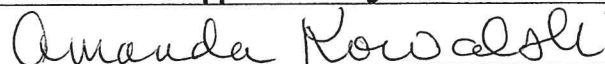
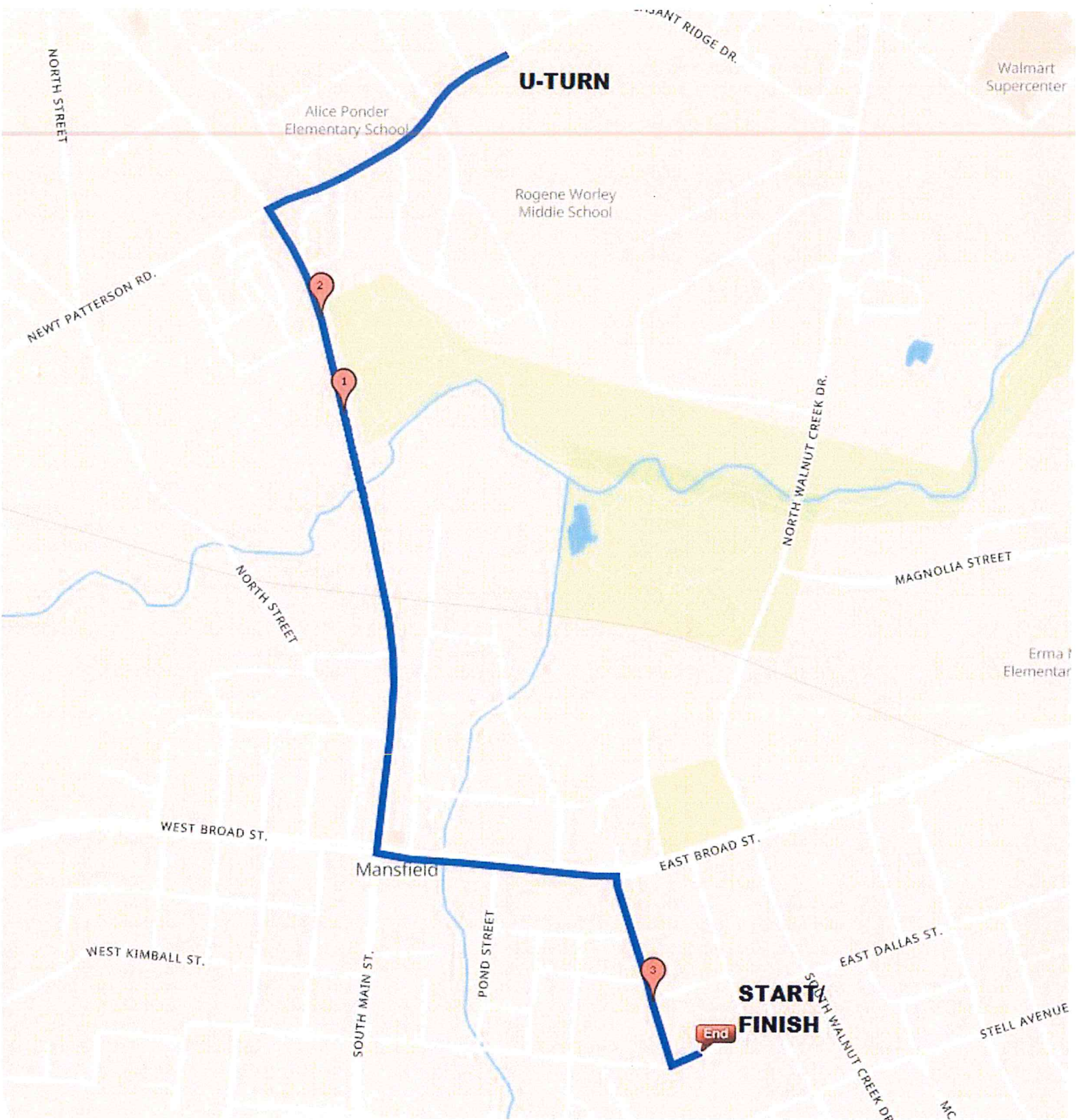


