SPECIAL EVENT PERMIT APPLICATION

(Must be turned in at least 10 days prior to event)

A Special Event Permit is required from the City of Council Bluffs for any special activity that requires exclusive use of city streets and sidewalks, requires special assistance of a city department, or is likely to have a large impact on traffic.
Please check any boxes that apply:

I. General Information.

- Organization/Person Requesting: Council Bluffs Veterans Day Parade Committee
- Name of Event: Veteran Day Parade
- Contact Name: Virgil Steenbock
- Mailing Address for Contact: 716 South 4th ST
- Contact Phone Number: 712-326-4293
- Email Gramsplace306@gmail.com
- Address of Event: American Legion & Down Pearl & Main
- Estimate of Number of Participants:
  - ☐ 1-50
  - ☒ 251-500
  - ☐ 51-100
  - ☐ 501-1,000
  - ☐ 100-150
  - ☐ > 1,000
- Attach map of event location, set-up, and/or route

II. Type of Event:

- ☐ Circus
- ☐ Carnival
- ☐ Fireworks
- ☒ Parade

*The above events require City Council approval, which could take 2-4 weeks to obtain.

- ☐ Walk, Run, Bicycle Event
- ☐ Concert
- ☐ Neighborhood/Block or Private Party
- ☒ Other: Parade

III. Date of Event 11-3-2018

- Date Set Up
- Date Held 11-3-2018

Date Taken Down 11-3-2018

Times Held N/A

IV. Brief description of event: Veterans day Parade down Broadway up Main. Same route as previous years

V. Additional permits required when event includes

☐ Sale of Alcoholic Beverages
- Requires temporary liquor license from the Iowa Alcoholic Beverage Division. Apply on-line at www.iowaabd.com. ABD can be reached at 1-866-469-2223.
- The application for a temporary liquor license must be reported to the City Clerk's office and approved by multiple City Departments before final approval of the City Council. (this process could take 2-4 weeks)

☐ Sale of Food Products
- Requires permit from Iowa Department of Inspections & Appeals (515-281-6538).

☐ Fireworks
- Requires permit from City Fire Department (712-328-4646).

☐ Noise
- If event includes music, a live band, or noise of any kind a request for a noise variance must be made. A form is available from the City Health Department (712-328-4666).

VI. Traffic Control

☑ Request Police Assistance for If city requires them

Cost for City worker's overtime may be required. Administrative fees for police services and cruisers are provided at additional costs.

☑ Street closures (**Must include a Map**)
- Street closures must be in compliance with the Manual for Uniform Traffic Control Devices. Traffic control barricades and signage must be furnished and placed by qualified companies or by the city. The city charges fees for this service.
- Street closures require abutting property owners' concurrence. Petition/permission form attached.

VII. Please check any of the following boxes that apply to this event.

- ☑ animals
- ☐ open fires (other than barbeques)
- ☐ portables (porta-potties) – recommendations based on duration/people attending
- ☐ using a park, sidewalk or street surrounding a park
- ☐ using any portion of a public trail
- ☐ using any public area
- ☐ there will alcoholic beverages be sold
- ☐ there will alcoholic beverages be served
- ☐ there will there be a fee/charge to take part in this event

If you checked any of the boxes above, please give a brief description below:

_____

_____

_____

_____

Insurance Requirements: For all events, an *Insurance Certificate* is required in the amount of $1,000,000.00, for Liability coverage, listing the City of Council Bluffs as an additional insured.

PLEASE NOTE: The request form must be returned to the City Clerk's Office, 209 Pearl Street, at least 10 business days prior to the event or the event will be denied. If you have any questions please contact us at 712-328-4616

For City Use Only:

Name of Special Event:_____

Date of Special Event:_____

Note to Departments: You are requested to review this application and return it to the city Clerk's Office with any comments shown below. Comments should include pertinent laws and ordinances as well as notice of any required changes, fees, permits, and licenses.

