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

Special Event Application

Special	event Application						
Organization/Group: Lake Ridge Eagle Band Booste	rs Date: January 8, 2019						
Applicant: Laura Miller							
Applicant's Address: 2 Pinnacle Ct, Mansfield, Tx 760	D63 Phone No. 817-223-7870						
*Will be called or emailed for more information needed when the permit is ready for pick-up	Email: Irbbpresident@yahoo.com						
Address of Event: Vernon Newsom Stadium, 3700 E. Broad St., Mansfield, Tx 76063							
Description & Activities: Carnival Rides, Games & Food for LRHS Band Fundraiser							
Date of Event: June 3-10, 2019	Hours of Event: June 6-9 5:00pm - 12:00am						
Public Invited or Private Party? Public Invited	Estimated Number of Attendees 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 i	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? (banners, streamers, balloons) No	*If yes, a separate permit is required						
City of Mansfield Assistance Requested:							
Barricades/ Street Closure? Barricades for Parking Lot	*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						
 show where <u>all items</u> will be located on the site If Insurance is required, the City of Mansfield mu 	ached. One can be provided if requested. You need to plan.						
Applicant's Printed Name:	Applicant's Signature:						
Laura Miller Jama							

PERMISSION TO USE PRIVATE PROPERTY FOR SPECIAL EVENT

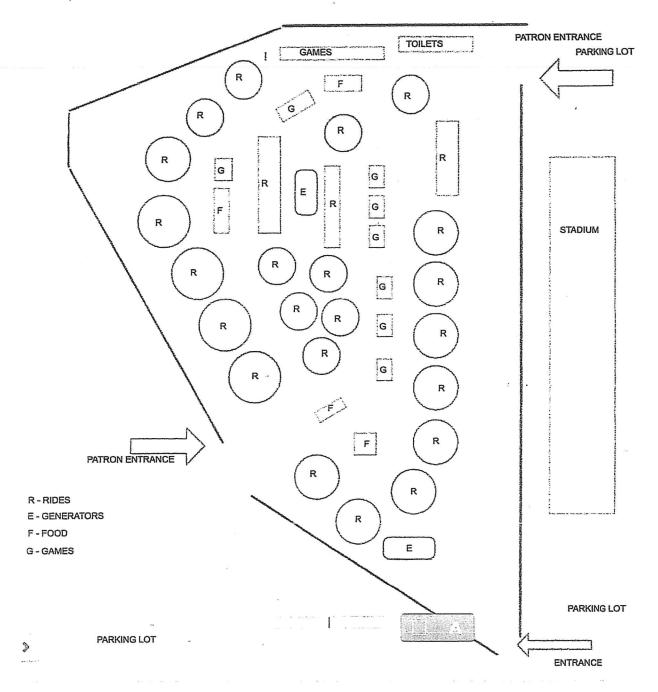
(Required if this is not your property or business location)

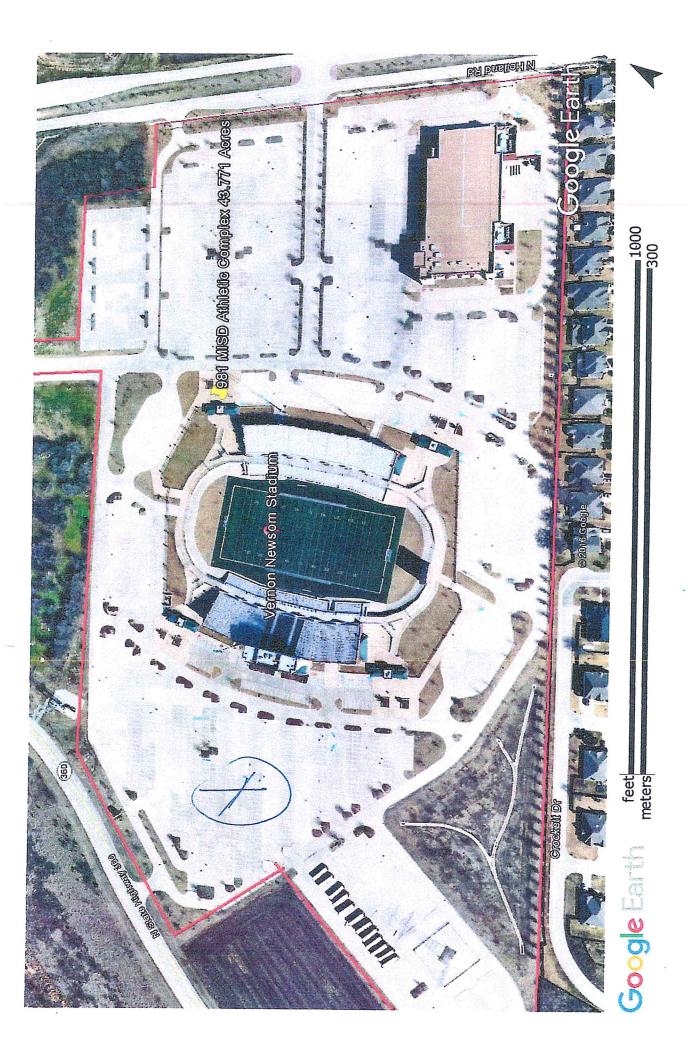
I, the undersigned, being the property owner or property management representative of the owner for the property described herein below, do grant

