

Special Event Application

Organization/Group: Cystic Fibrosis Foundation	Date: July 19, 2013
Applicant: Sarah Richardson	
Applicant's Address: 3840 Hulen Street, Suite 600	Phone No. 817-249-7744
*Will be called for information needed and when the permit is ready for pick-up	Email: srichardson@cff.org
Address of Event: 1263 N Main Street Mansfield, TX 76063	
Description & Activities: Cyclists will come together to raise money to find a cure for cystic fibrosis. Cyclists will meet at Legacy High School where the ride will begin. There will be vendors and a DJ to welcome participants to the event and a band to play after.	
Date of Event: September 14, 2013	Hours of Event: 7:00am-2:00pm
Public Invited or Private Party? Public Invited	Estimated Number of Attendees: 200 plus 50 volunteers
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? Yes	*If yes, a separate permit is required.
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 close the street and a resident roster must be submitted
Police/Traffic Control/Security? No	*If yes, attach an explanation and the name and contact number of person you are making arrangements 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:
Sarah Richardson	Sarah M Richardson

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

Cystic Fibrosis Foundation
(person, group or business name)

permission to have their special event on said property.

Property address: Legacy High School 1263 N Main Street Mansfield, TX 76063

Please check all that apply:

☒ Entire Special Event, including all activities listed, are approved be held at this location. 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: _____

Jeff Brogden
Signature

Jeff Brogden
Printed Name/Job Title

203 Hillcrest St. Mansfield, TX
Mailing Address

817.299.4343
Contact Phone Number



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

Promotional Signage Display Application

Installation Address	1263 N Main Street Mansfield, TX 76063	Suite No.	
Tenant/Business	Legacy High School		
Applicant*	Sarah Richardson	Phone No.	817-249-7744

* Will be called for information about the sign and when the permit is ready for pick up.

Sign Company

Name	Cystic Fibrosis Foundation	Contact Name	Sarah Richardson				
Address	3840 Hulen Street, Suite 600	City	Fort Worth	State	Tx	Zip	76107
Phone No.	817-249-7744	Email	srichardson@cff.org				

Purpose of Sign

Special Event ☒ Sale or Promotion ☐ Grand Opening ☐ Other ☐

Date Requesting Display to Begin September 14, 2013

Type of Sign

Banner ☒ Quantity 3 Size in Sq Feet Height and Width in Feet 3'x4' and 12'x4'

Balloon ☒ Quantity 1 Wind Signs (pennants, streamers) ☐ 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.

