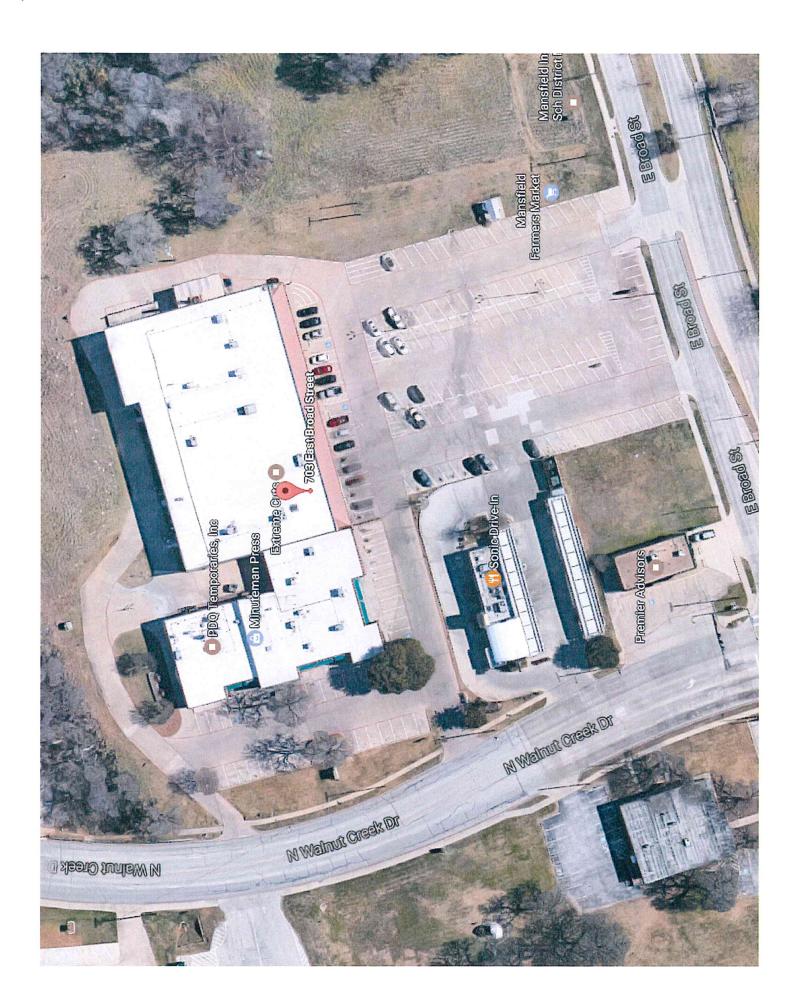
1200 East Broad Street, Mansfield, TX 76063 www.mansfieldtexas.gov Fax: 817-728-3639

Special Event Application

Organization/Group: MANSFIELD FARMERS Applicant: REX F WENGER Applicant's Address: 69/6 HOLLOW OAK TRL Phone No. 817-501-6027 \*Will be called or emailed for more information needed and/or when the permit is ready for pick-up Address of Event: 703 E, BROAD ST, Description & Activities: PROVIDE LOCATION FOR VENDORS Date of Event: APR ZZ TO OCT 28, 2017 Hours of Event: BAM- I PM Public Invited or PUBLIC INVITED Estimated Number Private Party? 250-350 of Attendees Is the event in a Mansfield Park?  $\sqrt{\bigcirc}$ \*If yes, Insurance is required Do you plan to Temporarily Close a Public Street? \*If yes, Insurance is required Is the event on Private Property other than your own? \*If yes, signed permission is required Will there be any new or temporary electric lines installed? \*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan. Will you be using generators? MG \*If yes, show location on the site plan Do you plan to have any Tents? VENDORS TENTS \*If yes, a separate permit is required. Do you plan to have any pop-up canopies? YES -VENDORS Do you plan to have any Promotional Signs?  $\forall \mathsf{ES}$ \*If yes, a separate permit is required (banners, streamers, balloons) City of Mansfield Assistance Requested: NO \*If yes, show on site plan where you want to Barricades/ Street Closure? have barricades. A resident roster must be submitted for a block party. \*If yes, attach an explanation and the name Police/Traffic Control/Security? of the person you are working 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's Printed Name: **Applicant's Signature:** XCall Applicant when permit is ready for Pick Up SCALE: 1:30 DATE: APR 22,2017 FARMERS MARKET PLAN PARKING SPACE FIRE LANE THRIFT STORE **BATHROOMS** ELECTRIC SERV. WALNUT CREEK DR. SNOW SIGN





### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/20/17

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.

