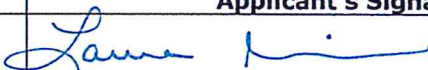


### Special Event Application

Organization/Group: Lake Ridge Eagle Band Boosters		Date: April 17, 2017
Applicant: Laura Miller		
Applicant's Address: 2 Pinnacle Ct, Mansfield, Tx 76063		Phone No. 817-223-7870
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up		Email: lrbbpresident@yahoo.com
Address of Event: Vernon Newsom Stadium, 3700 E. Broad St. Mansfield, Tx 76063		
Description & Activities: Carnival, Games & Food for LRHS Band Fundraiser		
Date of Event: June 5-11, 2017	Hours of Event: TBD <i>Open After 5pm Close No later than 12:00am</i>	
Public Invited or Private Party? Public Invited	Estimated Number of Attendees Hopefully 100's	
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? Yes		*If yes, show location on the site plan
Do you plan to have any Tents? No		*If yes, a separate permit is required.
Do you plan to have any pop-up canopies? No		
Do you plan to have any Promotional Signs? No (banners, streamers, balloons)		*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? No		*If yes, attach an explanation and the name of the person you are working with
<b>Please Read and Include the Following Information With This Application</b> <ul style="list-style-type: none"> <li>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.</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>		
Applicant's Printed Name:		Applicant's Signature:
Laura Miller		

## 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

Lake Ridge Eagle Band Boosters

(Person, group or business name)

permission to have their special event on said property.

Property address: 3700 E. Broad St., 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: \_\_\_\_\_

