

**RECEIVED**  
**APR 13 2015**  
BY: *[Signature]*

### Special Event Application

Organization/Group: <b>MANSFIELD FARMERS MKT</b>		Date: <b>APR 13, 2015</b>
Applicant: <b>REX WENGER</b>		
Applicant's Address: <b>6916 HOLLOW OAK TRAIL</b>		Phone No. <b>817-501-6027</b>
*Will be called for information needed and when the permit is ready for pick-up		Email: <b>RWENGER@prodigy.net</b>
Address of Event: <b>206 SMITH ST. (PARKING LOT)</b>		
Description & Activities: <b>PROVIDE PLACE FOR VENDORS TO SELL PRODUCE AND OTHER PRODUCTS</b>		
Date of Event: <b>MAY 16, THRU OCT 10, 2015</b>		Hours of Event: <b>8AM - 1 PM</b>
Public Invited or Private Party? <b>PUBLIC</b>		Estimated Number of Attendees <b>250-350</b>
Is the event in a Mansfield Park? <b>NO</b>		*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? <b>NO</b>		*If yes, Insurance is required
Is the event on Private Property other than your own? <b>NO</b> <i>[Handwritten: YES]</i>		*If yes, signed permission is required
Will there be any new or temporary electric lines installed? <b>NO</b>		
*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.		
Will you be using generators? <b>NO</b>		*If yes, show location on the site plan
Do you plan to have any Tents? <b>NO</b>		*If yes, a separate permit is required.
Do you plan to have any Promotional Signs? (banners, streamers, balloons) <b>YES</b>		*If yes, a separate permit is required
City of Mansfield Assistance Requested:		
Barricades/ Street Closure? <b>NO</b>		*If yes, show on site plan where you want to close the street and a resident roster must be submitted
Police/Traffic Control/Security? <b>NO</b>		*If yes, attach an explanation and the name and contact number of person you are making arrangements 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. 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:
<b>REX F. WENGER</b>		<i>[Signature: Rex F. Wenger]</i>

City of Mansfield  
**SPECIAL EVENT APPLICATION**

**Today's Date:** April 13, 2015

**Organization/Group:** Mansfield Farmers Market

**Applicant Name:** Rex Wenger

**Applicant Address:** 6916 Hollow Oak Trail, Mansfield, TX 76063-4930

**Phone:** 817-501-6027

**Event Address:** 206 Smith St.

**Date:** Each Saturday May 16 thru Oct 10, 2015 8 AM to 1 PM

**Event Name, Purpose & Description:**

Mansfield Farmers Market provides a place for local / area vendors to display and sell their products. The location was chosen to encourage Mansfield citizens to see and shop in Historic Downtown Mansfield.

**History of Event (if any):** In operation in 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014 with steady growth each year in numbers of vendors and customers.

**Expected Size of Audience:** 250-350 Will fees be charged? NO YES

The first Saturday is free to new vendors. All other Saturdays, new /returning vendors will pay \$10.00 for a parking space (10' x 20'). All fees collected are used for market operational expenses / improvement.

**List all proposed activities:** \*Attach a site plan to show any outdoor activities.

Market activity with vendors under canopies. Special entertainment: Blue Grass Gospel music.

Equipment: 2 JDL speakers , 100 watts, 120 volts

- **Will this event be held at a Mansfield park?** NO YES \*If yes, do you have a reservation? NO YES
- **Is the event on private property other than your own?** NO YES \*If yes, attach written permission letter
- **Will there be new or temporary electric lines installed for this event?** NO YES \*If yes, attach a site plan showing line locations. Note: A registered electrician must obtain a permit and have an inspection.
- **Do you plan to use a generator(s) for electrical power?** NO YES \*If yes, show location on site plan.
- **Will any Tents be used for this event?** NO YES \*If yes, a separate permit will be required. Please read and follow directions on the attached tent permit application before submitting
- **Will there be any promotional displays (banners, streamers) for your event?** NO YES \*If yes, a separate permit will be required. Please read and follow directions on the attached promotional signage application before submitting. A banner on administrative canopy facing Broad St, which was approved in 2005. An American Flag may be displayed on Smith St.

**City of Mansfield Assistance Requested:**

- **Barricades/Cones requested?** NO YES \*If yes, attach a site plan indicating exactly where you propose the street be closed and attach a signed resident roster. A resident roster sign-off sheet is included in this packet.
  - **Police Assistance requested?** NO YES \*If yes, attach an explanation of assistance requested ( fees may apply)
- ++ Add "Mansfield Farmers Market" signage to existing sign pole.