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). CONTACT NAME: PRODUCER Bo Rankin PHONE (A/C, No, Ext): E-MAIL ADDRESS: KnH Insurance Services FAX (A/C, No): (817) 453-1473 (817) 453-1477 1701 Highway 287 N., Suite 105 brankin@knhinsurance.com Mansfield, TX 76063 INSURER(S) AFFORDING COVERAGE NAIC # Phone (817) 453-1477 Fax (817) 453-1473 **EMC Insurance Company** INSURER A: INSURED INSURER B Mansfield Farmers Market INSURER C INSURER D: 6916 Hollow Oak Trail INSURER E Mansfield, TX 76063 817-501-6027 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. ADDLSUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000.00 COMMERCIAL GENERAL LIABILITY 300,000.00 \$ 10,000.00 CLAIMS-MADE V OCCUR MED EXP (Any one person 5A2312917 Α Υ 04/20/2018 04/20/2017 s 1,000,000.00 PERSONAL & ADV INJURY \$ 2,000,000.00 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000.00 PRODUCTS - COMP/OP AGG \$ POLICY DECT s COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** S BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS 5 UMBRELLA LIAB OCCUR EACH OCCURRENCE s **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED S WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY YIN ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$ E.L. EACH ACCIDENT NIA (Mandatory in NH) E.L. DISEASE - EA EMPLOYE S If yes, describe under DESCRIPTION OF OPERATIONS below 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 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City of Mansfield ACCORDANCE WITH THE POLICY PROVISIONS. 1200 East Broad Street Mansfield, TX 76063 AUTHORIZED REPRESENTATIVE



