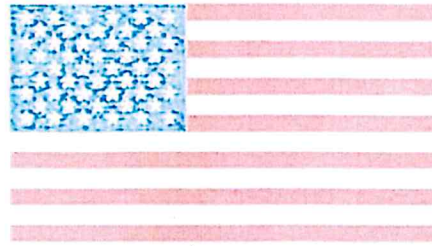


Special Event Application

Organization/Group: AMERICAN LEGION POST 624	Date: 09/14/17
Applicant: WILLIAM L. "BILL" RAY	
Applicant's Address: 2951 FM-917	Phone No. 817-239-0787
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email: bill39th@sbcglobal.net
Address of Event: R.L. ANDERSON STADIUM	
Description & Activities: VETERAN'S DAY PARADE	
Date of Event: NOVEMBER 11, 2017	Hours of Event: 9AM-12PM
Public Invited or Private Party? YES	Estimated Number of Attendees 1500
Is the event in a Mansfield Park? NO	*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? YES	*If yes, Insurance is required YES
Is the event on Private Property other than your own? NO	*If yes, signed permission is required
Will there be any new or temporary electric lines installed? NO	
*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.	
Will you be using generators? NO	*If yes, show location on the site plan
Do you plan to have any Tents? NO	*If yes, a separate permit is required.
Do you plan to have any pop-up canopies? NO	
Do you plan to have any Promotional Signs? (banners, streamers, balloons) NO	*If yes, a separate permit is required
City of Mansfield Assistance Requested:	
Barricades/ Street Closure? YES	*If yes, show on site plan where you want to have barricades. A resident roster must be submitted for a block party.
Police/Traffic Control/Security? MPD & MISDPD	*If yes, attach an explanation and the name of the person you are working with
<p>Please Read and Include the Following Information With This Application</p> <ul style="list-style-type: none"> For all outdoor activities, a site plan must be attached. One can be provided if requested. You need to show where all items will be located on the site plan. If Insurance is required, the City of Mansfield must be listed as "Additional Insured". All documents must be turned in at the same time. Please allow enough time for review and approval before the date of your event. 	
Applicant's Printed Name:	Applicant's Signature:
WILLIAM L. RAY	<i>William L. Ray</i>

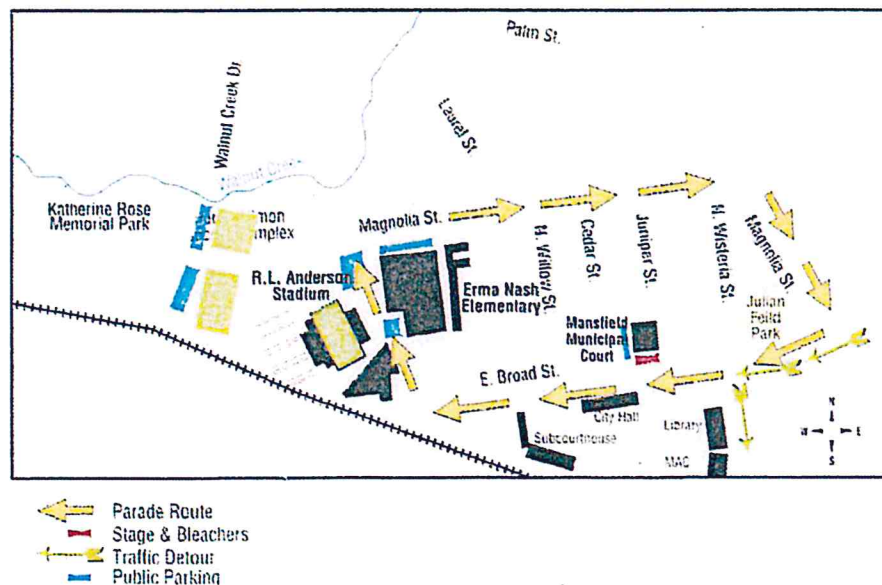
Attached is the Veterans Day parade route. Starting point is R.L. Anderson stadium east on Magnolia St. to Broad St., west on Broad St. to R.L. Anderson stadium.



SATURDAY, NOVEMBER 11, 2017

VETERANS DAY PARADE

Downtown Mansfield
Parade starts at 10:00am



Presented by:
American Legion, Post 624, Mansfield, TX



PERMISSION TO USE PRIVATE PROPERTY FOR SPECIAL EVENT

(Required if this is not your property or business location)

I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant

AMERICAN LEGION POST 624

(Person, group or business name)

permission to have their special event on said property.