Permit Fee
\$40

Applicant's Signature

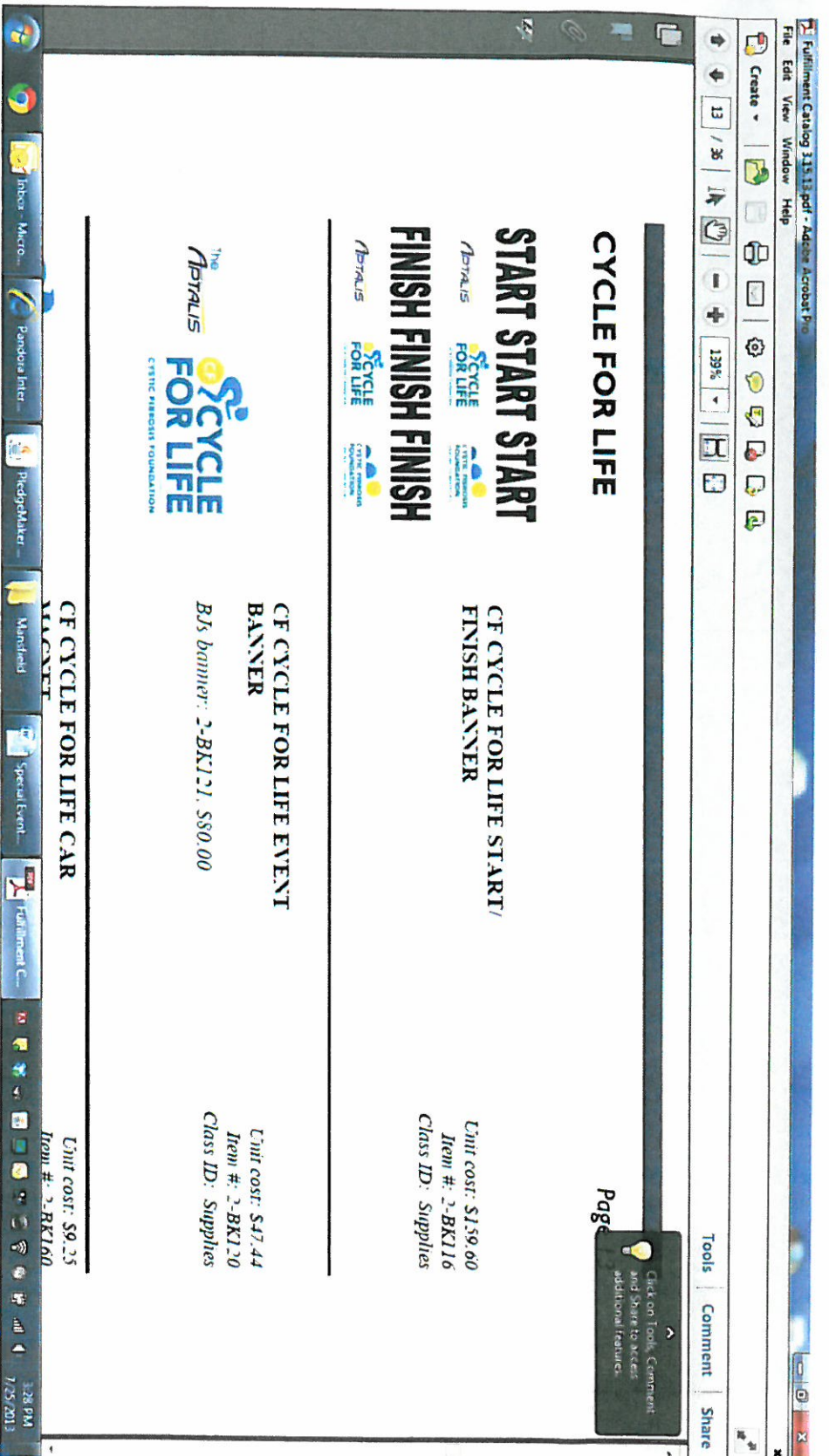
Property Owner or Manager
Printed Name & Signature