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 03/20/17

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 endorseme  | nt(s).       |      |               |  |   |   |                                       |                  |               |                                       |  |
|---|--------------|------|---------------|--|---|---|---------------------------------------|------------------|---------------|---------------------------------------|--|
| PRODUCER  |              |      |               |  | CONTACT Bo Rankin                           |   |                                       |                  |               |                                       |  |
| KnH Insurance Services  |              |      |               |  | DIONE                                       |   |                                       |                  |               | 7) 453-1473                           |  |
| 1701 Highway 287 N., Suite 105  |              |      |               |  | E-MAIL<br>ADDRESS: brankin@knhinsurance.com |   |                                       |                  |               |                                       |  |
| Mansfield, TX 76063   |              |      |               |  | INSURER(S) AFFORDING COVERAGE               |   |                                       |                  |               |                                       |  |
| Phone (817) 453-1477 Fax (817) 453-1473   |              |      |               |  | INSURER A: EMC Insurance Company            |   |                                       |                  |               |                                       |  |
| INSURED   |              |      |               | INSURER B:   |   |   |                                       |                  |               |                                       |  |
| Mansfield Farmers Market  |              |      |               | INSURER C:   |   |   |                                       |                  |               |                                       |  |
| 6916 Hollow Oak Trail   |              |      |               | INSURER D:   |   |   |                                       |                  |               |                                       |  |
| Mansfield, TX 76063 817-501-6027  |              |      | 317-501-6027  | INSURER E : INSURER F :  |   |   |                                       |                  |               |                                       |  |
| COVERAGES CER   | TIFIC        | ATE  | NUMBER:       |  |   | *************************************** | REVISION NUM                          | IBER:            |               |                                       |  |
| 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 TYPE OF INSURANCE  | ADDL<br>INSR | SUBR | POLICY NUMBER |  | POLICY EFF<br>(MM/DD/YYYY)                  | POLICY EXP<br>(MM/DD/YYYY)              |                                       | LIMITS           | 5             |                                       |  |
| GENERAL LIABILITY   |              |      |               |  |   |   | EACH OCCURREN                         | ICE              | \$ 1,0        | 00,000,00                             |  |
| COMMERCIAL GENERAL LIABILITY  |              |      |               |  |   |   | DAMAGE TO RENT<br>PREMISES (Ea occ    | rED<br>currence) | \$ 300        | 0,000.00                              |  |
| CLAIMS-MADE OCCUR   |              |      | 5A2312917     |  | 0.4/00/0047                                 | 0.1/00/0010                             | MED EXP (Any one                      |                  | s 10,         | 00.00                                 |  |
| ^   □   | Υ            |      |               |  | 04/20/2017                                  | 04/20/2018                              | PERSONAL & ADV                        | 'INJURY          | s 1,0         | 00,000,00                             |  |
|   |              |      |               |  |   |   | GENERAL AGGRE                         | GATE             | \$ 2,0        | 00,000,000                            |  |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |              |      |               |  |   |   | PRODUCTS - COM                        | P/OP AGG         | · · · · · · · | 00,000.00                             |  |
| POLICY PRO- LOC   |              |      | *             |  |   |   | COMBINED SINCL                        | ELINATE          | \$            |                                       |  |
| AUTOMOBILE LIABILITY  |              |      |               |  |   |   | COMBINED SINGLI<br>(Ea accident)      |                  | \$            |                                       |  |
| ALL OWNED SCHEDULED   |              |      |               |  |   |   | BODILY INJURY (P                      |                  | \$            |                                       |  |
| LI AUTOS LI AUTOS   |              |      |               |  |   |   | BODILY INJURY (P                      | -1               | \$            | · · · · · · · · · · · · · · · · · · · |  |
| HIRED AUTOS AUTOS   |              |      |               |  |   |   | PROPERTY DAMA<br>(Per accident)       | GL -             | \$            |                                       |  |
| UMBRELLA LIAB COCCUR  |              |      |               |  |   |   |                                       |                  | \$            | <del> </del>                          |  |
|   |              |      |               |  |   |   | EACH OCCURREN                         | ICE              | \$            |                                       |  |
|   |              |      |               |  |   |   | AGGREGATE                             |                  | \$            |                                       |  |
| WORKERS COMPENSATION  |              |      |               |  |   |   | WC STATU-<br>TORY LIMITS              | □ eth-           | \$            |                                       |  |
| AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE   |              |      |               |  |   |   |                                       |                  |               |                                       |  |
| OFFICER/MEMBER EXCLUDED?  | N/A          |      |               |  |   |   | E.L. EACH ACCIDE<br>E.L. DISEASE - EA |                  | \$<br>\$      |                                       |  |
| (Mandatory in NH)  If yes, describe under  DESCRIPTION OF OPERATIONS below  |              |      |               |  |   |   | E.L. DISEASE - PO                     |                  | \$            |                                       |  |
| DESCRIPTION OF OPERATIONS SERV  |              |      |               |  |   |   | L.L. DIOLAGE - FO                     | LIOT LIMIT       | <del></del>   |                                       |  |
|   |              |      |               |  |   |   |                                       |                  |               |                                       |  |
|   |              |      |               |  |   |   |                                       |                  |               |                                       |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  Location: 703 E Broad St Mansfield, TX 76063   |              |      |               |  |   |   |                                       |                  |               |                                       |  |
|   |              |      |               |  |   |   |                                       |                  |               |                                       |  |
| CERTIFICATE HOLDER  |              |      |               |  | CANCELLATION                                |   |                                       |                  |               |                                       |  |
| First Methodist Mansfield<br>777 N Walnut Creek Dr  |              |      |               | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |   |   |                                       |                  |               |                                       |  |

Mansfield, TX 76063 AUTHORIZED REPRESENTATIVE

# MARSFIELD FARNIER'S NARKET

# Broad & Walnut Creek

(703 EAST BROAD ST.)

