

Special Event Application

Organization/Group Pickled Mansfield Society			Today's Da	te 11/9/13	
Applicant Name Amanda Kowalski					
Applicant Address 4 River Crest Ct, Mansfield			Phone No.	Phone No. (817) 733-4171	
*Will be ca fled for information needed and when the permit is ready for pic			Email kowbo	ys@flash.net	
Address of Event 100 to 700 block of N Main	Street				
Date(s) of Event Saturday, March 15, 2014		Hours of	Event: 6 am to 12	om /	
Annual Event or 1 st , 2 nd , 3 rd year? 3rd		Estimated Number of Attendees 12,000-15,000			
Will Fee≤ be charged? No		Public Invited or Private Party? Public			
Is the e∨ent in a Mansfield Park? No			surance is required		
		Yes	*If yes, Insurance is required		
Is the event on Private Property other than your own? Yes *If yes, signed permissi required Attached					
Will there be any new or temporary ele	ectric lines in	stalled?	No		
*If yes, a registered Electrician must obtain a	permit. Indicate	the line lo	cations on the site n	lan	
Will you be using any generators? Yes		*If yes,	indicate the location	on the site plan	
Do you plan to have any Tents? No		*If ye	s, a separate permit	is required.	
Do you plan to have any Promotional S (i.e. banners, streamers, balloons)?	Signs _{No}		*If yes, a separate p	permit is required	
City of Mansfield Assistance Reque	sted:				
CMOSS	roads	*If y	*If yes, show on site plan where you		
Barricades/ Street Closure Yes		want to close the street and a resident roster must be submitted			
To	SM		es, attach an explar		
Police/Traffic Control/Security Yes			name and contact number of person you		
111	NVI CC	are i	making arrangement	s with.	
 Please Read and Include the F For all outdoor activities, a site plan mu show where <u>all items</u> will be located on If Insurance is required, the City of Man All documents must be turned in at the before the date of your event. 	st be attached. the site plan. sfield must be l	One can be isted as "A	e provided if request	ed. You need to	
Applicant Signature and Date:					
	OP OFFICE II	CE.			
MAC	DR OFFICE U		EIDE DERT		
OUTCE DEPT	PUBLIC WORK	.J	FIRE DEPT	PLANNING	

