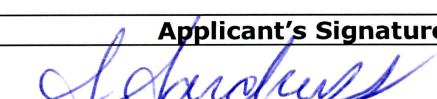
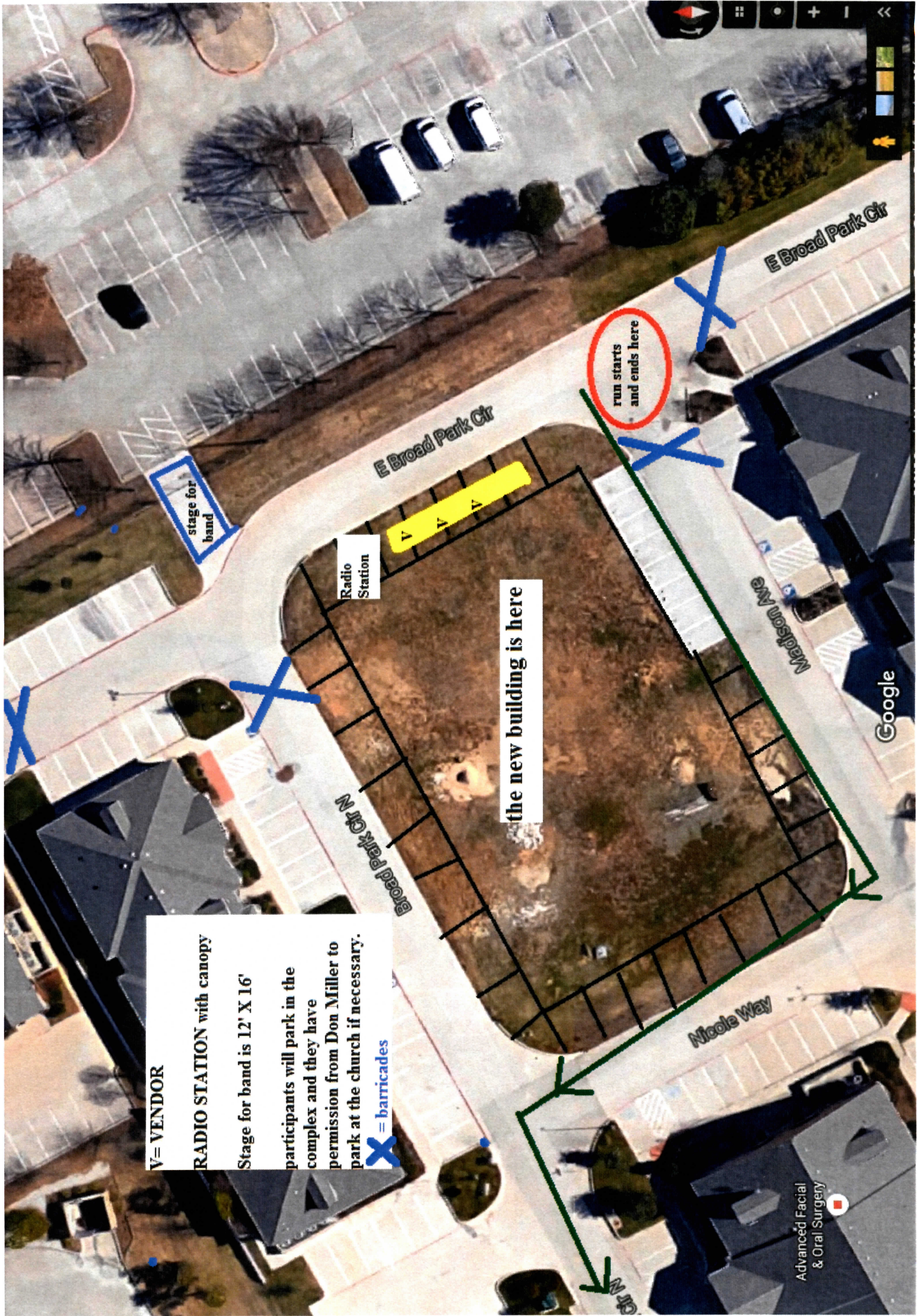


