

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



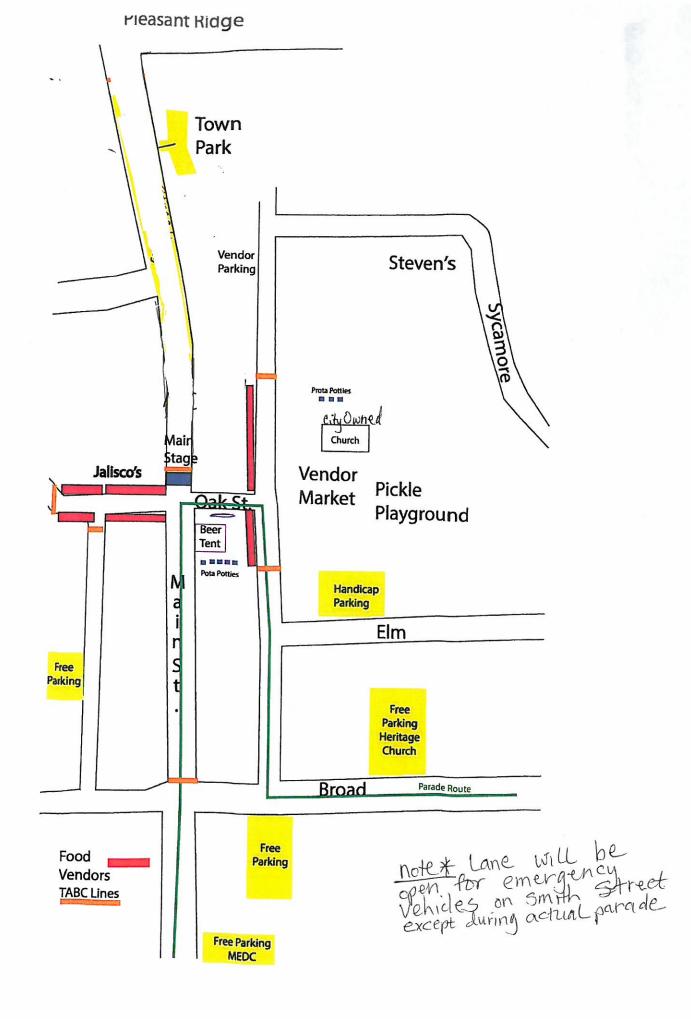
Special Event Application

Organization/Group Pickled Mansfield So	-1-1		То	dayla Daka				
		10	uay s Date	1-8-15				
Applicant Name John Pressley								
*Will be called for information needed and when the		Ph	Phone No. (817) 366-8286					
will be called for information fleeded and when the	for pick-up Email tan1000@aol.com							
Address of Event 100 to 700 block of N Mai	Address of Event 100 to 700 block of N Main Street							
Date(s) of Event Saturday, March 14, 2015	House of Events on the first							
	Hours of Event: 6 am to 19 m							
Annual Event or 1 st , 2 nd , 3 rd year?	Estimated Number of Attendees 12,000-15,000							
Will Fees be charged? No	Public Invited or							
Is the event in a Mansfield Park?	Private Party? Public *If yes, Insurance is required							
			insurance i	s required				
Do you plan to Temporarily Close a Pu	ıblic Street?	Yes	*If	es, Insuranc	e is required			
Is the event on Private Property other than your own? Yes *If yes, signed permission is required Attached								
Will there be any new or temporary el	ectric lines in	ctalled2	No					
*If yes, a registered Electrician must obtain a	permit. Indicate	the line lo	rations on	the site plan				
Will you be using any generators? Yes		*If yes,	indicate t	he location o	n the site plan			
Do you plan to have any Tents? No		*If ve	es a senar	ata parmit is				
, a, a aperate permit is required.								
Do you plan to have any Promotional Signs (i.e. banners, streamers, balloons)? *If yes, a separate permit is required								
City of Mansfield Assistance Reque	stadi							
hu.	_	*Tf \	voc chow	on site plan .				
Barricades/ Street Closure Yes Crossroads *If yes, show on site plan where you want to close the street and a resider								
		roste	er must be	submitted				
Police/Traffic Control/Security Yes *If yes, attach an explanation and the name and contact number of person								
,		are	making ar	rangements	with.			
 Please Read and Include the Following Information With This Application 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 Signature and Date: Amunda Howald 1-8-15								
FOR OFFICE USE								
MAC	PUBLIC WORK		FIRE DEF	rΤ	PLANNING			
POLICE DEPT	DEV SERVICES		PARKS	-	· CAMINING			
CITY COUNCIL AGENDA:								