Department Comments: _____

_____

_____

_____

☐ Approved

☐ Denied

Department:_____

Signature/Initials:_____

Street Closure Permission

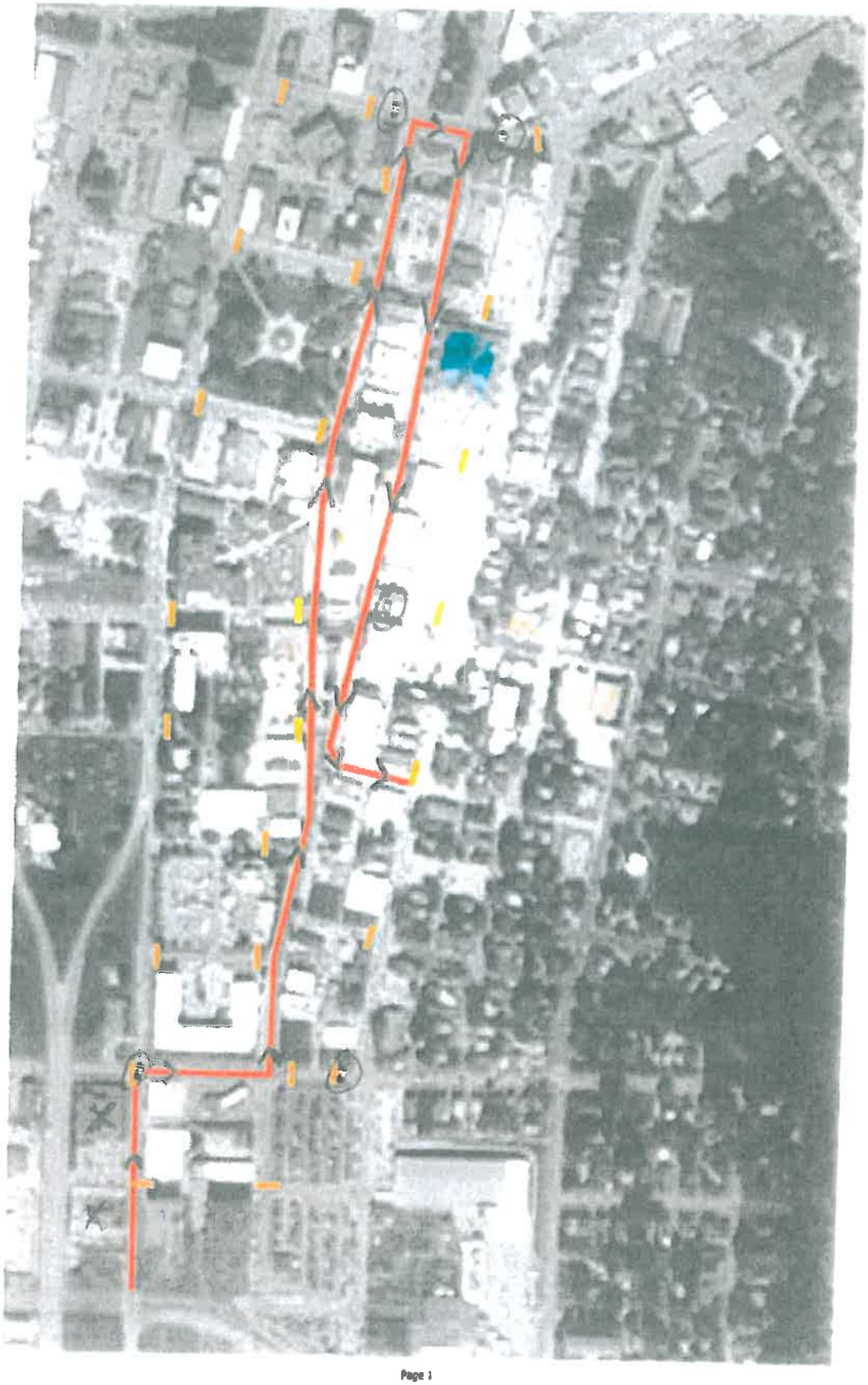
We the undersigned residents in the City of Council Bluffs, Iowa, DO NOT object to the closing of the following street for a special event:

Street:

Date and Time:

Only one name per household and only residents of a property affected by the closure will be considered as legitimate endorsers.

DATE	PRINTED NAME	SIGNATURE	ADDRESS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/26/2018

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 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	CONTACT NAME: Brocker Karns Karns
Brocker, Karns & Karns Inc. Insurance Council Bluffs Office 1317 N 16th St Council Bluffs IA 51501	PHONE (A/C, No, Ext): (712) 322-1228 FAX (A/C, No): (712) 322-1053 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Auto Owners	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Rainbow Post #2 American Legion
716 S 4Th St
Council Blfs IA 51503-6537

COVERAGES **CERTIFICATE NUMBER:** CL15101507678 **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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:	X		39003818	6/30/2018	6/30/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Premises/Operations	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS [X] SCHEDULED AUTOS NON-OWNED AUTOS			4686335200	6/30/2018	6/30/2019	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Medical payments	$ 1,000,000 $ $ $ $ 2,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below			39889531	06/30/2018	06/30/2019	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ 100,000 $ 100,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Council Bluffs
209 Pearl Street
Council Bluffs, IA 51503

CANCELLATION

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

Chris Karns/CRM

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