Kelly Hall

Signature

Kelly Hall - MISD Events Coordinator

Printed Name/ Job Title

203 Hillcrest St., Mansfield, Tx 76063

Mailing Address

817. 299.4343

Contact Phone Number

## AGREEMENT TO ASSIST AT SPECIAL EVENT

**Special Event Name and Date:** Lake Ridge Band Booster Carnival / Newsom Stadium / June 5-11, 2017

**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.

MISD Police Officers

☐ Other: \_\_\_\_\_

J. W. K.

Signature

5-1-17

Jimmy Womack / Chief of Police

Printed Name/ Job Title

1522 N. Walnut Creek Dr. Mansfield, TX 76003

Mailing Address

817-299-6005

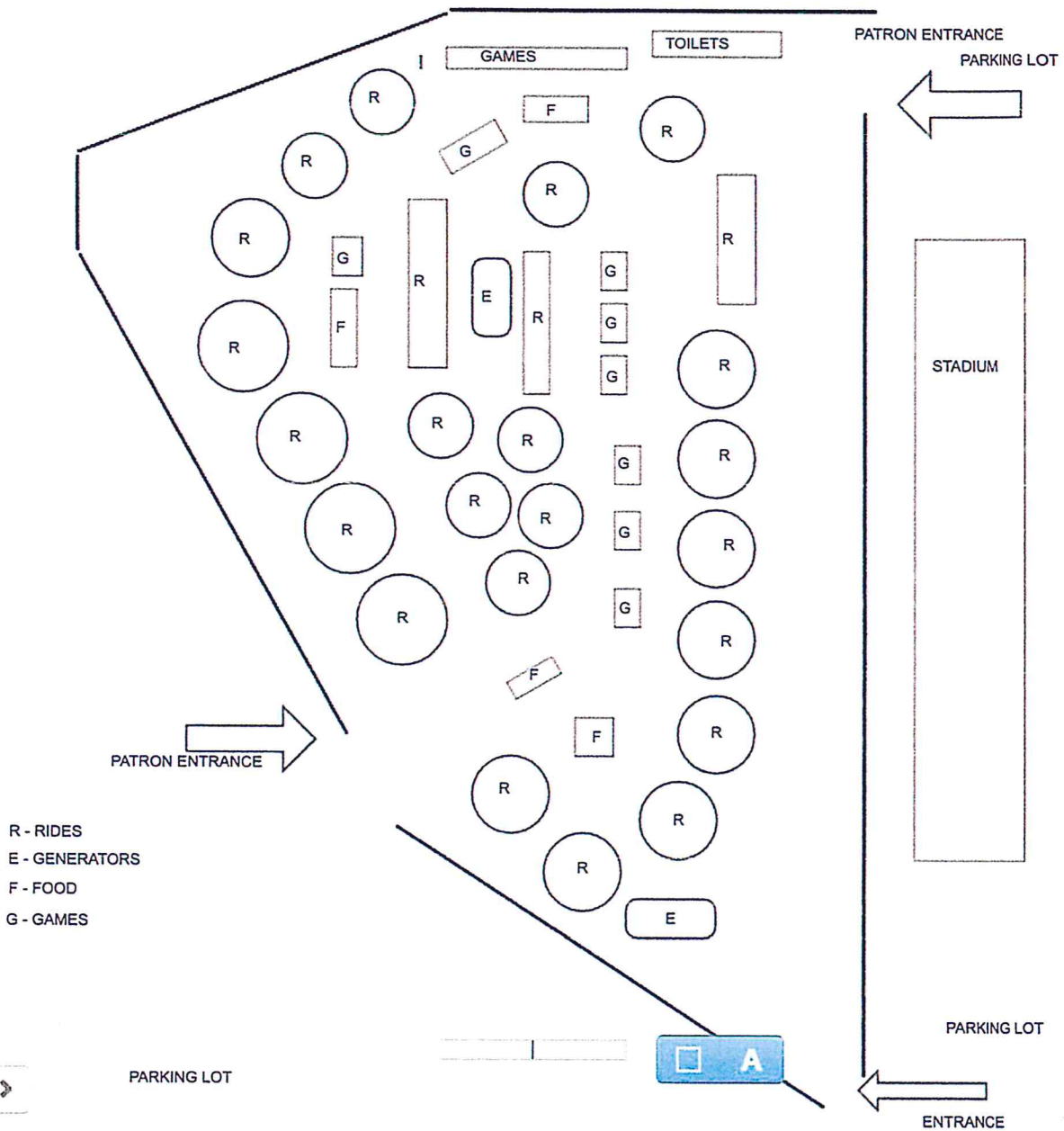
Contact Phone Number

1. Jimmy.Womack@MISDmail.org

E-mail

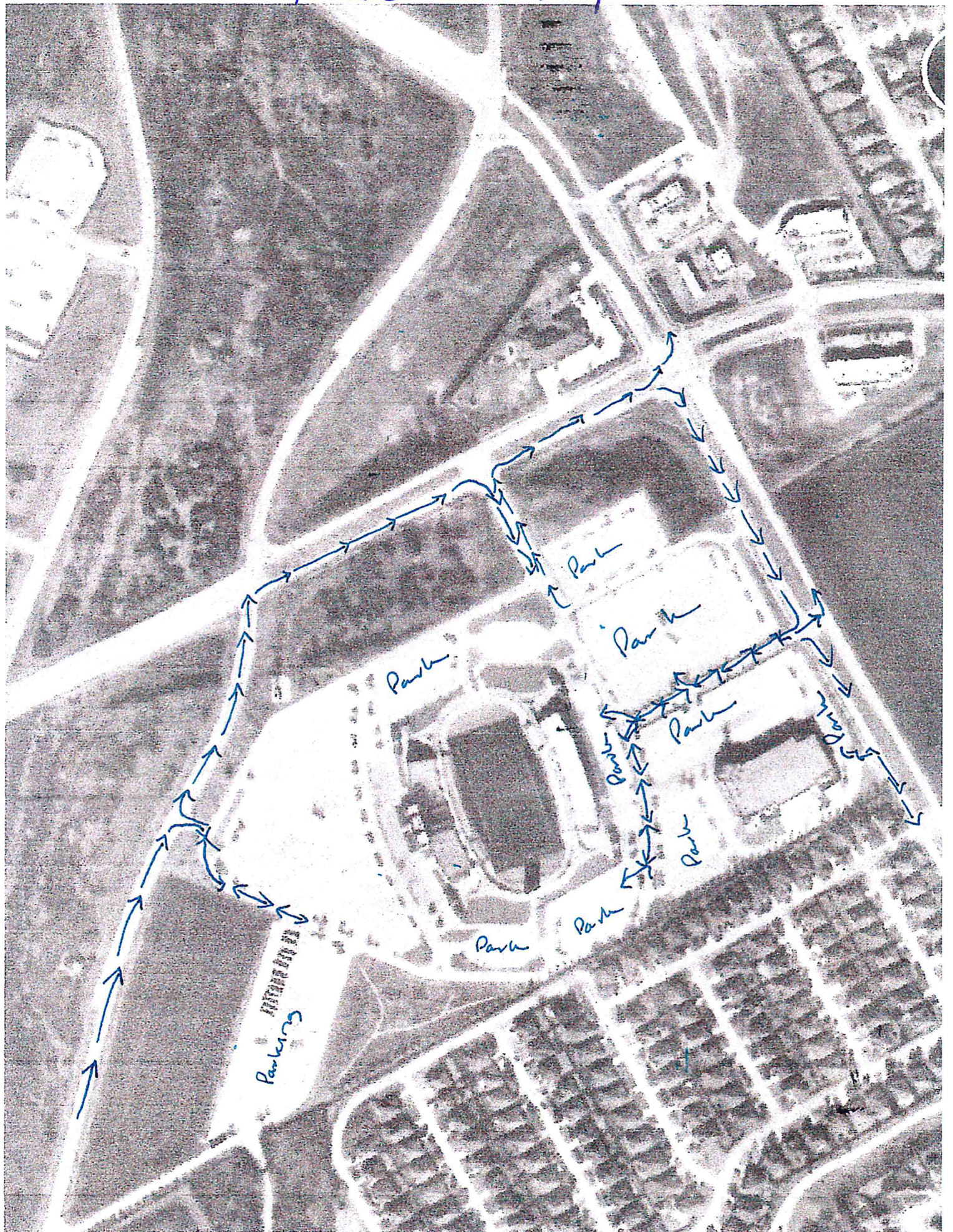


# Gliffy / \*MANSFIELD SITE





# Traffic Flow Map





Client#: 1403

TALLEAMU

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2017

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 <b>Haas &amp; Wilkerson Insurance</b> 4300 Shawnee Mission Parkway Fairway, KS 66205 913 432-4400	CONTACT NAME:	
	PHONE (A/C, No, Ext): 913 432-4400	FAX (A/C, No):
INSURED <b>Talley Amusements, Inc.</b> PO Box 1319 Fort Worth, TX 76101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	NAIC # 22667
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
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.


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			G20496150	01/22/2017	01/22/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	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) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			XCPN01142884	01/22/2017	01/22/2018	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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)

Additional insured: Mansfield Independent School District; City of Mansfield; Lake Ridge Eagle Band Boosters

## CERTIFICATE HOLDER

## CANCELLATION

<b>Mansfield Independent School District</b> 203 Hillcrest 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 

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