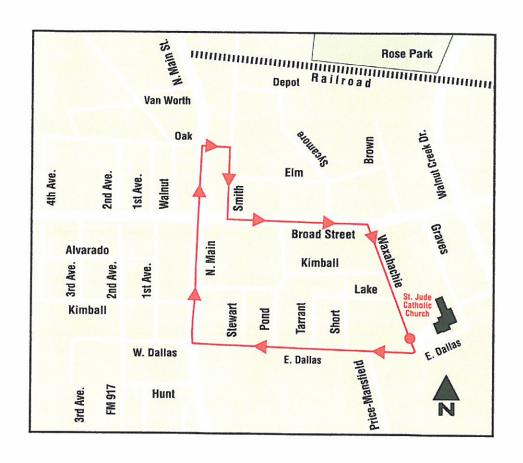


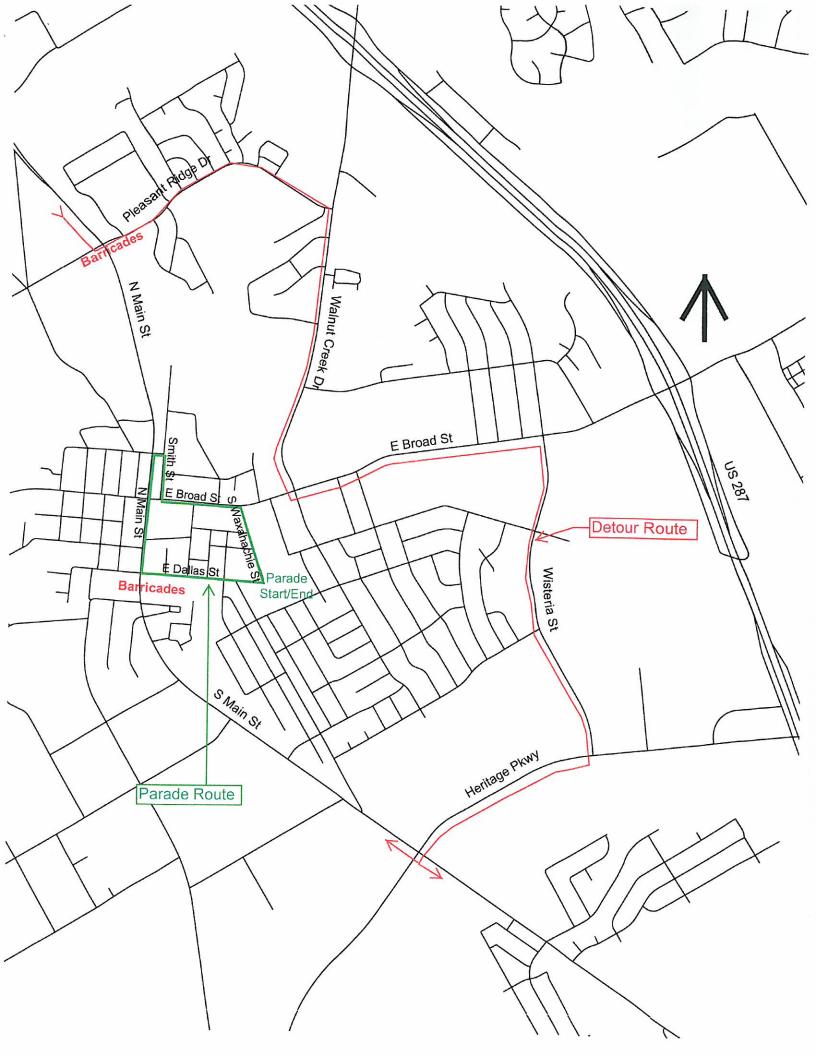
Promotional Signage Display Application

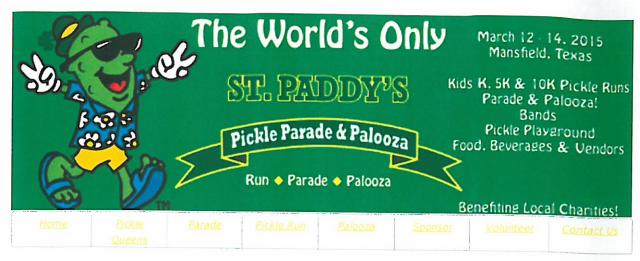
Installation Address	100-700	Main St		Suite No.		—		
Tenant/Business				<u> </u>				
Applicant* Pickled	d Maus	Field Societ	y	Phone No.	817-	-		
*Will be called for information	about the sign and	d when the permit is re	ady for pick-up		1			
Sign Company								
Name Lendan Ca	ommunice	tions Contact	Name O II					
	8 Danbury		_					
Phone No. 817-797-3434 Email allen @ Lendanm ktg. com								
13. STOY Email center teneum Frq. Com								
Purpose of Sign	4							
Special Event	Sale or Promot	tion 🔲 Grand	Opening	Other 🗌	T			
Date Requesting Display	to Begin							
Type of Sign Banna								
Banner Quantity		e of Sign in Sq Ft		sanners	directional	<u>arro</u>		
	3120	or Sign in Sq Ft	Height	and Width i	n Ft			
Balloon Quantity	Win	d Signs (pennants,	spinners, stream	mers)	Quantity			
					Quartity	$\neg \mid b \not \mid$		
Please read and Includ	e the Follow	ing Information	With This App	lication	Fee In			
THIS PERMIT APPLICATION IS NOT COMPLETED/PRO	NI WILL BE AL	JIOMATICALLY <u>DE</u>	<u>NIED</u> IF ALL IN	FORMATION	\$40 W	WYY LA		
1. SIGN CONTENT: For	r all signs, inc	clude a simple dra	wing or attach	2 pieture et	()	my		
the sign, showing sign co	ontent and din	nensions. List ever	vthing that you	a picture of		M,		
up for the promotion.				pian to put	•			
2. SITE PLAN SHOWING	G LOCATION	OF SIGN(S):						
A. For wall signs or the sign(s). Label d	Danners, inclu	ude a drawing of t	he face of the I	building with				
B. For all other sig	ns, show the	sign and its relat	s).	lding H				