Jeff Brogden Jeff Brogden

*REQUIRED

FOR OFFICE USE

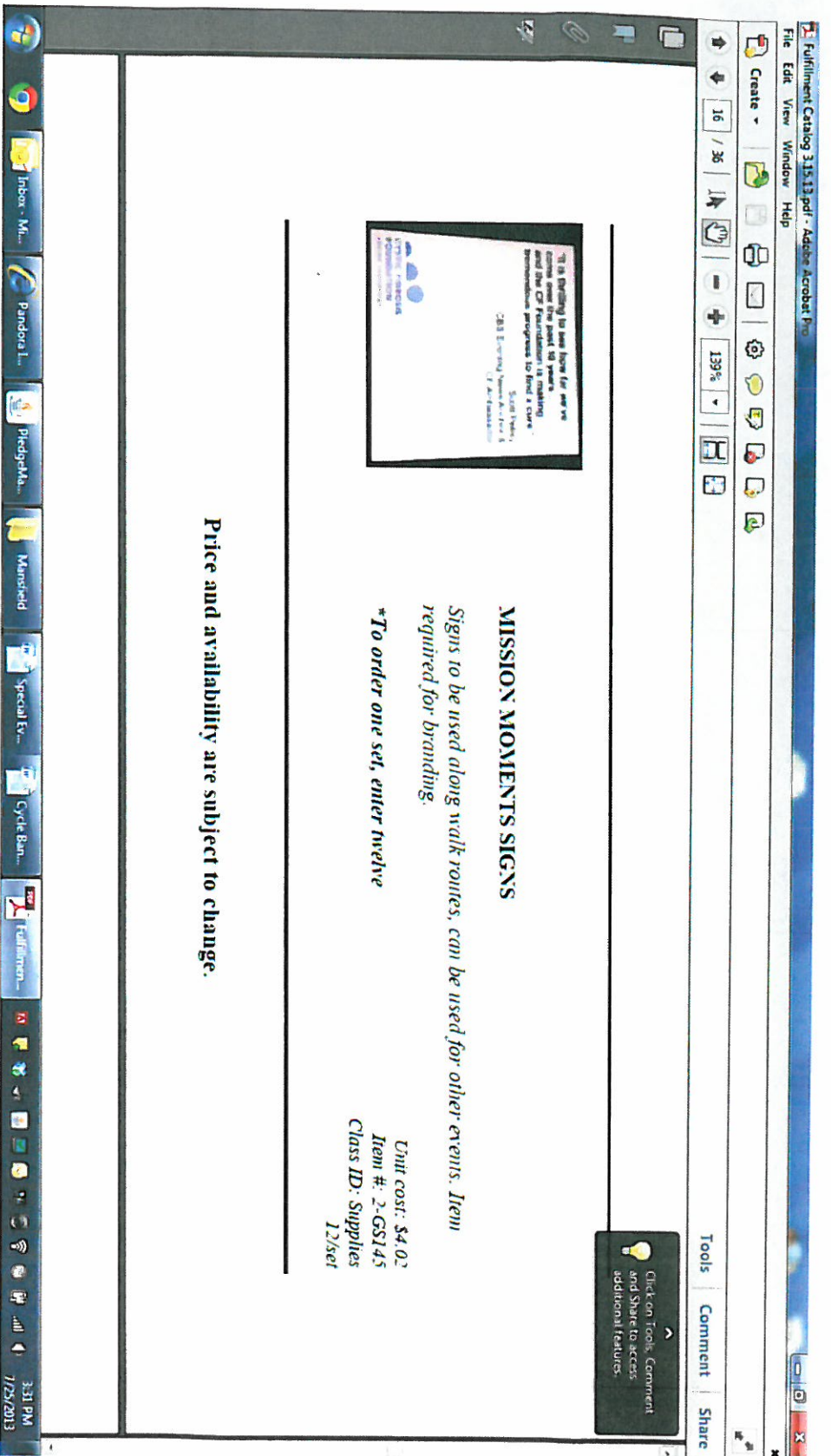
Comments



To be used at start line (12'x4')