R.L. ANDERSON STADIUM/PARKING LOTS

Property address: _____

Please check all that apply:

☒ Entire Special Event, including all activities listed, are approved be held at this location.

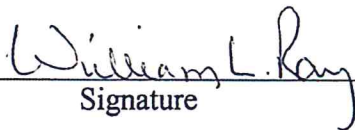
☒ Approved for overflow parking and/or shuttle area to be held at this location.

☐ Approved to place promotional signage at this location, if the required permit is obtained. (I am aware this will use up one of the three (3) times a calendar year maximum for this location)

☐ Approved to place a Tent(s) and/or canopy for the event. (Note: a Tent requires a permit)

☐ Approved to place Bounce Houses, Petting Zoo, Children's Games and/or Kid's activities

☐ Misc. Approved: _____


Signature

WILLIAM L. RAY/POST COMMANDER

Printed Name/ Job Title
P.O. BOX 434, MANSFIELD, TX. 76063

Mailing Address
817-239-0787

Contact Phone Number

Bill Ray

From: "White, Eric" <EricWhite@misdmail.org>
To: "Bill Ray" <bill39th@sbcglobal.net>
Cc: "American Legion 624" <american.legion624@sbcglobal.net>
Sent: Thursday, September 14, 2017 1:52 PM
Subject: RE: PERMISSION REQUEST
Bill,

This is approved and we have it on our calendar.

Eric White
Mansfield ISD Athletic Department
Assistant Athletic Director
817-276-5204

From: Bill Ray [mailto:bill39th@sbcglobal.net]
Sent: Thursday, September 14, 2017 1:51 PM
To: White, Eric <EricWhite@misdmail.org>
Cc: American Legion 624 <american.legion624@sbcglobal.net>
Subject: Fw: PERMISSION REQUEST

Mr. White,
The Mansfield American Legion Post 624 would like permission to use of R.L. Anderson stadium parking lots and stadium for the first annual Veterans Day Parade on Saturday, November 11, 2017. The staging of participants, floats, etc. will begin at 9:00am, parade will start at 10:00am and a short Veterans Salute inside the stadium at 11:30am. We should be through and out of the stadium and parking lot by 2:00pm.
This parade is sponsored by the Mansfield American Legion in cooperation with the City of Mansfield and the MISD JROTC. Your permission is needed in writing to go with the Special Event request we will be submitting to the City.
Thank you for your consideration.
Respectfully,

William L. "Bill" Ray
Commander
American Legion Post 624
2951 FM 917, P.O. Box 434
Mansfield, TX. 76063
817-477-2207 (Post)
american.legion624@sbcglobal.net
817-239-0787 (Cell)
bill39th@sbcglobal.net

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: **VETERANS DAY PARADE**

Name of Group Assisting:

☒ Mansfield Police

☒ MISD Police

☐ Constable Office

☐ Other _____

Please check all that apply:

☐ We have an agreement to be Traffic Officers for this Special Event.

☐ We have an agreement to be Security Officers for this Special Event.

☐ Other: _____


Signature

WILLIAM L. RAY/POST COMMANDER

Printed Name/ Job Title

P.O. BOX 434, MANSFIELD, TX. 76063

Mailing Address

817-239-0787

bill39th@sbcglobal.net

Contact Phone Number

/ _____
E-mail

ACORDTM CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

9/19/2017

PRODUCER MANSFIELD PATTERSON INSURANCE 400 E Broad Mansfield, TX 76063 (817) 473-1116		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED American Legion Post 624 P O Box 434 Mansfield, Texas 76063		INSURERS AFFORDING COVERAGE	NAIC#
		INSURER A: Hudson Spec. Ins. (RSI)	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE(MM/DD/YY)	POLICY EXPIRATION DATE(MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	HBD10005253	10/19/17	10/19/18	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMSMADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:					
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL CWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
		modeling contractor including roofing OTHER				E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

City of Mansfield is named as an "Additional Insured" on the above policy.

CERTIFICATE HOLDER

CANCELLATION

City of Mansfield
1200 E. Broad St.
Mansfield, Texas 76063

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

D. Harris