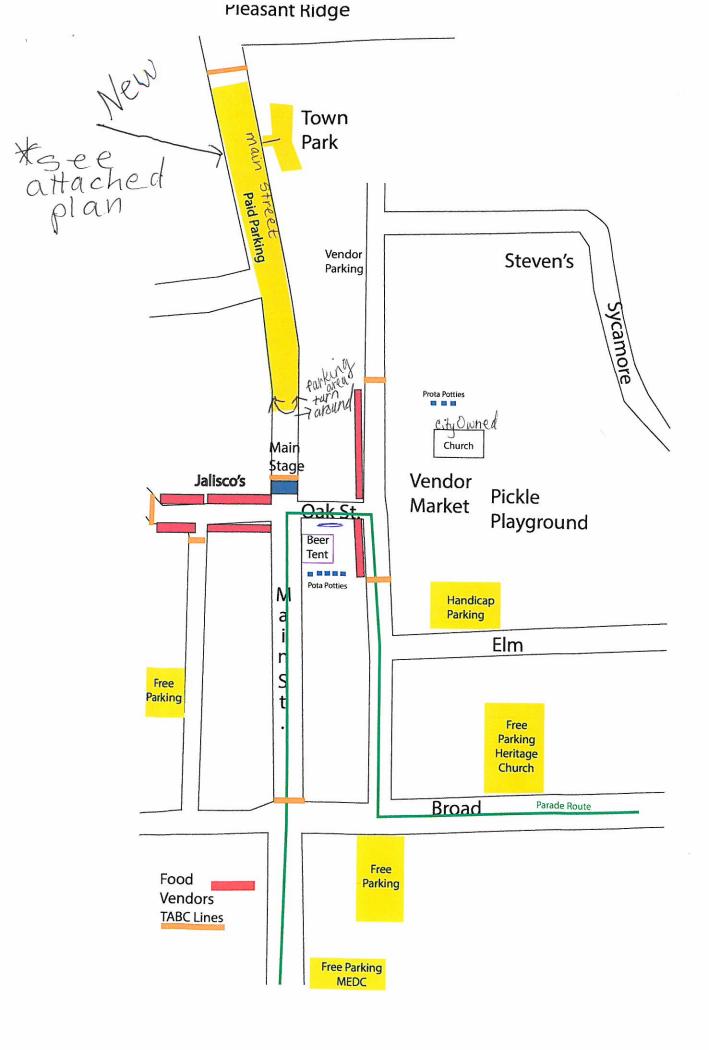
DEV SERVICES

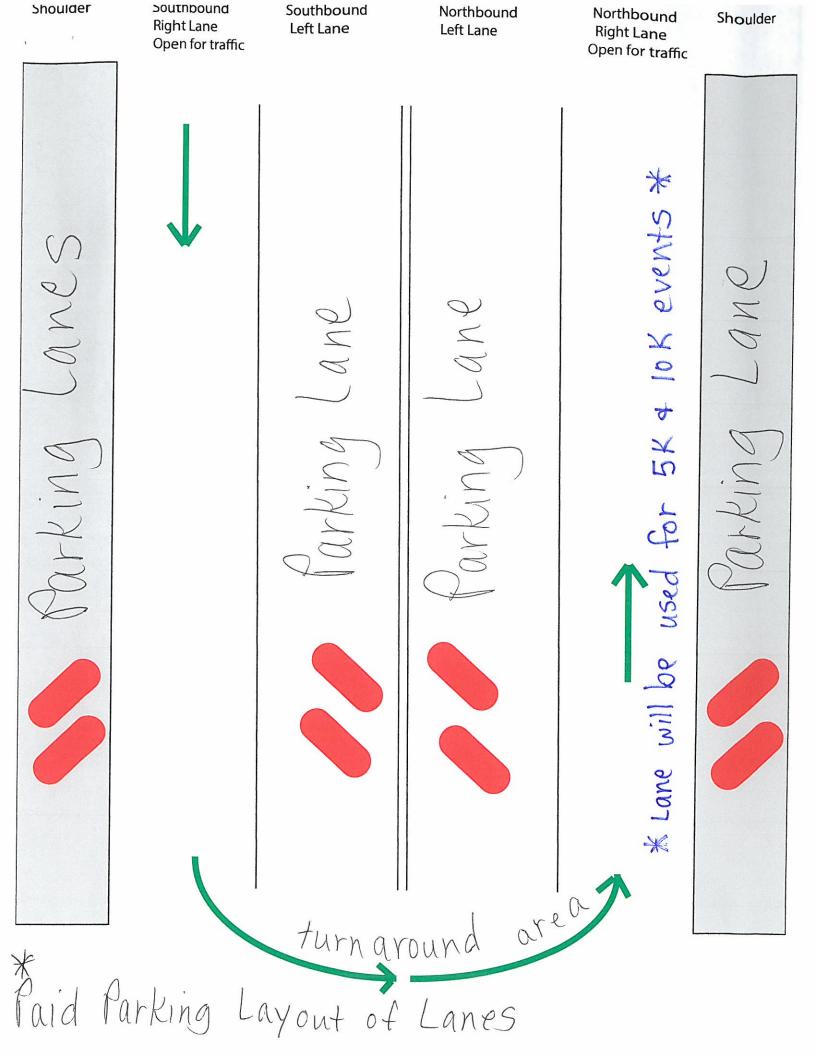
AGENDA:

PARKS

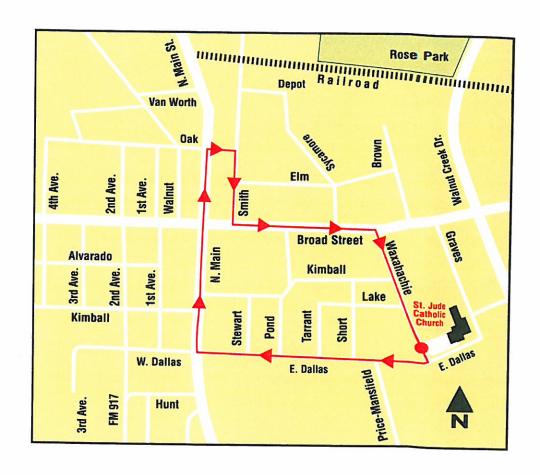
POLICE DEPT

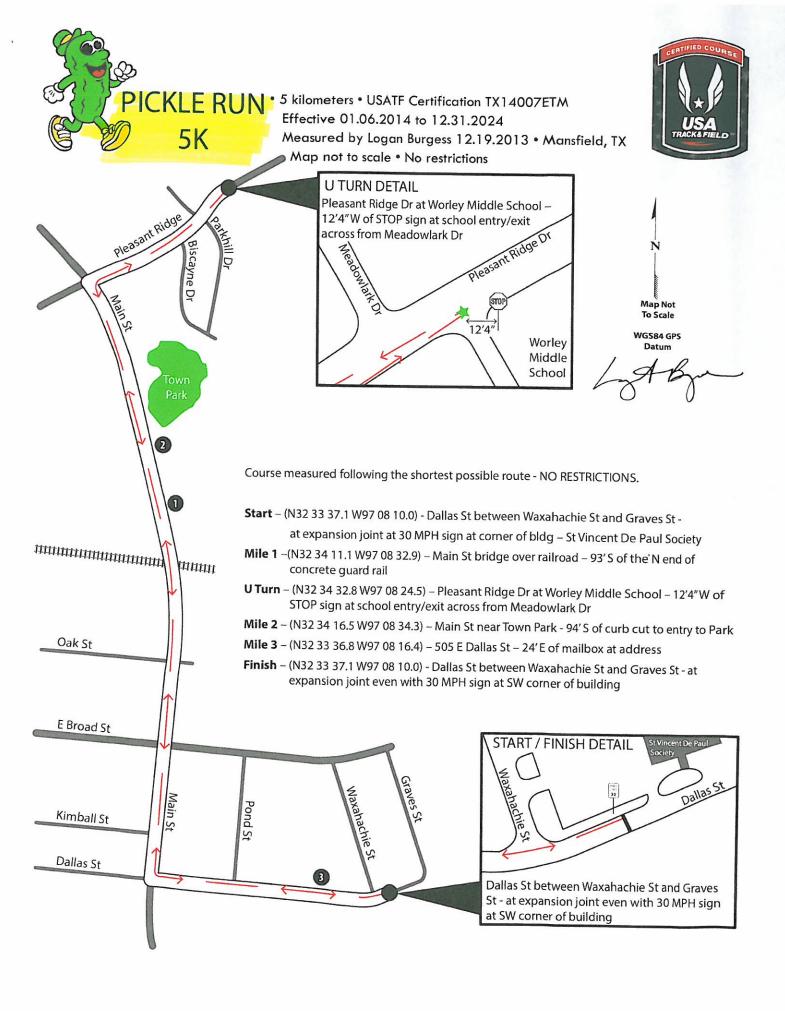
CITY COUNCIL





Parade Route



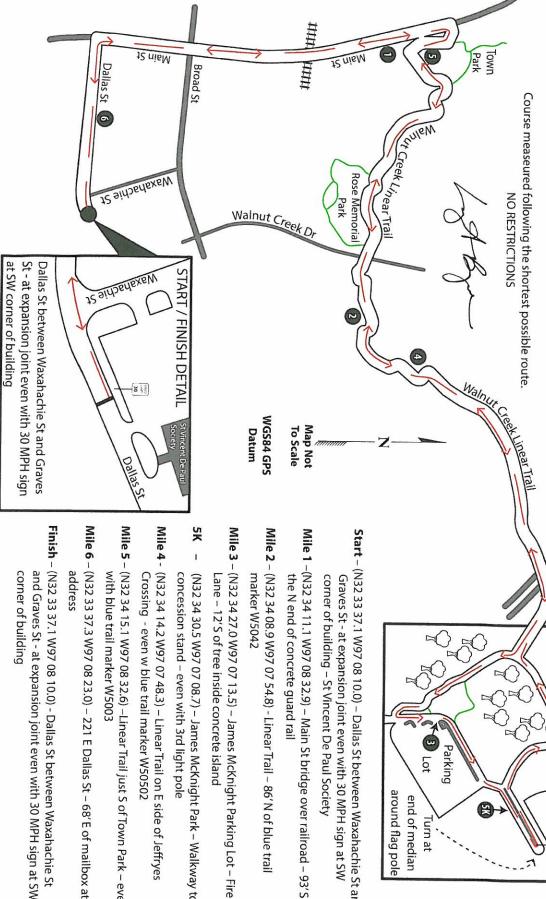


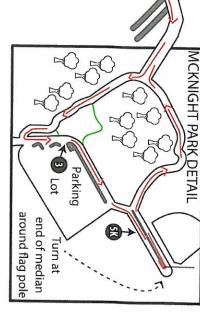


PICKLE RUN · 10 kilometers · USATF Certification TX14006ETM · Mansfield, TX Effective 01.06.2014 to 12.31.2024