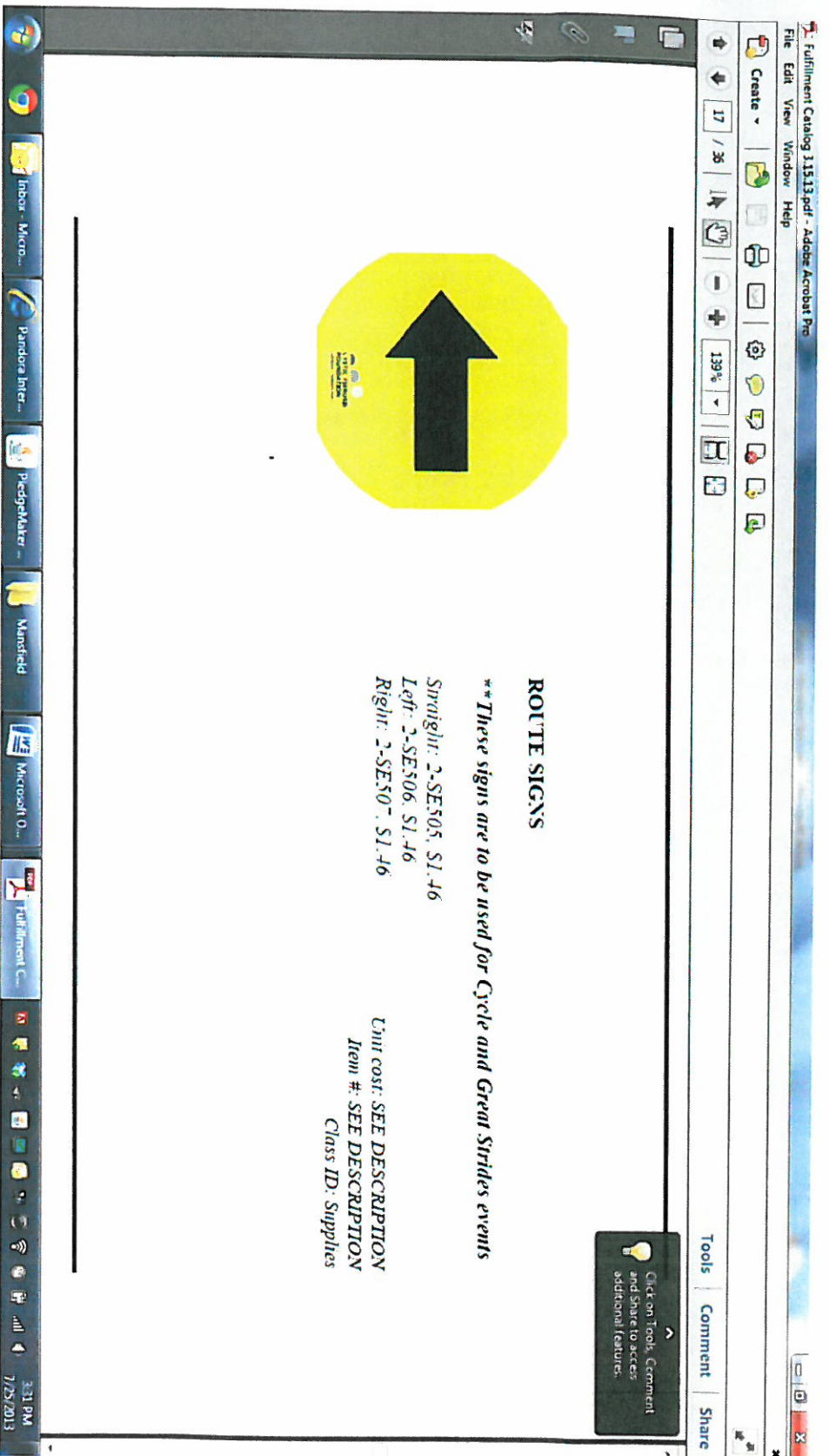
To be used at Start Line-CFF Logo Banner (3'x4')





Price and availability are subject to change.

To be used along route



To be used along route



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

Temporary Tent Application

Tent location Address	1263 N Main Street Mansfield, TX 76063	Suite No.	
Tenant/Business	Legacy High School		
Applicant*	Sarah Richardson	Phone No.	817-249-7744
Applicant Address: 3840 Hulen Street, Suite 600 Fort Worth, TX 76107			
*Will be called for information about the tent and when the permit is ready for pick-up			
Tent Company			
Tent Company Name	Dallas Party Rental and Event	Contact Number	972-602-3303
Company Address: 3301 E Randol Mill Rd., Arlington, TX 76011			
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: 9/13/13 Removed: 9/14/13			
Size and Height of Tent (in feet at tallest peak)			
#1 Tent Size	30x30	Height in feet	#1 15 feet
#2 Tent Size	10x10	Height in feet	#2 15 feet
#3 Tent Size	10x10	Height in feet	#3 15 feet
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	Sarah Richardson		
Applicant's Signature	Sarah Richardson		
Property Owner/Manager Printed Name	Jeff Brogden		
Property Owner/Manager Signature	*REQUIRED Jeff Brogden		



Certificate of Flame Resistance

REGISTERED
APPLICATION
CONCERN No. **F419.01**

ISSUED BY
California Combining Corp
5607 S Santa Fe Ave
Los Angeles CA 90058

Date treated or
manufactured
12/26/06

This is to certify that the materials described on the reverse side hereof have been flame-retardant treated (or are inherently nonflammable).