# **SATURDAY**

8:00AM to 1:00 PM

# APRIL 22 TO OCTOBER 28 2017

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

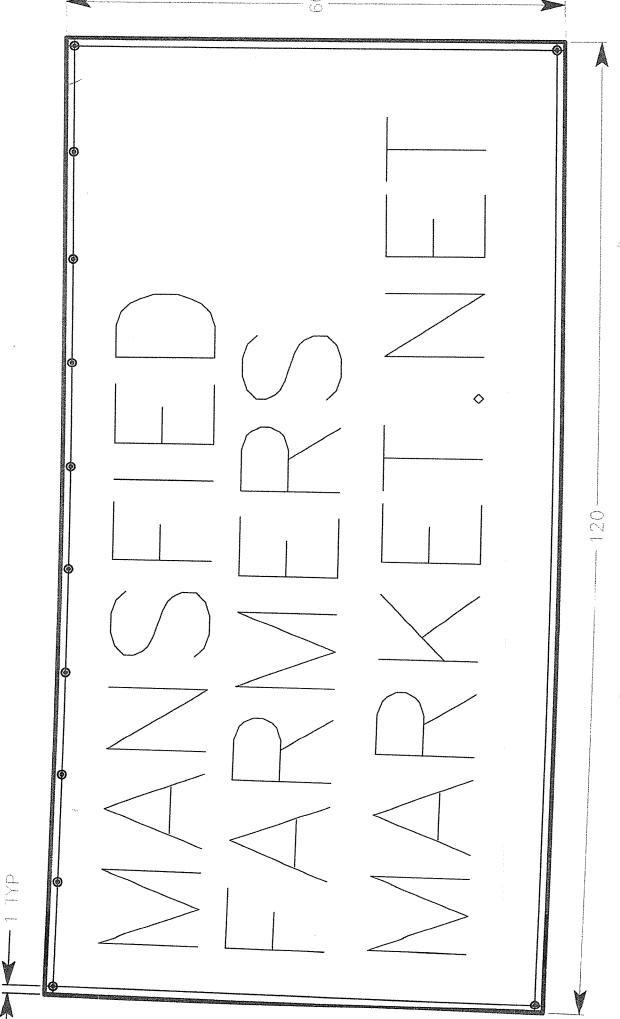
# FOR MORE INFORMATION CALL:

REX WENGER 817 501-6027 JOHN COX 817 473-8733 PAM COMEAU 817-705-9355 BOB COMEAU 603-793-6385



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

Installation Address BROAD ST. Suite No. Tenant/Business FARMERS Applicant\* Phone No. WENGER \*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 Sale or Promotion Grand Opening Other 🗌 \*signs are not allowed to be put up until permit is issued and paid for Date Requesting Display to Begin 27, To Oct 28 Type of Sign Height and Width in Feet Banner Rooftop Balloon Quantity: | 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. Applicant's Signature Property Owner or Manager \*REQUIRED Printed Name & Signature FOR OFFICE USE Comments П Planning Dept Approve Deny Date

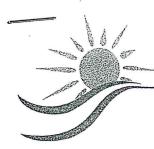


SCALE 1'' = 10''

# PERMISSION TO USE PRIVATE PROPERTY FOR SPECIAL EVENT

(Required if this is not your property or business location)

| property described herein below, do grant  |
|--|
| Mansfield Farmer's Market (Person, group or business name)   |
| permission to have their special event on said property.   |
| Property address: 703 E. Broad Street, Mansfield, Texas 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:  |
| Paulette Intor   |
| Signature  |
| Printed Name/ Job Title  Printed Name/ Job Title  Printed Name/ Job Title  |
| 777 N. Walnut Creek, Monsfield, Texas 76063<br>Mailing Address   |
| (817) 473-6650   |
| Contact Phone Number   |



# The Wesley Mission Center

Empowering people on their journey

### Memorandum of Understanding

This memorandum of understanding sets forth terms and understanding between the Wesley Mission Center, Inc. (WMC) "Property Owner" and the Mansfield Farmers Market "User". This memorandum is for the sole purpose of providing market space for the Mansfield Farmer's Market one day a week.

The Wesley Mission Center Inc. agrees to:

- Provide open space for Farmer's Market April through October at 703 E. Broad Street.
- Space to be used Saturday's 6:00 a.m. 4:00 p.m.
- Access to electricity, water and restroom for vendor's.
- Public parking for approximately 30 cars.
- 3 x 3 area for storage of supplies.

The Mansfield Farmer's Market agrees to:

- Pay monthly fee of \$10.00 April through October.
- Electric and water usage costs if provided by WMC.
- Provide copy of insurance yearly with WMC as insured.
- Secure premises upon completion of market.

This agreement will be effective January 1, 2017 through December 31, 2017 and will be updated yearly or terminated at will by either party after 30 days' notice.

The undersigned understands and agrees that this does not establish an employeremployee relationship and furthermore keeps harmless property owner against any and all liability, claims or demands arising directly or indirectly from users meeting at the premises.

| Rex Wenger Mansfield Farmer's Market                          |    |              |
|---|----|--------------|
|   |    |              |
| Pam Clothey Mansfield Farmer's Market                         | V. | Date         |
| a   | ,  | Feb. 22, 201 |
| Carmin MacMillan, Executive Director<br>Wesley Mission Center |    | Date         |