Measured by Logan Burgess 12.19.2013

Map not to scale • No restrictions





- Start (N32 33 37.1 W97 08 10.0) Dallas St between Waxahachie St and corner of building – St Vincent De Paul Society Graves St - at expansion joint even with 30 MPH sign at SW
- Mile 1 (N32 34 11.1 W97 08 32.9) Main St bridge over railroad 93'S of the N end of concrete guard rail
- Mile 2 (N32 34 08.9 W97 07 54.8) Linear Trail 86'N of blue trail marker W5042
- Mile 3 (N32 34 27.0 W97 07 13.5) James McKnight Parking Lot Fire Lane – 12'S of tree inside concrete island
- (N32 34 30.5 W97 07 08.7) James McKnight Park Walkway to concession stand - even with 3rd light pole
- Mile 4 (N32 34 14.2 W97 07 48.3) Linear Trail on E side of Jeffryes Crossing - even w blue trail marker W50502
- Mile 5 (N32 34 15.1 W97 08 32.6) –Linear Trail just S of Town Park even with blue trail marker W5003
- Finish (N32 33 37.1 W97 08 10.0) Dallas St between Waxahachie St and Graves St - at expansion joint even with 30 MPH sign at SW



I, the undersigned, being the property owner or property management representative of the
owner for the property described herein below, do grant
ST JUDE CATHOLIC CHURCH
(person, group or business name)
permission to have their special event on said property.
Property address: DALLAS
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: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Alfoly "
Signature
GEORGE FOLEY
Printed Name/ Job Title
500 E DALLAS
Mailing Address
817 473 6709
Contact Phone Number

I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant
(person, group or business name)
permission to have their special event on said property.
Property address: HENITAGE BAPTIST CHURCH 201 E. BROAD, MANSFIELD, TX 76063
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:
Olm 2 Woods Signature
GLENN L. WOODS, DEACON Printed Name/ Job Title
201 E. BROAD MANSTICIO, TX 76063 Mailing Address
8/7-453 - 5580
Contact Phone Number

I, the undersigned, being the property owner or property management representative of the
owner for the property described herein below, do grant
Ot. Paddy's Pickle Parade
Ot. Paddy's Piddle Parade (person, group or business name)
permission to have their special event on said property.
Property address: 301 S. Main Sheet
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
Scott Welmaker Director of Economic Development
Printed Name/ Job Title
301.5. Main
Mailing Address
817 453 (006 x1
Contact Phone Number

I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant
James Hudson (person, group or business name)
permission to have their special event on said property.
Property address: 10-1 WOAK Mansfield TX 76063
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 Seuban
Printed Name/ Job Title
104 W Oak Munsfield TX 76063 Mailing Address
817-371-1411
Contact Phone Number

A	RD
~11	# W. M.
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CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 1/13/2014 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(les) 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). FIRST UNITED COMMERCIAL 2106 Melissa Diane St Mansfield, TX 76063 INSURER(S) AFFORDING COVERAGE NAIC # United States Fire Insurance Co INSURER A: Pickled Mansfield Society INSURED INSURER B 900 N Walnut Creek Dr Ste 100 PB#270 INSURER C Mansfield, Tx 76063 INSURER D 817-733-4171 INSURER F 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. ADDL SUBR LTR TYPE OF INSURANCE POLICY EFF POLICY EXP POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE 1,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 \$ MED EXP (Any one person) A 031514-dh1 03/14/14 03/17/14 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER 2,000,000 GENERAL AGGREGATE X POLICY PRODUCTS - COMP/OP AGG 2,000,000 OTHER. \$ AUTOMOBILE LIABILITY OMBINED SINGLE LIMI \$ (Ea accident) ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) HIRED AUTOS PROPERTY DAMAGE (Per accident) AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE **AGGREGATE** \$ DED RETENTION \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE N/A E.L. EACH ACCIDENT \$ OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below \$ E.L. DISEASE - POLICY LIMIT 03/14/14 03/14/14 \$1,000,000 Included Liquor Liability 31514-dh1 \$2,000,000 Aggregate DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named as additional insured by signed agreement. CERTIFICATE HOLDER CANCELLATION City of Mansfield SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE 1200 E Broad St

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN Mansfield TX 76063 ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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