FOR CITY **International Tent** No. **Hollywood** STATE **CA** ADDRESS **10717 Chandler Blvd** **CA 91601**

☐ Certification is hereby made that: (Check "a" or "b")

(a) The articles described on the reverse side of this Certificate have been treated with a flame-retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.

Name of chemical used..... Chem. Reg. No.....

☒ (b) The articles described on the reverse side hereof are made from a flame-resistant fabric or material registered and approved by the State Fire Marshal for such use.

Trade name of flame-resistant fabric or material used **LAM - TEX** Reg. No. **F419.01**

The Flame Retardant Process Used **Will Not** Be Removed By Washing

Name of Applicant or Production Superintendent **Wesley L. Leno** By **Cathy H. Henry** Title **CONTROLER**

10x5 RE

Dallas Party Tent and Event
200 S Beltline #100
Irving TX 75060
972-602 3303



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Method of application

Chem. Reg. No.

Trade name of flame-resistant fabric or material used LAM. TEX

Reg. No. F419.01

The Flame Retardant Process Used Will Not Be Removed By Washing

Name of Applicant or Production Superintendent

By Cathy H. Henry

Title

CONTROLLER

10X5 GE

Dallas Party Tent and Event
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Irving TX 75060
972-602 3303



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Chem. Reg. No.....

Method of application.....

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Trade name of flame-resistant fabric or material used I.A.M. - TEX

Reg. No. F419.01

The Flame Retardant Process Used WILL NOT Be Removed By Washing
(will or will not)

Name of Applicant or Production Superintendent Dee Lamb

By Cathy H. Henry

Title

CONTROLLER

10X10 MID

Dallas Party Tent and Event

200 S Beltline #100

Irving TX 75060

972-602 3303

Certificate of Flame Resistance



REGISTERED
APPLICATION
CONCERN No.

ISSUED BY
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Los Angeles CA 90058

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Method of application..... Chem. Reg. No.....

Trade name of flame-resistant fabric or material used LAM - TEX Reg. No. F419.01
The Flame Retardant Process Used WILL NOT Be Removed By Washing
(will or will not)

Name of Applicant or Production Superintendent By Cathy H. Kearns Title

CONTROLLED

10X10 MID

Dallas Party Tent and Event
200 S Beltline #100
Irving TX 75060
972-602 3303



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/8/2013

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 Eastern Insurance Group LLC 77 Accord Park Drive Unit B1 Norwell MA 02061		CONTACT NAME: Norwell Risk South PHONE (A/C, No. Ext): FAX (A/C, No): E-MAIL ADDRESS:															
INSURED Cystic Fibrosis Foundation 6931 Arlington Road Bethesda MD 20814		INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Continental Ins Co</td><td>35289</td></tr><tr><td>INSURER B: American Casualty Co</td><td>20427</td></tr><tr><td>INSURER C: American Guarantee & Liability</td><td>16535</td></tr><tr><td>INSURER D: Continental Casualty Company</td><td>20443</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A: Continental Ins Co	35289	INSURER B: American Casualty Co	20427	INSURER C: American Guarantee & Liability	16535	INSURER D: Continental Casualty Company	20443	INSURER E:		INSURER F:	
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INSURER E:																	
INSURER F:																	

COVERAGES

CERTIFICATE NUMBER: Std MA most 13-14

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 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 checked="" type="checkbox"/> "Stop Gap" included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		1057198720	1/1/2013	1/1/2014	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 15,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		2083490852	1/1/2013	1/1/2014	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Medical payments</td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$	Medical payments	\$				
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C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ 0		AUC594656604	1/1/2013	1/1/2014	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
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		\$																		
D	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		1064080922 EXCLUDES STATES OF: CA, ND, OH, WA, & AK	1/1/2013	1/1/2014	<table border="1"><tr><td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Certificate Holder is named as Additional Insured, ATIMA, for General Liability only, per written contract or agreement as respects to the location of the fund raising event "Cycle for Life" being held on September 14, 2013. (NE TX/FW)

