



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Date of Event 8-26-2023

Start Time of Event 6:00 pm

Finish Time of Event 10:00 pm

Location of Event _____

CRETE MUNICIPAL AIRPORT
(HANGER)

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

Streets or Alleys requesting to be closed NA

Special Equipment ESTIMATE OF 600' SNOW FENCE,

ORANGE TRAFFIC CONES AND (4) 55 GALLON TRASH BARRELS

Organization CRETE CHAMBER OF COMMERCE

Responsible Party TACK COCHNAN - EXECUTIVE DIRECTOR

Address 1302 LINDEN, CRETE NE 68333

Phone OFFICE # 402-826-2136 CELL # 402-641-2821

[Signature]
Signature of Responsible Party

DO NOT WRITE IN THIS SPACE

Application # 0E23-04

Public Works Review ✓ comment !?

Emergency Services Review _____

Council Meeting Date

8-1-23

Approved _____

Denied _____

Insurance Certificate Required

Ins. Cert. Received ✓

Conditions listed on back

* Less than 400' available from City.
* How many cones?

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 AND SNOW FENCE TO CREATE BARRIER
VOLUNTEER OR HIRED SECURITY
SDL PROVIDED BY VENDORS

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

PARKING

BAND

Office Area

EMERGENCY EXIT

check chairs

gate

4 1/2' ChainLink Fence

← 85' →

SIDEWALK

← 140' SNOWFENCE →

ChainLink Fence

20' SNOWFENCE

POP/WATER
FOOD

Wash. Station

Porta Potties

TX

← GRASSY AREA →

147' SNOWFENCE

85' SNOWFENCE



CRECH-1

OP ID: DB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 INSD	SUBR 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	12/04/2022	12/04/2023	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 - COMP/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						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			39108118	12/04/2022	12/04/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						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