property and to the	lot boundari	es. Label distanc	es of sign(s) fi	rom building				
and for boundaries.								
3. NOTE: One promotio	nal signage	display, (tempora	ry signs such	as banners,				
balloons, streamers or a	iny kina or w	(Ind sign) is perm	itted three (3)) times in a	- Tax			
calendar year, for a max ninety (90) days is requir	ed between e	ach display One (tutive days. A	minimum of				
allowed for a period of ty	wenty-one (2)	 consecutive day 	s within the fir	est three (2)				
months of the date of issu	jance of a cert	tificate of occupant	cy or business l	icense.				
Applicant Signature	ama	uda Kori	Salsli					
Property Owner/Manager		1000				_		
Printed Name & Signature Domand Kanada Kanada								
*REQUIRED	, ,,,(,,,,	1000	<u> </u>					
		FOR OFFICE U	CE					
Comments		I OK OFFICE U	3 <u>E</u>					
						_		
Planning Dept	Approve	Deny Date		T		_		



Parade Route







Parade Entry Deadline - Feb. 16

Monday, March 9

6 p.m. Parade Entry meeting at Mansfield Public Library, 104 N. Wisteria St.

Friday, March 13

Noon-7 p.m. Pickle Run Packet pickup at Sports Authority, 1551 U.S. 287 7-10 p.m. Live music at Steven's Garden & Grill, 223 Depot St.

Saturday, March 14

10 a.m. Pickle Playground opens on Smith Street

10 a.m. Food and Beer vendors open on Oak Street

10 a.m. Vendor booths open on Smith Street

1 p.m. Fourth annual World's Only St. Paddy's Pickle Parade!
DJ Pee Wee

Live Music on Main Street Stage

5 p.m. Pickle Juice Drinking, Pickle Eating and Pie Eating Contests Award Ceremony for Parade and Contest Winners on Main Street Stage

Sunday, March 15

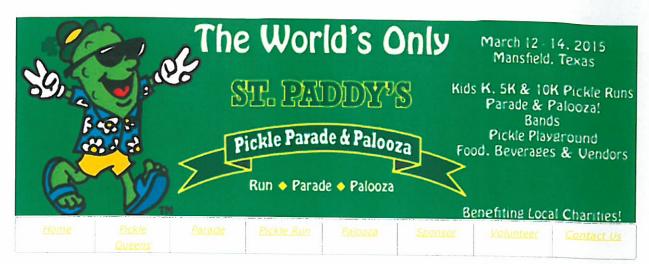
1 p.m. Movie at *Farr Best Theatre*, 109 N. Main St. Free! Donations accepted for Feed the Kids for Summer