**Special Event Application**

Organization/Group: iKids Pediatric Dentistry and Orthodontics	Date: 9/13/2015
Applicant: Samantha Sandness	
Applicant's Address: 2000 Hwy 157 N. Mansfield, Tx 76063	<b>Phone No. 817-692-4756</b>
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	<b>Email: Samantha@ikidsdental.com</b>
Address of Event: 1756 Broad Park Cir. N, Ste 100 Mansfield, Tx 76063	
Description & Activities: Grand Opening and 5K Race Benefiting Cook Children's Medical Center. Concert By Sonny Burgess. 92.1 Hank Fm and The Hank Fm Party Patrol will be providing games, music and prizes. Face painting and balloon artist.	
Date of Event: 10/10/2015	Hours of Event: 5pm to 8pm
Public Invited or Private Party? Public Event	Estimated Number of Attendees
Is the event in a Mansfield Park? no	
*If yes, Insurance is required	
Do you plan to Temporarily Close a Public Street? no	
*If yes, Insurance is required	
Is the event on Private Property other than your own? yes	
*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?	
*If yes, show location on the site plan	
Do you plan to have any Tents?	
*If yes, a separate permit is required.	
Do you plan to have any pop-up canopies? Yes	
Do you plan to have any Promotional Signs? (banners, streamers, balloons) yes	
*If yes, a separate permit is required	
City of Mansfield Assistance Requested:	
Barricades/ Street Closure? no	*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? yes	*If yes, attach an explanation and the name of the person you are working with
<p style="text-align: center;"><b>Please Read and Include the Following Information With This Application</b></p> <ul style="list-style-type: none"> <li>For all outdoor activities, a site plan must be attached. One can be provided if requested. <b>You need to show where all items will be located on the site plan.</b></li> <li>If Insurance is required, the City of Mansfield must be listed as "Additional Insured".</li> <li>All documents must be turned in at the same time. Please allow enough time for review and approval before the date of your event.</li> </ul>	
<b>Applicant's Printed Name:</b>	<b>Applicant's Signature:</b>
<b>Samantha Sandness</b>	





V= VENDOR

RADIO STATION with canopy

Stage for band is 12' X 16'

participants will park in the complex and they have permission from Don Miller to park at the church if necessary.

