



**Council Agenda, City of Council Bluffs, Iowa
Special Meeting November 4, 2021, 10:45 AM
Council Chambers, 2nd Floor, City Hall
209 Pearl Street**

AGENDA

- 1. CALL TO ORDER**
- 2. APPLICATIONS FOR PERMITS AND CANCELLATIONS**
 - A. Veteran's Day Parade, November 6, 2021 at 10:00 am
- 3. OTHER BUSINESS**
- 4. ADJOURNMENT**

DISCLAIMER:

If you plan on attending this meeting and require assistance please notify the City Clerk's office at (712) 890-5261, by 5:00 p.m., three days prior to the meeting.

For City Use Only:

Name of Special Event: Veterans Day Parade 2021

Date of Special Event: 11-6-21; 10a-12³⁰p

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: _____

CD _____
FIRE _____
BUILDING _____
LEGAL _____
PARKS _____
POLICE _____
PW _____
RISK M _____
INS CERT _____
COUNCIL _____

FORMS SENT OUT 11.1.21

SPECIAL EVENT PERMIT APPLICATION
(Must be turned in at least 2 weeks 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 Note: If you are having a small event in a City park (small wedding, family picnic, etc.) you may need to fill out the Parks & Rec. Special Event Form.

Please check any boxes that apply:

I. General Information.

- Organization/Person Requesting: BRADLEY POWELL
- Name of Event: VETERANS DAY PARADE
- Contact Name: BRADLEY POWELL
- Mailing Address for Contact: 1802 AVE E 57501

- Contact Phone Number: 402-319-3999
- Email: BRADHAWK91@GMAIL.COM
- Address of Event: PARADE ROUTE
- Estimate of Number of Participants: _____
 - 1-50 251-500
 - 51-100 501-1,000
 - 100-250 > 1,000
- Attach map of event location, set-up, and/or route

II. Type of Event:

- | | |
|---|--|
| <input type="checkbox"/> Circus* | <input type="checkbox"/> Walk, Run, Bicycle Event |
| <input type="checkbox"/> Carnival* | <input type="checkbox"/> Concert |
| <input type="checkbox"/> Fireworks* | <input type="checkbox"/> Neighborhood/Block or Private Party |
| <input checked="" type="checkbox"/> Parade* | <input type="checkbox"/> Other: _____ |

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

III. Date of Event

- | | |
|-----------------------------------|---------------------------------|
| - Date Set Up <u>NOV 6th 2021</u> | Date Taken Down <u>SAME</u> |
| - Date Held <u>SAME</u> | Times Held <u>10:00 - 12:30</u> |

- IV. Brief description of event: Parade for support to Vets
ROUTE DOWN PEARL & MAIN, SAME 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. See form attached.

VI. Traffic Control

- Request Police Assistance for INTERSECTION 5
-
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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**)
 - If using the 712 Initiative Block Party Trailer, please complete section VIII.
 - 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. Requires signature of any property affected by the closure.
 - Event Organizers are responsible for notifying businesses that affected by street closure. Notice to businesses must be given at least 4 weeks in advance of the event.

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:

VIII. Street Closure while utilizing the 712 Initiative Block Party Trailer:

The following items must be completed and submitted with this application to the City Clerk's Office, 209 Pearl Street, Suite 102, Council Bluffs..

- Diagram of Street Closure attached
- Completed Street Closure Permission form, with signatures from all properties affected by the closure.

The 712 Initiative will provide the City Clerk's Office with your reservation information once they have approved the use of the trailer.

If not using the 712 Initiative Block Party Trailer, you must obtain insurance, as outlined 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 and as a Certificate Holder.

PLEASE NOTE: The request form must be returned to the City Clerk's Office, 209 Pearl Street, at least 2 weeks prior to the event or the event will be denied. If you have any questions please contact us at 712-890-5261



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/01/2021

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 Brocker, Karns & Karns Inc. Insurance Council Bluffs Office 1317 N 16th St Council Bluffs IA 51501	CONTACT NAME: Brocker Karns Karns PHONE (A/C, No, Ext): (712) 322-1228 FAX (A/C, No): (712) 322-1053 E-MAIL ADDRESS: anita@brockerkarns.com <hr/> INSURER(S) AFFORDING COVERAGE INSURER A: Auto-Owners NAIC # 18988 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Rainbow Post #2 American Legion 716 S 4th St Council Bluffs IA 51503-6537	

COVERAGES **CERTIFICATE NUMBER:** CL2010511483 **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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	39003818	06/30/2021	06/30/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Bodily Injury-split limit \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

City of Council Bluffs is listed as additional insured

CERTIFICATE HOLDER

CANCELLATION

City of Council Bluffs 209 Pearl Street Council Bluffs IA 51501	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
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