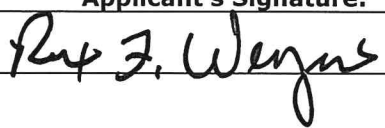
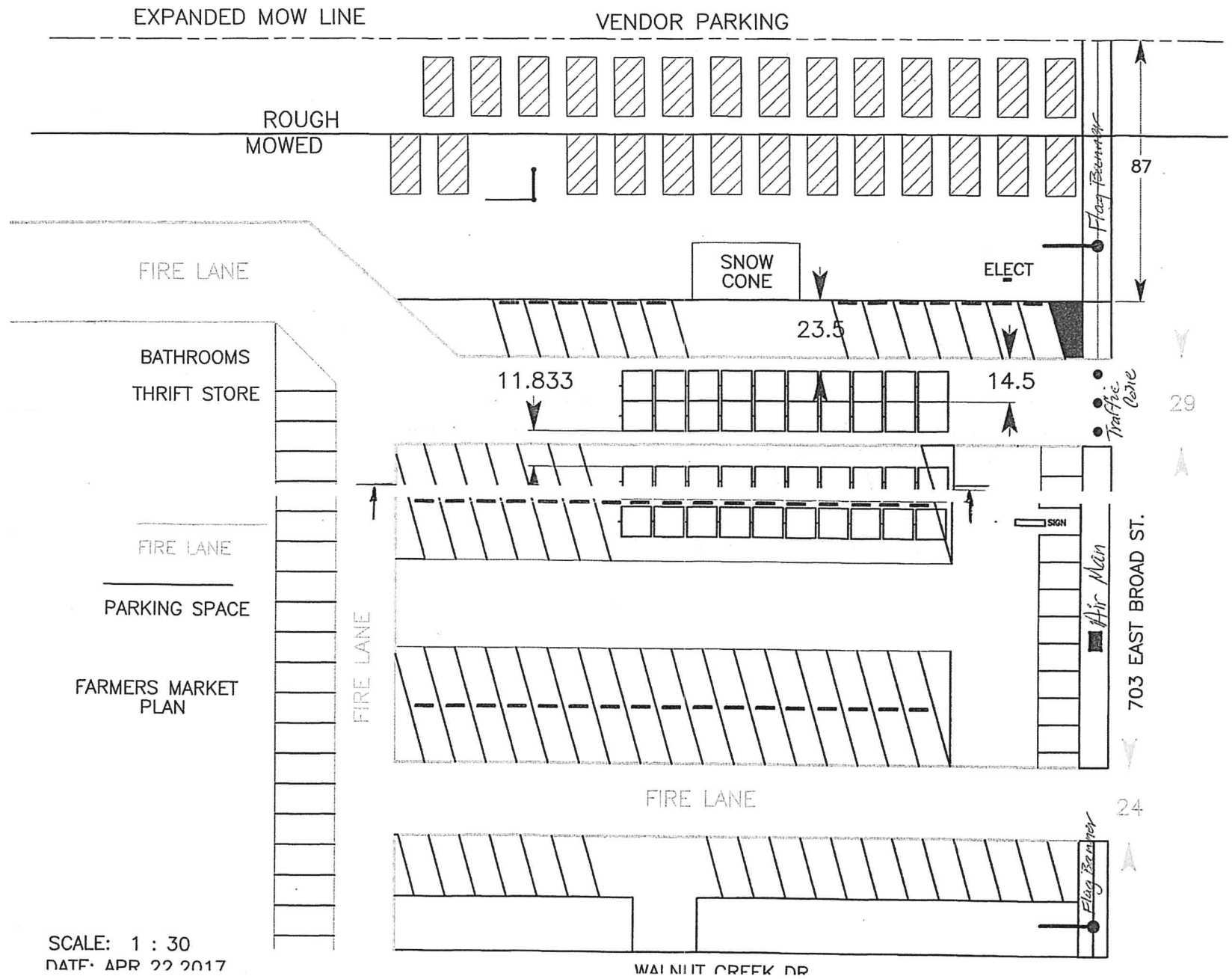


Special Event Application

Organization/Group: Mansfield Farmers Market	Date: 3/19/19
Applicant: Rex Wenger	
Applicant's Address: 6916 Hollow Oak Trail	Phone No. 817-501-6027
*Will be called or emailed for more information needed and/or when the permit is ready for pick-up	Email: rwenger@prodigy.net
Address of Event: 703 E. Broad Street, Mansfield TX	
Description & Activities: Operations of a farmers market	
Date of Event: APRIL 20 - OCT. 26	Hours of Event: 8:00 a.m. to 1:00 p.m.
Public Invited or Private Party? Public Invited	Estimated Number of Attendees 200-300
Is the event in a Mansfield Park? NO	*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? No	
*If yes, a registered Electrician must obtain a permit. Indicate the line locations on the site plan.	
Will you be using generators? No	*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? Each vendor will have a 10' x 10' tent	
Do you plan to have any Promotional Signs? (banners, streamers, balloons)	*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 have barricades. A resident roster must be submitted for a block party.
Police/Traffic Control/Security? No	*If yes, attach an explanation and the name of the person you are working 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:
Rex F. Wenger	





