

Rockin 4th

Special Event Application

| | |
|--|--|
| Organization/Group: <u>City of Mansfield</u> | Date: <u>6-1-17</u> |
| Applicant: <u>Angie Henley</u> | |
| Applicant's Address: <u>210 Smith Street</u> | Phone No. <u>817-804-5795</u> |
| *Will be called or emailed for more information needed and/or when the permit is ready for pick-up | Email: <u>Angie.henley@mansfield-tx.gov</u> |
| Address of Event: <u>500 Heritage Pkwy</u> | |
| Description & Activities: <u>Live music, kids activities, food + beverage</u> | |
| Date of Event: <u>July 3, 2017</u> | Hours of Event: <u>6-11</u> |
| Public Invited or Private Party? <u>Public</u> | Estimated Number of Attendees: <u>12,000</u> |
| Is the event in a Mansfield Park? <u>yes</u> | *If yes, Insurance is required |
| Do you plan to Temporarily Close a Public Street? <u>NO</u> | *If yes, Insurance is required |
| Is the event on Private Property other than your own? <u>NO</u> | *If yes, signed permission is required |
| Will there be any new or temporary electric lines installed? <u>NO</u> | |
| *If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan. | |
| Will you be using generators? <u>yes</u> | *If yes, show location on the site plan |
| Do you plan to have any Tents? <u>yes inside Blvd</u> | *If yes, a separate permit is required. |
| Do you plan to have any pop-up canopies? <u>yes</u> | |
| Do you plan to have any Promotional Signs? (banners, streamers, balloons) <u>NO</u> | *If yes, a separate permit is required |
| City of Mansfield Assistance Requested: | |
| Barricades/ Street Closure? <u>Sgt. Daniel Berwin</u> | *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? <u>Police</u> | *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: |
| <u>Angie Henley</u> | <u>Angie Henley</u> |



1200 East Broad Street, Mansfield, TX 76063
www.mansfieldtexas.gov Fax: 817-477-1416

Temporary Tent Application

| | | | | | |
|--|-------------------------------------|---|--------------------------|----------------|--------------------------|
| Tent location Address | | 500 Heritage Parkway | | Suite No. | |
| Tenant/Business | | Big League Dreams | | | |
| Applicant* | City of Mansfield / Angie Henley | | Phone | 817-804-5795 | |
| Applicant Address | | | E-mail | | |
| *Will be called for questions and/or when the permit is ready for pick-up | | | | | |
| Tent Company | | Rental Stop | | | |
| Tent Company Name | | Rental Stop | | Contact Number | |
| Company Address | | 5703 SW Green Oaks Blvd. Arlington TX 76017 | | | |
| Purpose of Tent: | | | | | |
| Special Event | <input checked="" type="checkbox"/> | Sale or Promotion | <input type="checkbox"/> | Assembly | <input type="checkbox"/> |
| Other | | <input type="checkbox"/> | | | |
| Dates Tent will be on the Property | | Erected: | 7/3/17 | Removed: | 7/3/17 |
| Size and Height of Tent (in feet at tallest peak) | | | | | |
| #1 Tent Size | 10 x 20 | | Height in feet | 15 | |
| #2 Tent Size | 20 x 20 | | Height in feet | 15 | |
| #3 Tent Size | 20 x 40 | | Height in feet | 15 | |
| Please read and Include the Following Information With This Application | | | | | Permit Fee \$60 |
| 1. SITE PLAN: You must include a site plan showing where the Tent(s) will be located on the property. You need to indicate the distance from any structures and the property lines. | | | | | |
| 2. FLOOR PLAN: Provide a simple floor plan for each tent showing the tables, chairs, stages, width of aisles, exits, etc. Note if the Tent sides will be Up or Down. | | | | | |
| 3. FLAME RESISTANT CERTIFICATE: You must attach a Flame Resistant Certificate for the specific tent you are renting. The Tent Company can provide this. | | | | | |
| 4. NOTE: Temporary tent sales by retail establishments or tent assemblies may be permitted for a period not to exceed thirty (30) days and <u>no more than once a year</u> . No tents or similar structures shall be erected in any required yard setbacks or designated easements. | | | | | |
| Applicant's Printed Name & Date | | Angie Henley | | | |
| Applicant's Signature | | Angie Henley | | | |
| Property Owner/Manager Printed Name | | Angie Henley | | | |
| Property Owner/Manager Signature *REQUIRED | | Angie Henley | | | |