### Special Event Application

Organization/Group: Pickled Mansfield Society	Date: 1/23/19
Applicant: Amanda Kowalski	
Applicant's Address: 4 River Crest Court	Phone No. 817-733-4171
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email: kowboys@flash.net
Address of Event: 100-800 blocks of North Main St.; 100-600 blocks of E. Broad St.; 100-210 block of Smith St.; 100-603 blocks of E. Dallas St.; 100 block of W. Broad St.; 100-300 blocks of S. Waxahachie St.; 100-300 blocks of Graves St.; 100-200 blocks of North St.	
Description & Activities: Pickle Parade, live music on two stages, vendor and food markets, children's area, time capsule children's show, pet parade, baby parade, parking, petting zoo, cornhole tournament, beer keg race, Pickle 5k, 10k and children's runs.	
Date of Event: March 15-16, 2019	Hours of Event: 8 a.m. March 15 through 11:59 p.m. March 16, 2019
Public Invited or Private Party? Public event	Estimated Number of Attendees 40,000
Is the event in a Mansfield Park? No	*If yes, Insurance is required
Do you plan to Temporarily Close a Public Street? Yes	*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? Yes	
Do you plan to have any Promotional Signs? (banners, streamers, balloons) No	*If yes, a separate permit is required
City of Mansfield Assistance Requested:	
Barricades/ Street Closure? Yes	*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? Yes	*If yes, attach an explanation and the name of the person you are working with
<p><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:
Amanda Kowalski	





Enter starting point

Distance: 6.2359 miles [switch to km]  
Calories burned: 0 [enter weight]

CREATING ROUTE...

UNDO LAST POINT

Draw route: automatically (for runners)

Name: 2019 PickleRun-10K  
Description: Adj 10K Course

Elevation: None  
Retrace to start  
Clear all  
Print map  
Download

SAVE ROUTE

SHARE

GPX GET LINK

14X  
Hilton Honors Bonus Points on  
Eligible Hilton Purchases  
Hilton Honors  
Aspire Card  
Learn more  
Terms Apply

Simply merchandise, organize, and manage your  
products with Squarespace's online stores.



