

## CITY OF CRETE APPLICATION FOR SPECIAL EVENT PERMIT

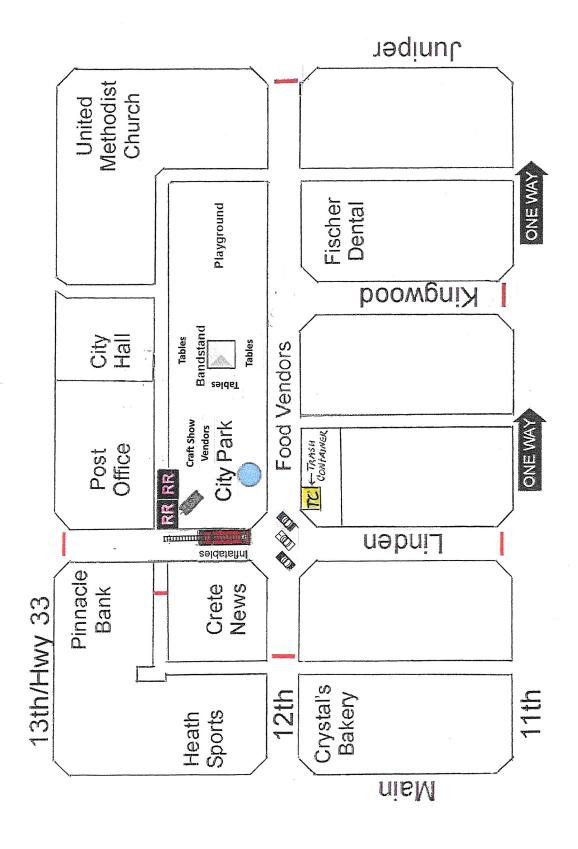
Event Title: Cinco de Mayo Celebration

	DO NOT WRITE IN THIS SPACE
Date of Event $5-4-25$	Application # DE 25-03
Start Time of Event 12 pan SETUP @ Brun	City Admin. Review
Finish Time of Event 6 pun cleanup Hill 7pm	Public Works Review
Location of Event City PARK	Emergency Services Review
Plus streets surrounding AREA	Parks & Recreation Review
	Council Meeting Date
This request is for temporary occupation of the street or sidewalk right-of-way.	Approved
Streets or Alleys requesting to be closed	Denied
LINDEN AVENUE BETWEEN 114/2 13 STREETS,	Insurance Certificate Required
12th STREET BETWEEN BLOCK Alley & Tumpen	Ins. Cert. Received
AVENUE King WOODS AVENUE BETWEEN 11th & BIT	
Special Equipment <u>STREET BARRICASES FOR EVER</u> PERMISSION tO PLACE TRASH CONTRINER @ CORNER_ Electricity At Band Stand AND Along LINC	NT - E-TRASH CHWS FROM PARKERED OF 12th & LINDEN CITY PARKING FOT SEW AT LIGHT POLES FOR INFINITHES
Organization CRETE CHAWBER OF G	ommerce.
Responsible Party JACK CocHAMA EXECUT	GIVE DIRECTOR / CHAMILER
Address 1302 Linden AUE. P.O.BO	X 465 CARTE, NE 68333
Phone 402-826-2136	

(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.

Jak Celuin
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:
Copy of insurance covering event with City of Crete as named insured





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/31/2025

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).

PRO	UCER				CONTA NAME:	DAVEB					
Bau	er Insurance, Inc.				PHONE (A/C, No, Ext): (402) 826-5141 [FAX (A/C, No):						
124	l Main Ave				ADDRESS: daveb@bauerinsuranceinc.com						
					INSURER(S) AFFORDING COVERAGE				NAIC#		
Cre	C			NE 68333	INSURE	RA: OWNER	S INS CO			32700	
INSURED					INSURER B:						
Cret	Chamber Of Commerce				INSURER C:						
PO Box 465			INSURER D:								
					INSURER E:						
Cret	1			NE 68333-0465	INSURER F:						
COV	ERAGES CER	TIFIC	ATE	NUMBER:	1			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	TYPE OF INSURANCE	ADDL	SUBR		EN KEL						
LTR	COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIM	s	1,000,000	
								EACH OCCURRENCE DAMAGE TO RENTED	<u> </u>		
	CLAIMS-MADE X OCCUR							PREMISES (Ea occurrence)	\$	300,000	
				20007200		10/04/0004	10/04/2025	MED EXP (Any one person)	\$	10,000	
Α				39997389		12/04/2024	12/04/2025	PERSONAL & ADV INJURY	\$	2 222 222	
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000	
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000	
	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT	\$		
	ANY AUTO							(Ea accident)	\$		
	OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
	AUTOS ONLY AUTOS NON-OWNED					i.		BODILY INJURY (Per accident) PROPERTY DAMAGE			
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED   RETENTION \$ NORKERS COMPENSATION							IDED   LOTH	\$		
	AND EMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE DFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	Mandatory in NH) f yes, describe under							E.L. DISEASE - EA EMPLOYE	\$		
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
									<u> </u>		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	ACORE	101, Additional Remarks Sched	lule, may	be attached if mo	ore space is requ	ired)			
										1	
										j	
CER	TIFICATE HOLDER				CANC	ELLATION					
İ						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
City of Crete					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
	239 E 13th St PO Box 86				AUTHOR	RIZED REPRESE	TATIVE	1			
	* In O 1 Daver									I	
Crete NE 68333											
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