon Spencer,

Would you be able to please submit a plan along with the map explaining where you plan to have the event?

Thank you,

Nancy

Nancy Tellez | City Clerk

City of Crete | 243 East 13<sup>th</sup> Street | Crete, NE | 68333

Office: 402 826-6415 | Cell: 402 381-7789



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