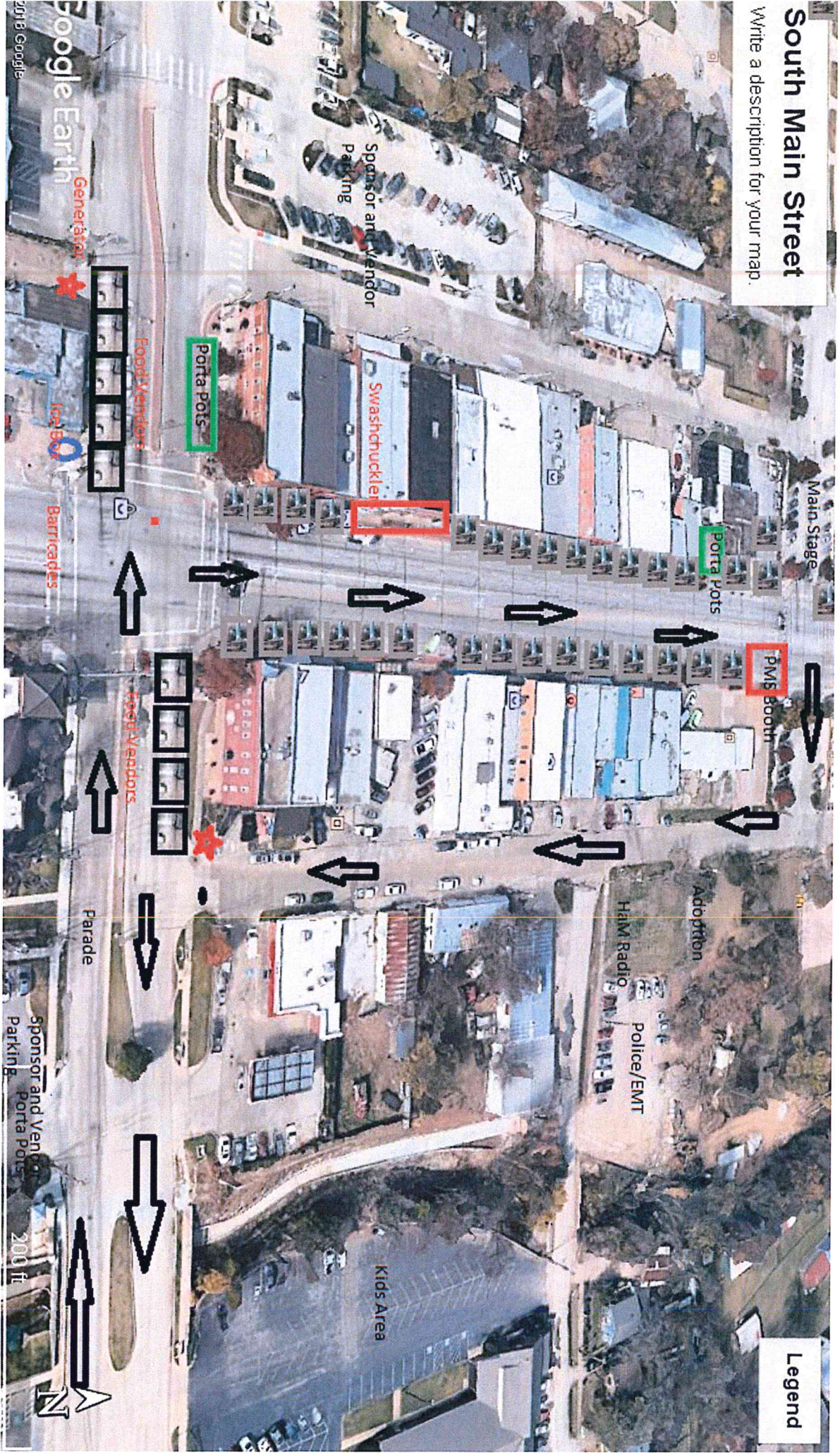
VISIT SITE

Ad Sell it  
Sell your items online



# South Main Street

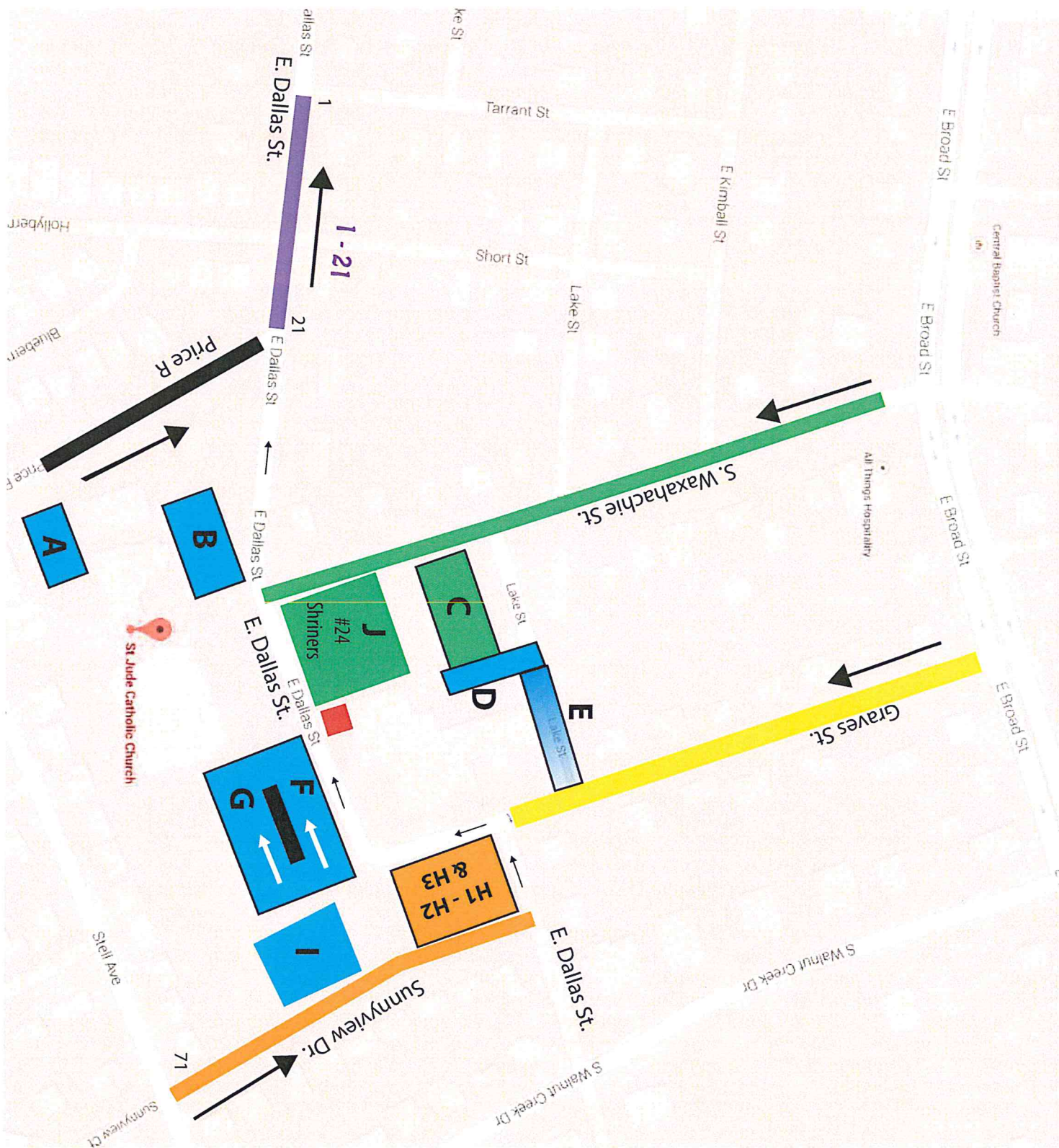
Write a description for your map.