# MANSFIELD FARMER'S MARKET

206 SMITH ST. @ OAK STREET

SATURDAY

8:00AM to 1:00 PM

MAY 16 TO OCTOBER 10  
2015

*POTTED PLANTS, BAKED GOODS, FRESH PRODUCE,  
JEWELRY, HONEY, CLOTHES, BABY CLOTHES, ARTS &  
CRAFTS, CANDLES and more*

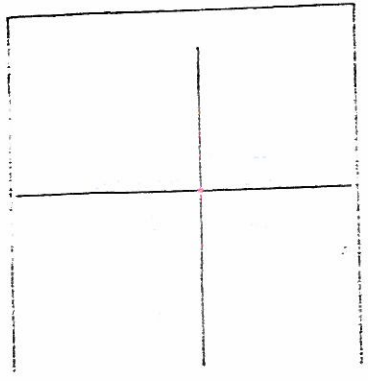
FOR MORE INFORMATION CALL:

REX WENGER 817 501-6027

JOHN COX 817 473-8733



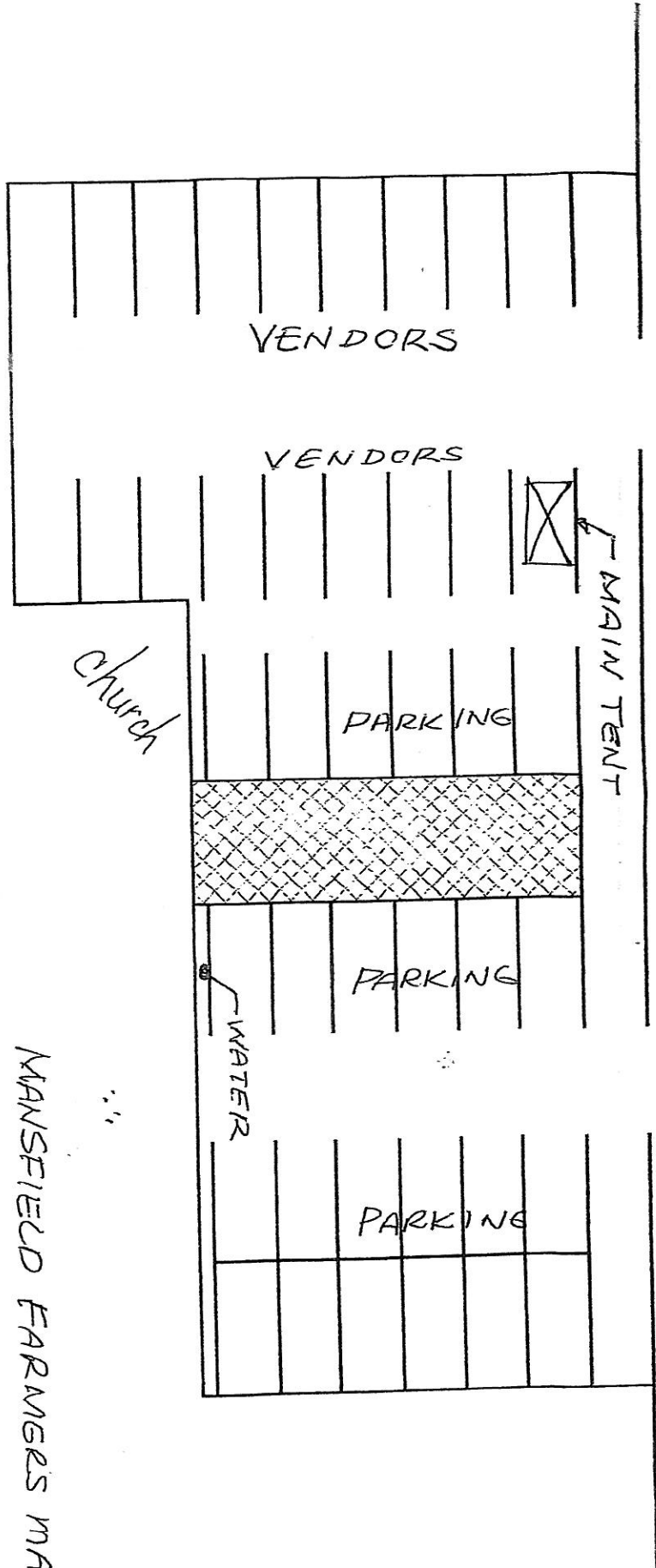
City of Irvine



Not site plan

OAK STREET

SMITH STREET



MANSFIELD FARMERS MARKET

SCALE: 1" = 20'





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/13/15

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> KnH Insurance Services 1701 Highway 287 N., Suite 105 Mansfield, TX 76063 Phone (817) 453-1477 Fax (817) 453-1473	<b>CONTACT NAME:</b> Bo Rankin <b>PHONE (A/C, No, Ext):</b> (817) 453-1477 <b>E-MAIL ADDRESS:</b> brankin@knhinsurance.com <b>FAX (A/C, No):</b> (817) 453-1473														
<b>INSURED</b> Mansfield Farmers Market 6916 Hollow Oak Trail Mansfield, TX 76063 817-501-6027	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: EMC Insurance Company</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: EMC Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	D354091-03	04/20/2015	04/20/2016	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
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION S					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N 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: 206 Smith St Mansfield, TX 76063

**CERTIFICATE HOLDER****CANCELLATION**

City of Mansfield  
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

1" TYP

MAN'S FIELD  
FARMERS  
MARKET

120

SCALE 1" = 10"