

Special Event Application

Organization/Group: <u>MANSFIELD FARMERS MARKET</u>		Date: <u>APR 3, 2018</u>
Applicant: <u>REX WENGER</u>		
Applicant's Address: <u>6916 HOLLOW OAK TRAIL</u>		Phone No. <u>817-501-6027</u>
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up		Email: <u>rwenger@prodigy.net</u>
Address of Event: <u>703 E. BROAD ST.</u>		
Description & Activities: <u>OPERATION OF FARMERS MARKET</u>		
Date of Event: <u>APR 28 TO OCT 27, 2018</u>		Hours of Event: <u>8AM TO 1 PM</u>
Public Invited or Private Party? <u>PUBLIC INVITED</u>		Estimated Number of Attendees <u>200-300</u>
Is the event in a Mansfield Park? <u>NO</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>YES</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>NO</u>		*If yes, show location on the site plan
Do you plan to have any Tents? <u>NO</u>		*If yes, a separate permit is required.
Do you plan to have any pop-up canopies? <u>EACH VENDOR HAS 10x10 TENT</u>		
Do you plan to have any Promotional Signs? (banners, streamers, balloons) <u>YES</u>		*If yes, a separate permit is required
City of Mansfield Assistance Requested:		
Barricades/ Street Closure? <u>NO</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>NO</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>REX F. WENGER</u>		<u>Rex F. Wenger</u>

April 23rd Agenda



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/29/18

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).

PRODUCER
KnH Insurance Services
1701 Highway 287 N., Suite 105
Mansfield, TX 76063
Phone (817) 453-1477 Fax (817) 453-1473

CONTACT
NAME: Br. Rankin
PHONE (A/C No. Ext): (817) 453-1477 FAX (A/C No.): (817) 453-1473
E-MAIL: brankin@knhinsurance.com
ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: EMC Ins Co (Employers Mutual Casualty Co)	21415
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Mansfield Farmers Market
6916 Hollow Oak Trail
Mansfield, TX 76063 817-501-6027

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.

INSR LTR	TYPE OF INSURANCE	ADDLSUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/>	Y	5A2312917	04/20/2018	04/20/2019	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000.00 MED EXP (Any one person) \$ 10,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>					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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Location: 703 E Broad St Mansfield, TX 76063

General Liability policy includes Blanket Additional Insured endorsement providing such status to an entity where required by a written contract.

General Liability policy includes Blanket Waiver of Subrogation endorsement providing a waiver in favor of an entity where required by a written contract.

CERTIFICATE HOLDER

CANCELLATION

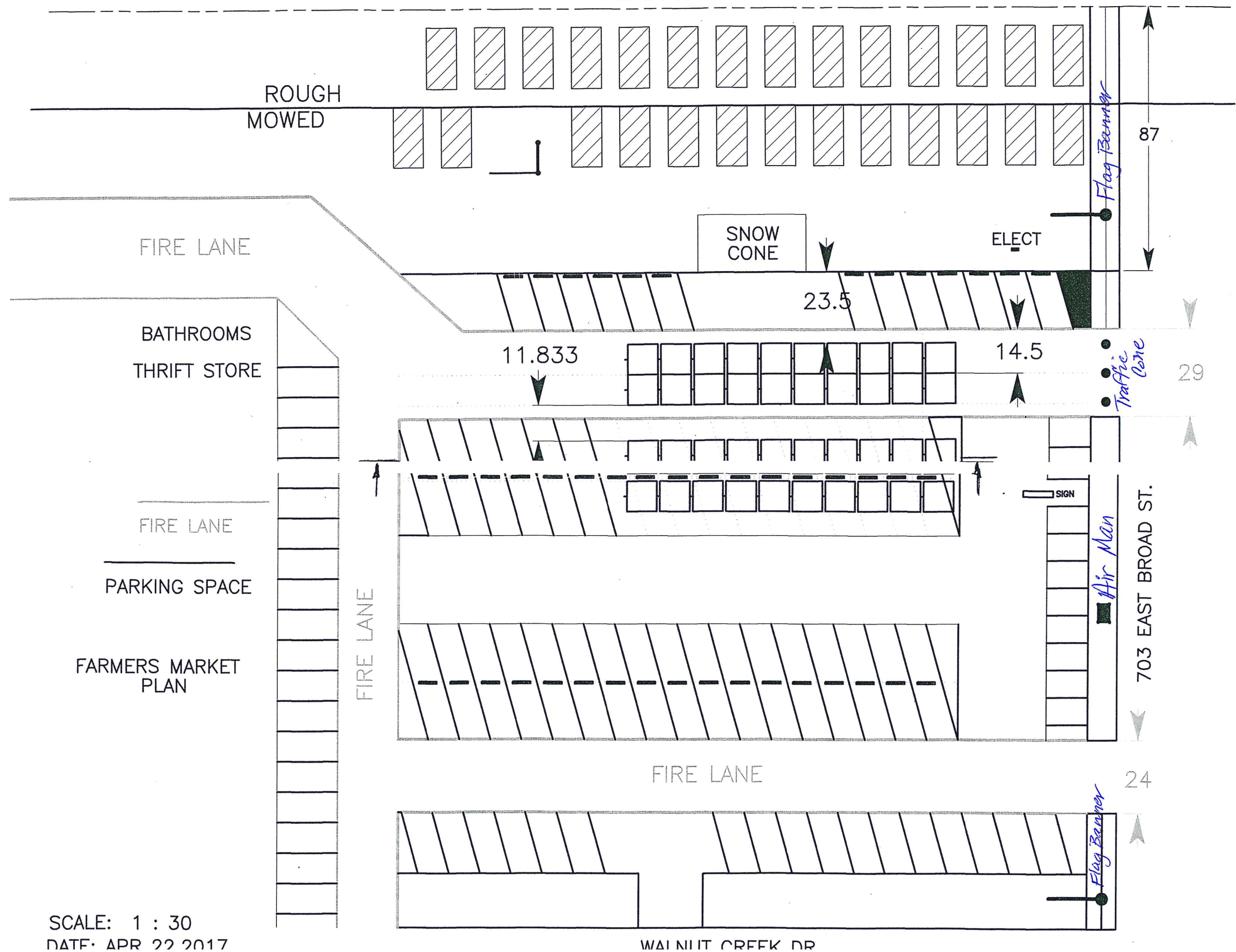
Mansfield Mission Center
TIG Real Estate Services, Inc.
2600 Dallas Parkway, Suite 290
Frisco, TX 75034