## Legend

Google Earth  
2018 Google

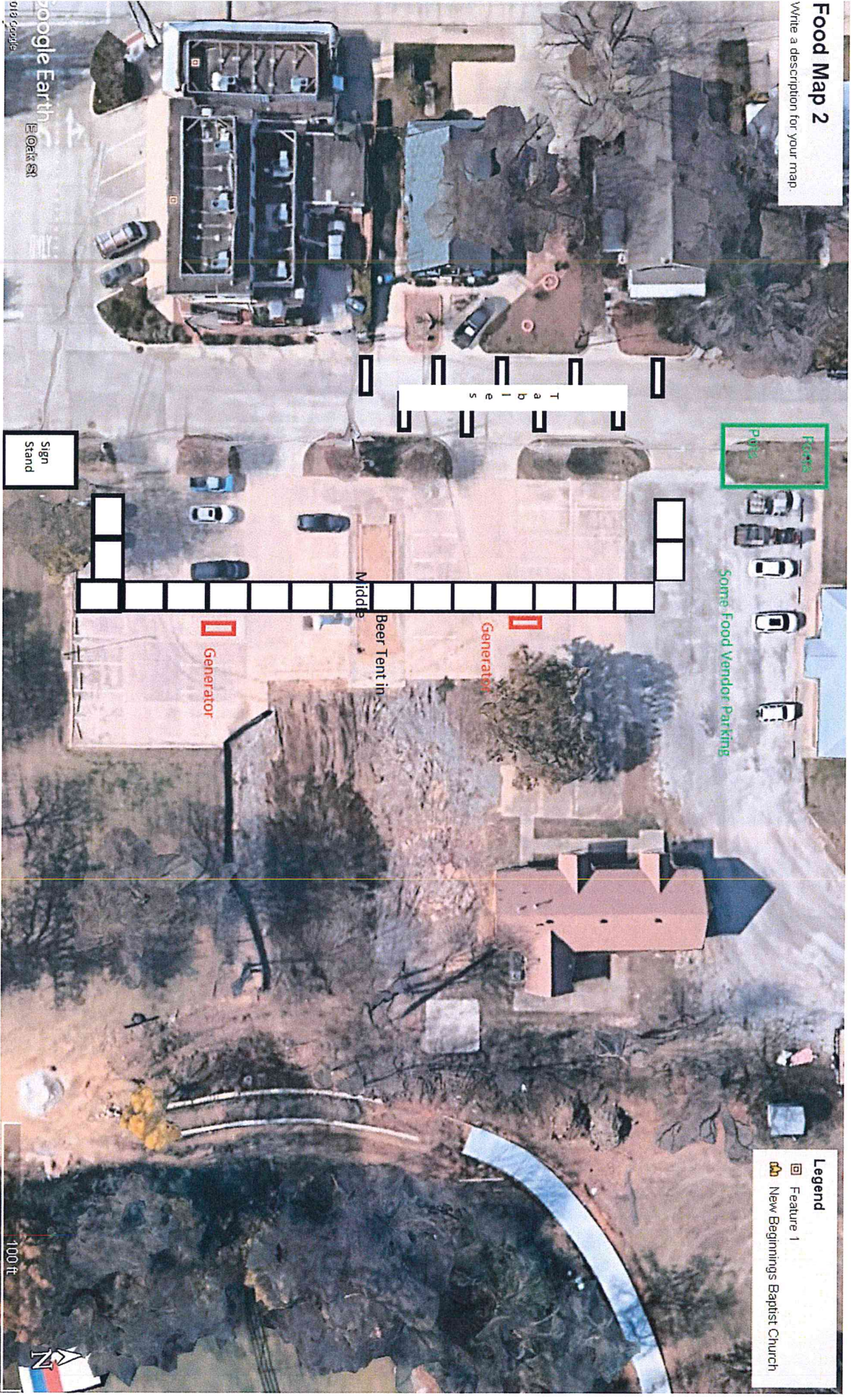






Food Map 2

Write a description for your map



Legend

Feature 1

New Beginnings Baptist Church

Feature 1

Some Food Vendor Parking

Tables

Beer Tent in Middle

Generator

Sign Stand

Google Earth

100 ft



Food Map 3

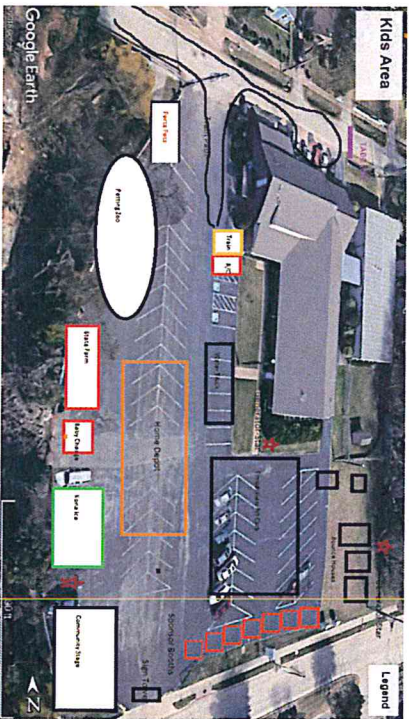
Write a description for your map.



Legend

- Feature 1
- New Beginnings Baptist Church







North Main Street

### Legend





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

Pickled Mansfield Society \_\_\_\_\_

(Person, group or business name)

permission to have their special event on said property.

Property address: 500 E Dallas , \_\_\_\_\_

**Please check all that apply:**

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

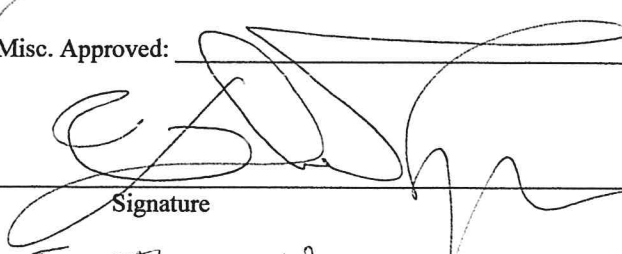
☐ Approved for overflow parking and/or shuttle area to be held at this location.

☐ 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: \_\_\_\_\_

  
\_\_\_\_\_  
Signature

Fr. Thu Nguyen  
\_\_\_\_\_  
Printed Name/ Job Title

500 E Dallas St. Mansfield TX 76063  
\_\_\_\_\_  
Mailing Address

972-310-7592  
\_\_\_\_\_  
Contact Phone Number



## **AGREEMENT TO ASSIST AT SPECIAL EVENT**

**Special Event Name and Date:** World's Only St. Paddy's Pickle Parade & Palooza

**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.

☐ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

Justin Graves, Sgt.  
Printed Name/ Job Title

\_\_\_\_\_  
Mailing Address

817-966-4999 / \_\_\_\_\_  
Contact Phone Number E-mail





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/17/2019

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 have ADDITIONAL INSURED provisions or 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> Agents Alliance Services, Ltd McKnight Ins Services, LLC 2364 N. Hwy 287, Ste 103 Mansfield TX 76063		<b>CONTACT NAME:</b> Joselyn Kinder <b>PHONE (A/C, No, Ext):</b> (817) 277-6166 <b>E-MAIL ADDRESS:</b> josie@mcknightins.com <b>FAX (A/C, No):</b> (817) 277-6186	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Atlantic Casualty Insurance Co.	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL1911742315 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			L167004174-0	12/17/2018	12/17/2019	EACH OCCURRENCE \$ 1,000,000	