CERTIFICATE HOLDER

City of Mansfield
1200 East Broad Street
Mansfield, MA 76063

CANCELLATION

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

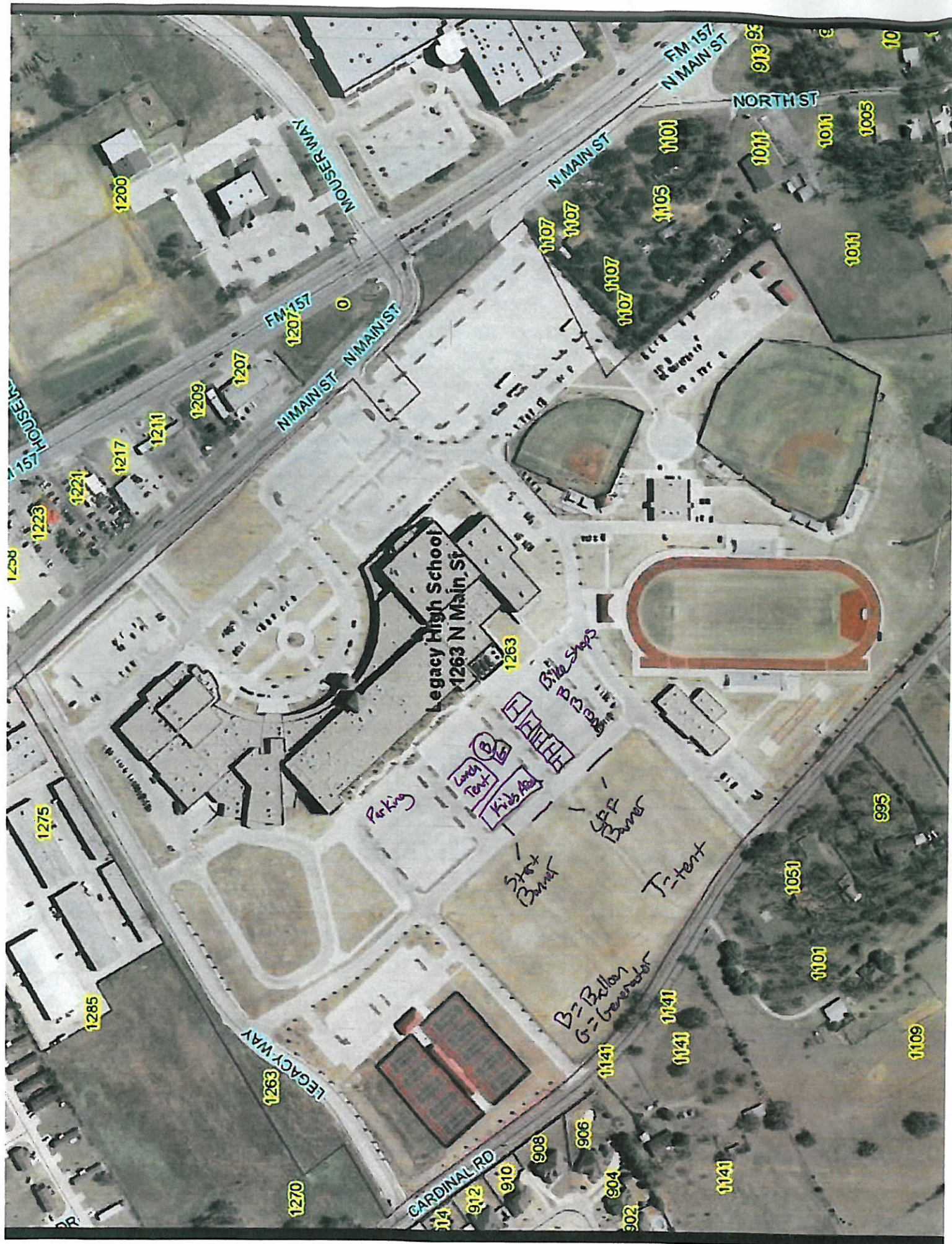
Ronald Cleaves/RA1

ACORD 25 (2010/05)

