



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

CINCO DE MAYO CELEBRATION
NAME OF EVENT

Date of Event 5-5-24

Start Time of Event 12:00 pm SETUP @ 8:00 AM

Finish Time of Event 6:00 PM TEARDOWN TILL 7:00 PM

Location of Event CITY PARK

PLUS STREETS SURROUNDING AREA

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

Streets or Alleys requesting to be closed _____

LINDEN AVENUE BETWEEN 11TH & 13TH

STREETS, 12TH STREET BETWEEN

Block Alley & Jumper Avenue

KINGWOOD AVENUE BETWEEN 11TH & 12TH

Special Equipment STREET BARRICADES FOR EVENT

ALLOWED TO PLACE WASTE CONNECTIONS TRASH CONTAINER @ CORNER OF 12TH / LINDEN CITY PARKING LOT

8-TRASH CANS FROM PARK & REC ELECTRICITY AT BANDSTAND

AND ALONG LINDEN AT LIGHT POLES FOR INFLATABLES

Organization CRETE CHAMBER OF COMMERCE

Responsible Party JACK COCHINAL EXECUTIVE DIRECTOR / CHAMBER

Address 1302 LINDEN AVE P.O. BOX 465 CRETE, NE 68333

Phone 402-826-2136

[Signature]
Signature of Responsible Party

DO NOT WRITE IN THIS SPACE

Application # SE24-01

Public Works Review ☒

Emergency Services Review ☒

Council Meeting Date

April 2nd 2024

Approved _____

Denied _____

Insurance Certificate Required

Ins. Cert. Received ☒

Conditions listed on back

Parks & Rec EAC ☒

REQUIRED ATTACHMENTS:

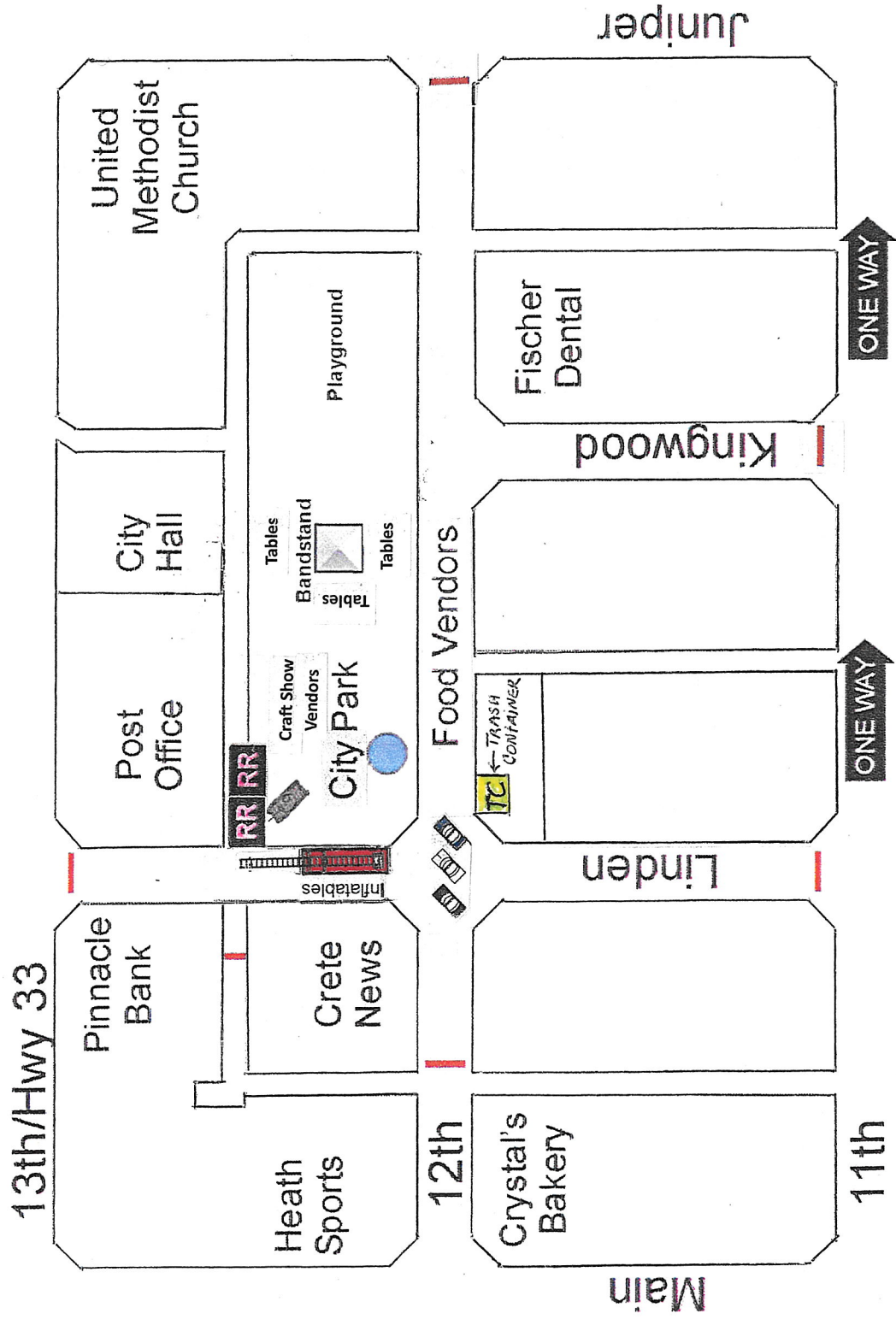
☒ Diagram or print of location of event.

☐ 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:

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

Cinco de Mayo





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	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Auto Owners Insurance	NAIC # 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	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 \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		INCL IN GENERAL LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	39108118	12/04/2023	12/04/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 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