Submit completed forms toparade@pickleparade.org







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Parade Entry Form

Waiver Form - Minors

Parade Entry Rules

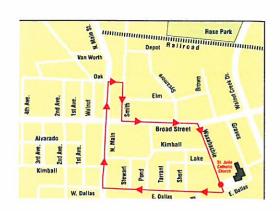
Food Vendor
Registration

Market Vendor Application

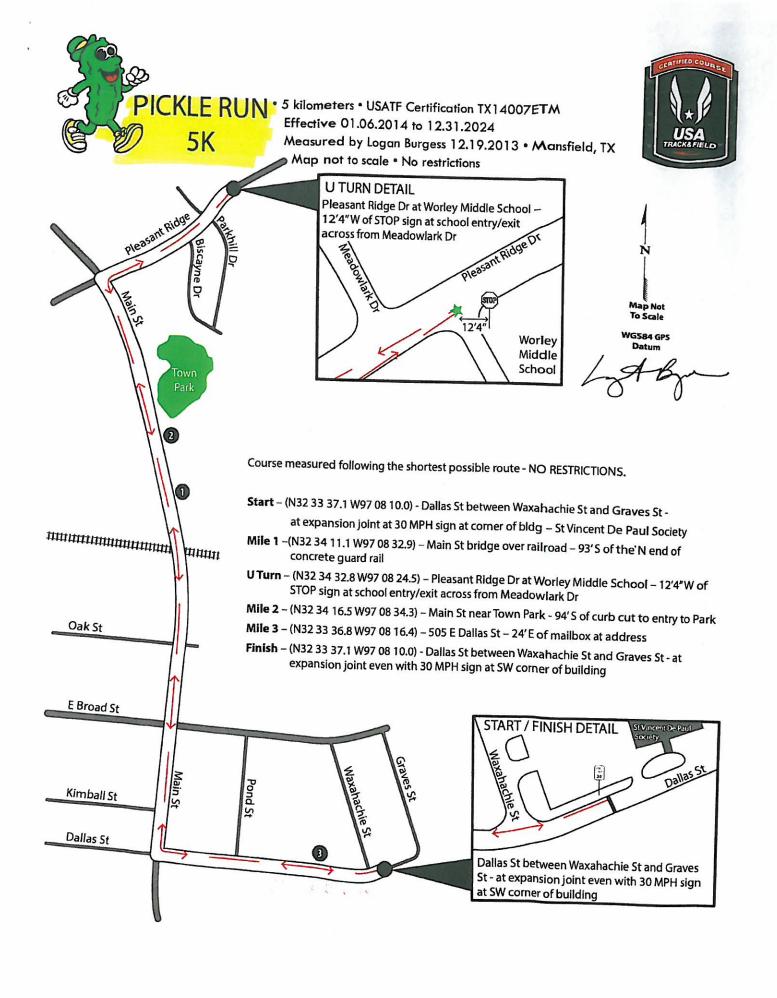
Palooza Rules & Regulations

Submit Parade Applications to Parade@PickleParade.org

Submit Market Vendor Applications to Vendors@PickleParade.org





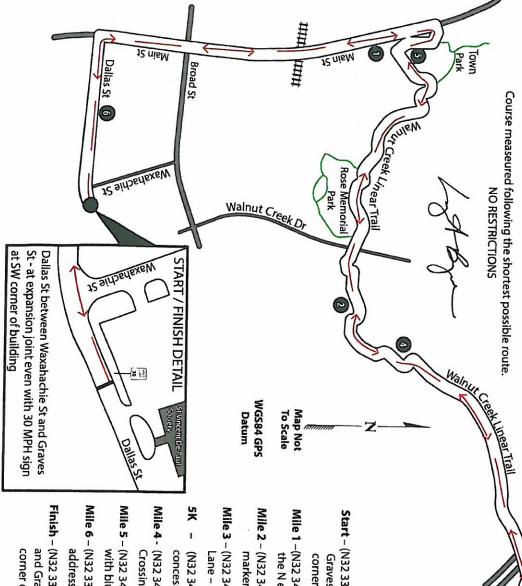


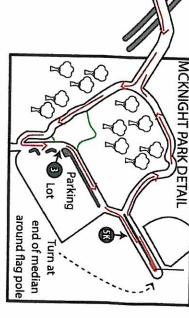


PICKLE RUN · 10 kilometers • USATF Certification TX14006ETM • Mansfield, TX Effective 01.06.2014 to 12.31.2024

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 Graves St at expansion joint even with 30 MPH sign at SW corner of building St Vincent De Paul Society
- 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
- Mile 6 (N32 33 37.3 W97 08 23.0) 221 E Dallas St 68'E of mailbox at address
- 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 corner of building