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

Bo Rankin

VENDOR PARKING



SCALE: 1 : 30
DATE: APR 22 2017



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

Promotional Signage Display Application

Installation Address	703 E BROAD ST.	Suite No.	
Tenant/Business	MANSFIELD FARMERS MKT		
Applicant*	REX F. WENGER	Phone No.	817-501-6027
*Will be called for any questions and/or when the permit is ready for pick-up		E-mail:	
Sign Company			
Co. Name		Contact Person	
Phone No.		E-mail	
Purpose of Sign			
Special Event <input checked="" type="checkbox"/>	Sale or Promotion <input type="checkbox"/>	Grand Opening <input type="checkbox"/>	Other <input type="checkbox"/>
Date Requesting Display to Begin	*signs are not allowed to be put up until permit is issued and paid for APR 28, TO OCT 27, 2018		
Type of Sign	Rex F. Wenger Air Man Every other Sat		
Banner <input type="checkbox"/>	Quantity:	Height and Width in Feet	Flag Banner Every Sat
Rooftop Balloon <input type="checkbox"/>	Quantity:	Wind Signs (pennants, streamers) <input type="checkbox"/>	Quantity:
Please read and Include the Following Information With This Application THIS PERMIT APPLICATION WILL BE AUTOMATICALLY DENIED IF ALL INFORMATION IS NOT COMPLETED/PROVIDED.			
1. SIGN CONTENT: For all signs, include a simple drawing or attach a picture of the sign, showing sign content and dimensions. List everything that you plan to put up for the promotion.			
2. SITE PLAN SHOWING LOCATION OF SIGN(S):			
A. For wall signs or banners, include a drawing of the face of the building with the sign(s). Label dimensions of buildings and sign(s).			
B. For all other signs, show the sign and its relation to the building on the property and to the lot boundaries. Label distances of sign(s) from building and lot boundaries.			
3. NOTE: One promotional signage display, (temporary signs such as banners, balloons, streamers or any kind of wind sign) is permitted three (3) times in a calendar year, for a maximum of fourteen (14) consecutive days. A minimum of ninety (90) days is required between each display. One (1) Grand Opening display is allowed for a period of twenty-one (21) consecutive days within the first three (3) months of the date of issuance of a certificate of occupancy or business license.			
Applicant's Signature	Rex F. Wenger		Permit Fee \$40
Property Owner or Manager Printed Name & Signature			*REQUIRED
FOR OFFICE USE			
Comments			
Planning Dept	Approve <input type="checkbox"/>	Deny <input type="checkbox"/>	Date





DISPLAYED ON SATURDAY