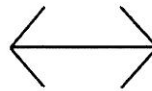
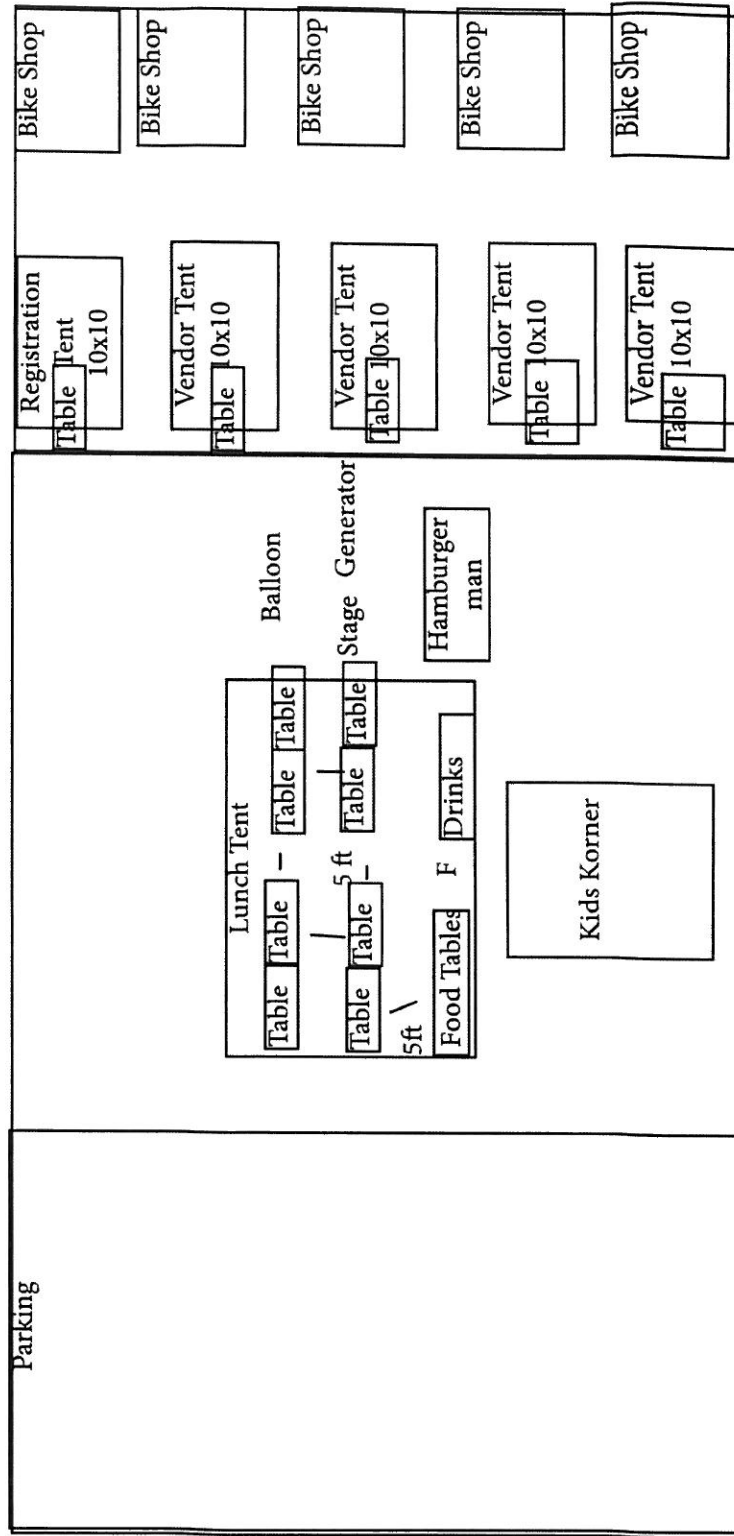
INS025 (201005) 01