X = barricades

the new building is here

run starts and ends here

Google

Advanced Facial  
& Oral Surgery



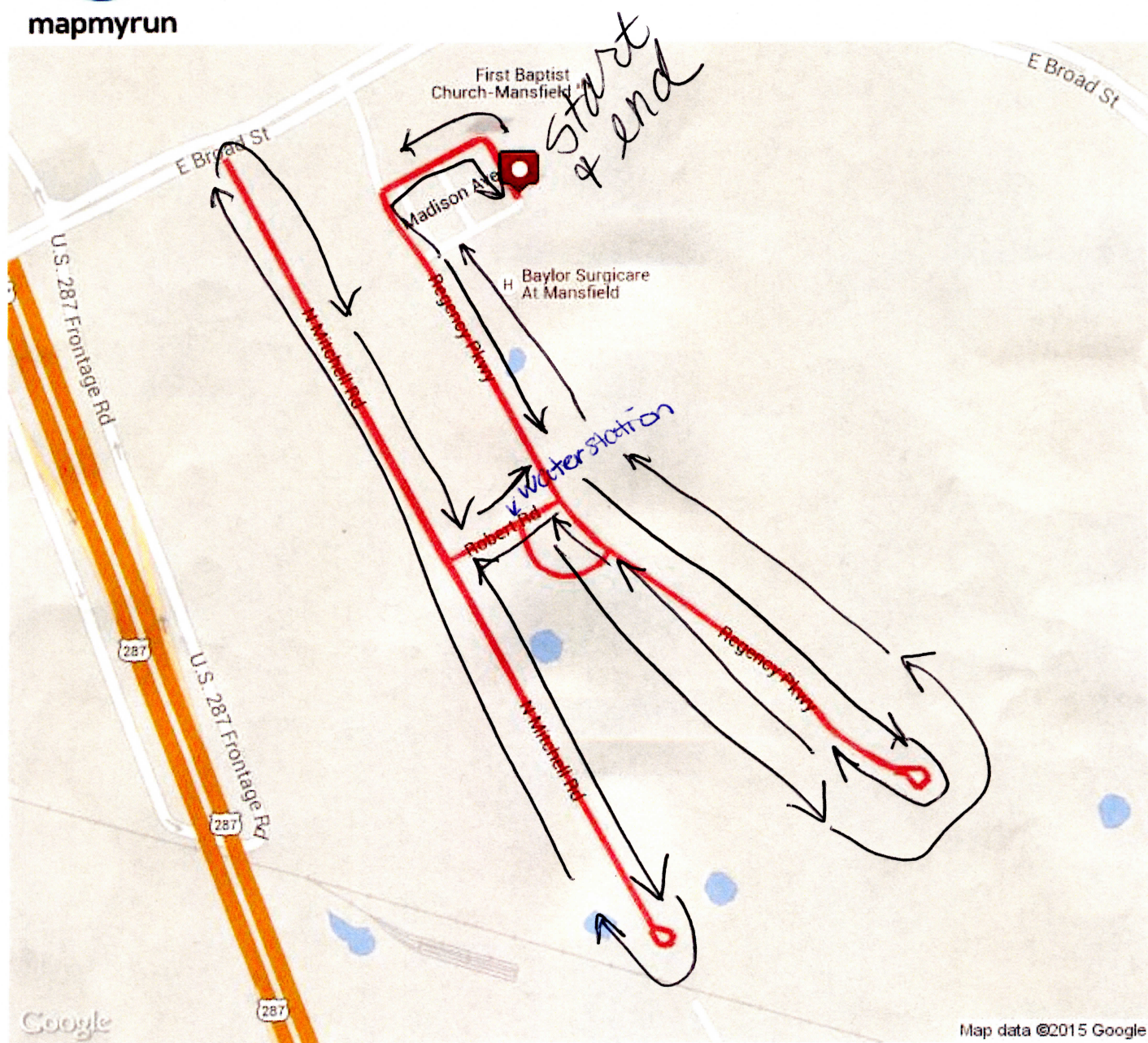


mapmyrun

# I Kids Pediatric Dentistry 5K (Opt01)

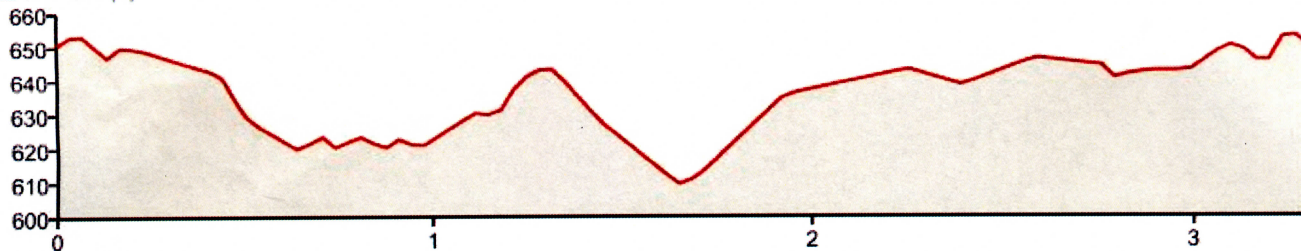
Distance: 3.3 mi

Elevation: 62.37 ft (Max: 654.43 ft)



Map data ©2015 Google

ELEVATION (ft)
























Miles

Copyright (c) 2015 MapMyFitness Inc.