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Rockin 4th of July

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

Daniel Shearnin PD.
Printed Name/ Job Title

Mailing Address

Contact Phone Number

_____ / _____

E-mail



Certificate of Coverage

TMLIRP Contract Number: 3967

Member:

Mansfield
Ms. Alma Roden
Legal
1200 E Broad St
Mansfield, Texas 76063-1702

Company Affording Coverage:

Texas Municipal League Intergovernmental Risk Pool (TMLIRP)
PO Box 149194
Austin, TX 78714-9194
(512) 491-2300 or (800) 537-6655
Fax: (512) 491-2404

Certificate Holder:

Mansfield Independent School District
605 E. Broad St.
Mansfield, TX 76063

This is to certify that the coverages listed below have been provided to the member and are in effect at this time. Notwithstanding any requirements, terms, or conditions of any other contract or agreement with respect to which this certificate may be issued or may pertain, the coverage afforded by TMLIRP described herein is subject only to the terms, exclusions and additions of TMLIRP's coverage contracts between TMLIRP and its member(s).

Coverage is continuous until canceled.

| General Liability Effective Date: 10/1/2016 Anniversary Date: 10/1/2017 Limits of Liability (Each Occurrence): \$2,000,000 Sudden Events Involving Pollution (Each Occurrence): \$2,000,000 Annual Aggregate: \$4,000,000 Deductible per Occurrence: \$10,000 | | Real & Personal Property Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----|---|--|-----------------|-----|-------|-----------|--|--|------------|--|--|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Law Enforcement Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Annual Aggregate: _____ Deductible per Occurrence: _____ | | Mobile Equipment Effective Date: _____ Anniversary Date: _____ Limits of Coverage: _____ Deductible per Occurrence: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Errors and Omissions Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability(Each Wrongful Act): _____ Annual Aggregate: _____ Deductible per Occurrence: _____ | | Boiler & Machinery - Broad Form Effective Date: _____ Anniversary Date: _____ Per Accident Limit: _____ Deductible per Occurrence: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auto Liability Effective Date: _____ Anniversary Date: _____ Limits of Liability (Each Occurrence): _____ Deductible per Occurrence: _____ | | <table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Mortgagee</td> <td></td> <td></td> </tr> <tr> <td>Loss Payee</td> <td></td> <td></td> </tr> <tr> <td>Loan Number:</td> <td></td> <td></td> </tr> </tbody> </table> | | | Yes | No | Mortgagee | | | Loss Payee | | | Loan Number: | | | | | | | | | | | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgagee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loss Payee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loan Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Auto Physical Damage Effective Date: _____ Anniversary Date: _____ Limits of Liability: _____ Collision Deductible: _____ Comprehensive Deductible: _____ | | <table border="1"> <thead> <tr> <th>Year/Make/Model</th> <th>VIN</th> <th>Value</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | Year/Make/Model | VIN | Value | | | | | | | | | | | | | | | | | | | | | | | | |
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| Loss Payee: Yes No _____ | | Loan Number: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION:

Evidence of coverage for use of Vernon Newsom Stadium for Rock'n 4th of July celebration to be held in July 2017.

Cancellation: Should any of the above described coverages be canceled before the anniversary date thereof, TMLIRP will endeavor to mail 30 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon TMLIRP.

Authorized Representative:

Carla Williams

Date Issued:

9/23/2016

INDEMNIFICATION FOR PREMISES LEASED TO THE FUND MEMBER

This endorsement forms a part of the **Declarations** to which attached, effective on the inception date of the coverage unless otherwise stated herein, and clarifies such coverage as is afforded by the provisions of the coverage shown below:

- ☒ **GENERAL LIABILITY**
☐ **AIRPORT OWNERS AND OPERATORS
GENERAL LIABILITY**

Entity Name : Mansfield
Entity ID : 3967
Effective Date : 10/1/16

It is agreed that the **Fund Member** is provided coverage for the liability assumed under the lease agreement between the person or organization designated below and the **Fund Member** for that part of the premises designated below. Such coverage shall not apply to:

- (1) Any **occurrence** which takes place after the **Fund Member** ceases to be a tenant in such premises.
- (2) Any structural alterations, new construction or demolition operations performed by or on behalf of the person or organization designated below.

Name : Mansfield Independent School District
Address : 605 E Broad St
City, State, Zip : Mansfield, Texas 76063

Designated Premises

Evidence of coverage for use of Mansfield ISD property by the City of Mansfield for special events.