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000					
			MED EXP (Any one person) \$ 5,000					
			PERSONAL & ADV INJURY \$ 1,000,000					
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ Included	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$	
							AGGREGATE \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

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

<b>CERTIFICATE HOLDER</b> City of Mansfield 1200 E Broad St Mansfield TX 76063	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/21/2019

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<b>PRODUCER</b> Agents Alliance Services, Ltd McKnight Ins Services, LLC 2364 N. Hwy 287, Ste 103 Mansfield TX 76063		<b>CONTACT</b> NAME: Joselyn Kinder PHONE (A/C, No, Ext): (817) 277-6166 E-MAIL: josie@mcknightins.com ADDRESS: (817) 277-6186	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Atlantic Casualty Insurance Co.	
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		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** CL1911742315 **REVISION NUMBER:**

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	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER****CANCELLATION**

Pickled Mansfield Society  
900 N Walnut Creek Dr Ste 100

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

*Becky McKnight*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/17/2019

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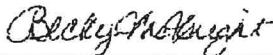
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		<b>INSURER A:</b> Atlantic Casualty Insurance Co.	
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		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> CL1911742315	<b>REVISION NUMBER:</b>
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							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
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							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
--

<b>CERTIFICATE HOLDER</b>  Heritage Baptist Church 201 E Broad St  Mansfield TX 76063	<b>CANCELLATION</b>  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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