## Robert Rd - Nahu Rd.

	Head northwest on E Broad Park Cir toward Madison Ave Destination will be on the right	0 mi (+0.06 mi)
	Head southwest on Broad Park Cir N toward Nicole Way	0.06 mi (+0.08 mi)
	Head southwest on Broad Park Cir N toward Regency Pkwy	0.14 mi (+0 mi)
	Turn left onto Regency Pkwy Destination will be on the left	0.15 mi (+0.63 mi)
	This segment has no directions.	0.77 mi (+0.07 mi)
	Head west on Regency Pkwy toward Fountainview Dr	0.84 mi (+0.29 mi)
	Turn left onto Fountainview Dr	1.13 mi (+0.02 mi)
	Head southwest on Fountainview Dr toward Robert Rd	1.15 mi (+0.09 mi)
	Turn left onto Robert Rd	1.24 mi (+0.01 mi)
	Head southwest on Robert Rd toward N Mitchell Rd	1.24 mi (+0.06 mi)
	Turn left onto N Mitchell Rd Destination will be on the left	1.3 mi (+0.33 mi)
	This segment has no directions.	1.64 mi (+0.05 mi)
	Head northwest on N Mitchell Rd toward Robert Rd	1.69 mi (+0.7 mi)
	Head southeast on N Mitchell Rd toward Robert Rd	2.4 mi (+0.37 mi)
	Turn left onto Robert Rd Destination will be on the left	2.77 mi (+0.02 mi)
	Head northeast on Robert Rd toward Fountainview Dr	2.79 mi (+0.07 mi)
	Head northeast on Robert Rd toward Regency Pkwy	2.86 mi (+0.01 mi)
	Turn left onto Regency Pkwy	2.87 mi (+0.28 mi)
	Turn right onto Broad Park Cir N	3.15 mi (+0.05 mi)
	Head northeast on Broad Park Cir N toward Madison Ave Destination will be on the left	3.2 mi (+0.1 mi)
	Destination	3.3 mi (+0 mi)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/16/2015

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).

<b>PRODUCER</b> Treloar and Heisel, Inc. 134 E. Washington Street  New Castle PA 16101		<b>CONTACT NAME:</b> AAPD <b>PHONE (A/C, No, Ext):</b> (724) 658-9732 <b>FAX (A/C, No):</b> (724) 654-9029 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> IKIDS PEDIATRIC DENTISTRY, PC 1756 BROAD CIRCLE NORTH  MANSFIELD TX 76063		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Sentinel Insurance Company LTD <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 11000	

**COVERAGES**

CERTIFICATE NUMBER: CL1591608553

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 SUBR INSD 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	40SBAPP2128	10/24/2014	10/24/2015	EACH OCCURRENCE \$ 2,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000					
	MED EXP (Any one person) \$ 10,000					
	PERSONAL & ADV INJURY \$ 2,000,000					
						GENERAL AGGREGATE \$ 4,000,000
						PRODUCTS - COMP/OP AGG \$ 4,000,000
						Reimb of Legal Exp Cov for \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
						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)

The City of Mansfield is named as an additional insured as their interest may appear with respect to the Grand Opening and 5K race on October 10, 2015 for Ikids Pediatric Dentistry, PC in Mansfield, TX.

**CERTIFICATE HOLDER****CANCELLATION**

City of Mansfield Mansfield City Hall Attn: Linda Johnson 1200 East Broad Street Mansfield, TX 76063	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 K Thomalla, CLU CFP®/

© 1988-2014 ACORD CORPORATION. All rights reserved.



## 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

*iKids Pediatric Dentistry and Orthodontics*

\_\_\_\_\_  
(Person, group or business name)

permission to have their special event on said property.

Property address: *1756 Broad Park Cir. N. Ste 100*  
*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.  
*Over flow parking will be at the church next door at First Baptist Church Mansfield.*

☐ 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)  
*Pop up Canopy*

☒ Approved to place Bounce Houses, Petting Zoo, Children's Games and/or Kid's activities  
*92.1 Hank Fm and The Hank Fm Party Patrol, Balloon Artist and Face Painter, vendors,*

☒ Misc. Approved:  
*Sonny Burgess will be performing a concert we will have a 12x16 riser on site.*

*Nathan A. Watson*

\_\_\_\_\_  
Signature

*Nathan A. Watson - owner/Landlord*

\_\_\_\_\_  
Printed Name/ Job Title

*PO Box 170155 Arlington, TX 76003*

\_\_\_\_\_  
Mailing Address

*817-980-0127*

\_\_\_\_\_  
Contact Phone Number



## AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: ikids Pediatric Dentistry Grandopening and Family Fun Day 5K

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: \_\_\_\_\_

Charles Hatley  
Signature

Charles Hatley Chief Deputy Constable Office Pol. 7  
Printed Name/ Job Title

1100 E. Broad St. #201 Mansfield, TX 76063  
Mailing Address

817-473-5110  
Contact Phone Number

CHatley@TarrantCounty.com  
E-mail