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
Pickled Mansfield Society (person, group or business name)
permission to have their special event on said property.
Property address: 3015. Main
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 South Welmaker Director of Economic Development
Printed Name/ Job Title
301 S. Main Mailing Address
817-266-5890
Contact Phone Number

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I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant
Pickled Mansfield Society
(person, group or business name)
permission to have their special event on said property.
Property address: DALLAS ST MANSAISCID
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: # Staging area
Affolg.
GEORGE FOLEY HSTOR
Printed Name/ Job Title
500 E DAUSS ST
Mailing Address
817 473 6209
Contact Phone Number



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY)
12/5/2014

	THIS CERTIFICATE IS ISSUED AS A MAT CERTIFICATE DOES NOT AFFIRMATIVEL' BELOW. THIS CERTIFICATE OF INSURA	NCE	DOE	S NOT CONSTITUTE A CO	ONFER: D OR ONTRA	S NO RIGHTS ALTER THE (CT BETWEEN	UPON THE COVERAGE A	CERTIFICATE HOLDE FFORDED BY THE G INSURER(S), AUT	R. THIS	3/2014	
BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE COVERAGE AFFORDED BY THE POLICIES 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											
1	the terms and conditions of the policy, cert certificate holder in lieu of such endorsem	mir h	OHOGO	s may require an endorseme	nt. As	tatement on the	nis certificate	does not confer right	oject to s to the		
PR	ODUCER		-		CONT/ NAME:	ACT					
	FIRST UNITED COMMERCIAI	•			PHONE (A/C, No, Ext.): (682) 554-5701 FAX (A/C, No):						
2106 Melissa Diane St Mansfield, TX 76063				E-MAIL ADDRESS: haynes.darryl@gmail.com							
							BURER(S) AFFORD		_	NAIC#	
INSURED Pickled Mansfield Society						INSURER A: United States Fire Insurance Co					
900 N Walnut Creek Dr Ste 100 PB#270					INSURER B:						
	Mansfield, Tx 76	063	3		INSURER D :						
	817-733-4171				INSUR	ERE:				+	
CC	OVERAGES CER	TIEV) A TEE	· Number	INSUR	ERF:					
T	HIS IS TO CERTIFY THAT THE POLICIES	OF U	JELID	NUMBER:	F REEN	ISSUED TO	THE INCHIDED	REVISION NUMBI			
C	CERTIFICATE MAY BE ISSUED OR MAY PEXCLUSIONS AND CONDITIONS OF SUCH PR	ERT/	AIN, T ES. LI	THE INSURANCE AFFORDER	7111	ON TOACT OF	OTHER DOC	HEREIN IS SUBJECT	R THE POLK ECT TO WH F TO ALL T	CY PERIOD ICH THIS HE TERMS,	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurren	\$ 1	,000,000 300,000	
A				021455 714				MED EXP (Any one person		0	
	GEN'L AGGREGATE LIMIT APPLIES PER:			031415-dh1		03/13/15	03/16/15	PERSONAL & ADV INJU		,000,000	
	X POLICY PRO-							GENERAL AGGREGAT		,000,000	
	OTHER:							PRODUCTS - COMP/OP	AGG \$ 2	,000,000	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIM (Ea accident)			
	ANYAUTO ALL OWNED SCHEDULED							BODILY INJURY (Per pe	rson) \$		
	HIRED AUTOS AUTOS NON-OWNED AUTOS							BODILY INJURY (Per acc	cident) \$		
	HIRED AUTOS AUTOS							(Per accident)	\$		
	UMBRELLA LIAB OCCUR							FACIL COURTER	\$		
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$		
-	DED RETENTION\$								\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							PER O	TH-		
	OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	N/A						E.L. EACH ACCIDENT	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below			- Sept. 10				E.L. DISEASE - EA EMP			
								E.L. DISEASE - POLICY I	LIMIT \$		
	Liquor Liability			031415-dh1				\$1,000,000 \$2,000,000	Includ	ed ate	
Cei	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.										
CER	RTIFICATE HOLDER				CANC	ELLATION					
	City of Mansfield	1									
1200 E Broad St					SHO	JLD ANY OF	THE ABOVE D	ESCRIBED POLICIES	BE CANCEL	LED BEFORE	
Mansfield TX 76063						THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				[4	AUTHOR	IZED REPRESE	NTATIVE	nhl =			
	Maryl D. Maynes										
۸۵۸	RD25/2013/04)			000		Ø 198	8-2013 ACO	RD CORPORATION.	All rights re	eserved.	