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Legacy High School

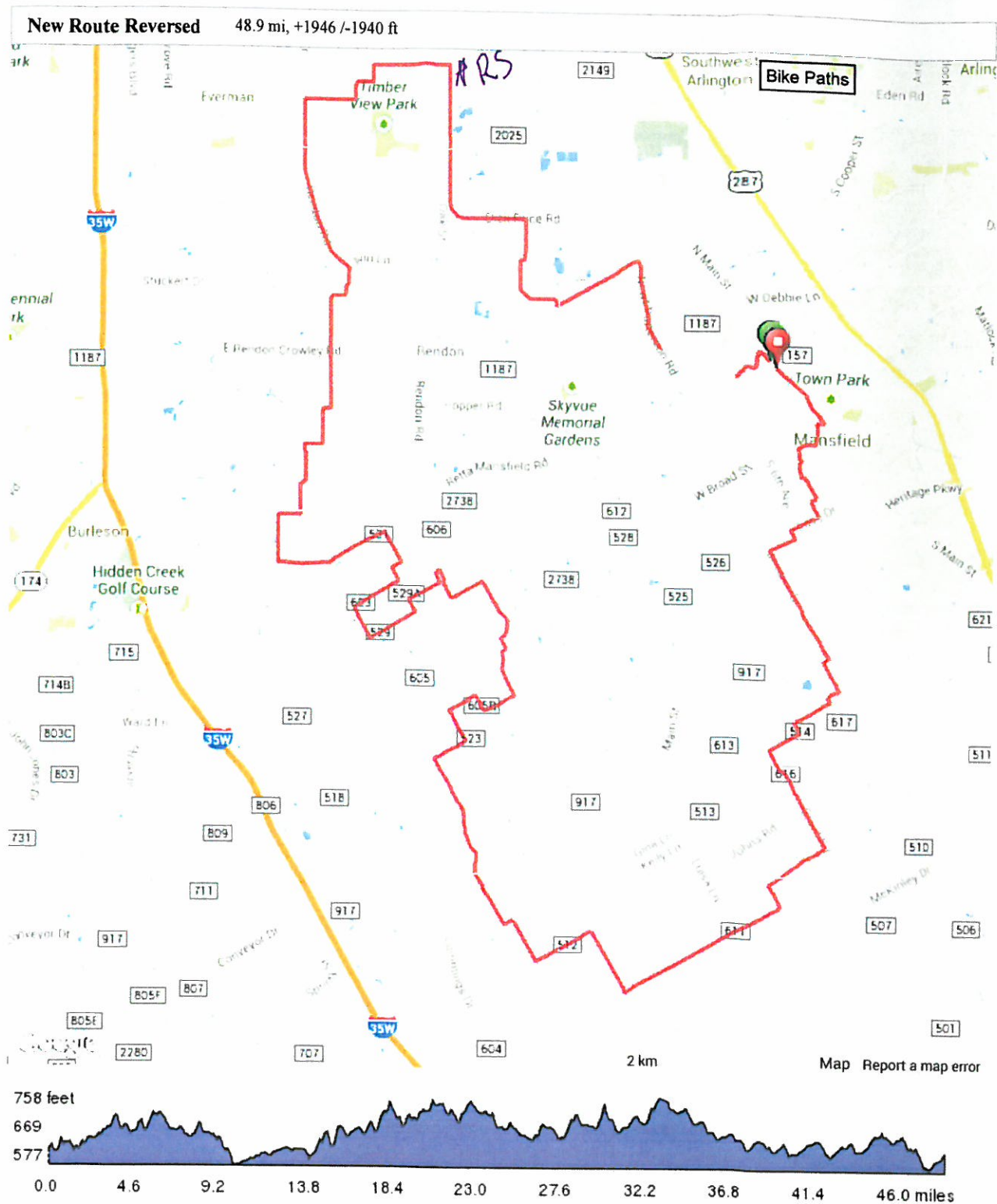


Traffic
Entrance/
Exit

CFF Banner

CFF Banner

F= Fire Extinguisher



Ride With GPS · <http://ridewithgps.com>



To see all the details that are visible on the screen, use the "Print" link next to the map.



Rest stop —
out of
city limits