•	
Lake Ridge Eagle Band Boosters	
(Person, group or business name)	
permission to have their special event on said property.	
Property address: <u>3700 E. Broad St., Mansfield, Tx 76063</u>	
Please check all that apply:	
XXEntire 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 ar will use up one of the three (3) times a calendar year maximum for this location)	n aware this
☐ 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	
317-299-4343	
Contact Phone Number	

AGREEMENT TO ASSIST AT SPECIAL EVENT

Special Event Name and Date: Lake Ridge Ba	and Booster Carnival / Newsom Stadium / June 6-9, 2019
Name of Group Assisting:	
☐ Mansfield Police	
MISD Police	¥
☐ Constable Office	
☐ Other	
Please check all that apply:	
☐ We have an agreement to be <u>Traffic Officers</u>	for this Special Event.
We have an agreement to be <u>Security Officer</u> MISD Police Off	
☐ Other:	
) W, 2 1-9-19 Signature	
Jimmy Womack / Chief of Police	
Printed Name/ Job Title	
1522 N. Walnut Creek Dr., Mansfield, Tx 76063	3
Mailing Address	
817-299-6005	/jimmywomack@misdmail.org
Contact Phone Number	E-mail





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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/24/2019

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 be endorsed. If SUBROGATION IS WAIVED, subject to

C	he terms and conditions of the policy certificate holder in lieu of such endor	seme	nt(s)			ement on this	certificate does not co	mier ng	ints to the
	ODUCER Nas & Wilkerson Insurance				CONTACT NAME:				
					PHONE (A/C, No, Ext): 913 4	32-4400	FAX (A/C, No)):	
	00 Shawnee Mission Parkway				E-MAIL ADDRESS:				
	irway, KS 66205					INSURER(S) AF	FORDING COVERAGE		NAIC#
91	3 432-4400				INSURER A: ACE American Insurance Company				22667
INS	URED				INSURER B:				
	Talley Amusements, Inc.				INSURER C:				-
	PO Box 1319				INSURER D:				
	Fort Worth, TX 76101								
					INSURER E:				
co	VERAGES CER	TIEIC	ATE	NUMBER:	INSURER F :		DEVIOLON NUMBER		
_	THIS IS TO CERTIFY THAT THE POLICIES	TOTAL COURSE			VE REEN ISSUED TO		REVISION NUMBER:	- DOLIO	V DEDICE
C	NDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY F XCLUSIONS AND CONDITIONS OF SUCH	QUIRE PERTA I POL	EMEN NN, T ICIES	T, TERM OR CONDITION O THE INSURANCE AFFORDE . LIMITS SHOWN MAY HAN	F ANY CONTRACT (D BY THE POLICIES VE BEEN REDUCED	R OTHER DO DESCRIBED I BY PAID CLAI	CUMENT WITH RESPECT	TO WE	IICH THIS
NSF TR		ADDL INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS	
Α	GENERAL LIABILITY			G20496150	the state of the s	The State of the s	EACH OCCURRENCE	\$1,00	0,000
	X COMMERCIAL GENERAL LIABILITY				100		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,	
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$Exc	
							PERSONAL & ADV INJURY		0,000
					1		GENERAL AGGREGATE		0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					1	PRODUCTS - COMP/OP AGG	\$2,00	
	POLICY PRO- X LOC						TROBUSTO - COMITTOT ACC	\$ 2,00	0,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)		
	ANY AUTO				1	1	(Ea accident) BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED							-	
	AUTOS AUTOS NON-OWNED						PROPERTY DAMAGE		
	HIRED AUTOS AUTOS						(Per accident)	\$	
A	UMBRELLA LIAB Y OCCUP			VODNO4440004	0.4.100.100.40			\$	
	X EXCESSIVED			XCPN01142884	01/22/2019	01/22/2020	EACH OCCURRENCE	\$4,000	
	CEATIVIS-IVIADE	-					AGGREGATE	\$4,000	0,000
_	DED RETENTION \$ WORKERS COMPENSATION						WC CTATU OTU	\$	
	AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$	
	(Mandatory in NH) If yes, describe under	Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
						}			
ESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach	ACORD 101, Additional Remarks	Schedule, if more space	is required)			
dd	ditional insured: Mansfield Indepe	endei	nt So	chool District; City of N	Mansfield; Lake F	Ridge Eagle	Band		
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	Maria and the M				CHOIL B AND CT	11E ADOLE ==	AADIDED DAY :-:		5
	Mansfield Independent S	choc	ol				SCRIBED POLICIES BE CA REOF, NOTICE WILL B		
	District				ACCORDANCE W			- DELIV	LINED IN

AUTHORIZED REPRESENTATIVE William R. Milleran II

District 203 Hillcrest

Mansfield, TX 76063