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

Promotional Signage Display Application

Installation Address: 703 E. Broad Street		Suite No.:	
Tenant/Business: Mansfield Farmers Market			
Applicant*: Rex F. Wenger		Phone No.: 817-501-6027	
Email: rwenger@prodigy.net			
*Will be contacted for any questions and/or when the permit is ready for pick-up			
Sign Company N/A			
Name:		Contact Name:	
Address:		City:	State: Zip:
Phone No.:		Email:	
Purpose of Sign To advertise the Mansfield Farmers Market. The signs will be placed in the morning and removed in the afternoon every week.			
Special Event	<input checked="" type="checkbox"/>	Sale or Promotion	<input type="checkbox"/>
Grand Opening	<input type="checkbox"/>	Other	<input type="checkbox"/>
Date Requesting* Display to Begin: APRIL 20 - OCT 26		*signs are not allowed to be installed until permit is issued and paid for	
Type of Sign (limited to a max. of one (1) inflatable sign OR three (3) of any other type of temporary sign per display)			
Banner	<input type="checkbox"/>	Quantity:	Size of Sign in Sq Ft: Height and Width in Ft:
Inflatable*	<input type="checkbox"/>	Max. 1	Height and Width in Ft:
Wind Signs	<input checked="" type="checkbox"/>	Quantity:	Height and Width in Ft.
Other	<input type="checkbox"/>	Quantity:	Type: Size/Height:
*Inflatable signs shall be ground-mounted and are subject to setback regulations as outlined in Sect. 7100, K, 2, h of the Zoning Ordinance			
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, rendering, 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 promotional signage affixed to the building, include a drawing of the face of the building with the sign(s). Label dimensions of building(s) 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, search lights, pennants, spinners, 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 Signature		Date: 3/19/19	
Property Owner/Mgr Signature *REQUIRED		Date:	
FOR OFFICE USE			
Comments:			
Planning Dept Approve <input type="checkbox"/> Deny <input type="checkbox"/> Date:			

Lease Agreement

THIS LEASE AGREEMENT (the "Agreement") is entered into effective as of March 22, 2019 by and between the Mansfield Farmer's Market "the Market" and Mansfield Mission Center, Inc. ("MMC"), together referred to herein as the "Parties", regarding use of a portion of the parking lot at 703 E Broad St. for a Farmer's Market on Saturdays from April – October.

THE MMC agrees to provide the following:

- Open space in the parking lot for a Farmer's Market on Saturdays during the lease term from 6:00a to 4:00p ("Exhibit A" depicts the area of the Leased Space). The area can be no larger than in 2018.
- Access to electricity and water
- Public parking for approximately 30 cars
- A restroom for vendors will be provided inside the Thrift Store beginning at 9:00a. The Market, at their sole cost, may provide a "Port-O-Potty" if required. The Port-O-Potty must be located away from the Snow Cone Stand.

THE Market agrees to the following:

- Pay monthly fee of \$10 from April – October, due at the beginning of each month
- Pay MMC for actual utility costs incurred by the Market if MMC provides the utilities. If MMC is providing utilities, utilities costs incurred by the Market will be paid within 10 days of notification of amounts due
- Provide MMC with copy of liability insurance during the period of the Market with MMC named as an additional insured
- MMC is not providing storage space on the premises. The Market shall remove all Market related property each Saturday when the Market closes
- Secure premises and restore premises to the same conditions that existed prior to the Market upon completion of the Market each week. Restoration shall include, but is not limited to, trash removal and repairs of damages incurred due to the Market. Repairs shall be completed within 5 business days.
- The Market shall hold MMC harmless against any and all claims, demands, or suits arising directly or indirectly from users, vendors, or customers meeting at the premises, if any, including all court costs and attorneys' fees.

This Agreement may be terminated at any time with 30 days written notice.

This Agreement shall not be assigned or transferred in whole or in part without the previous written permission of the MMC.

Failure to insist upon strict compliance with any of the terms, covenants or conditions hereof, in whole or in part, shall not be deemed a waiver of such term, provision, covenant or condition or

portion thereof, nor shall any waiver or relinquishment of any right or power at any one or more times be deemed a waiver or relinquishment of such right or power at any other time or times as to any party to this Agreement.

This Agreement expresses the entire agreement between the parties hereto regarding the subject matter contained herein and may not be modified or amended except by written agreement duly executed by both parties.

This Agreement shall be construed and enforced in accordance with the laws of the State of Texas, and venue for all purposes hereunder shall be in Tarrant County, Texas.

If any provision of this Agreement is determined by any court of competent jurisdiction to be invalid, illegal or unenforceable, such provision shall be fully severable herefrom and the remainder of this Agreement shall be fully enforced.

By entering into this Agreement, the parties do not create any obligations, express or implied, other than those set forth herein, and this Agreement shall not create any rights in parties not signatories hereto.

This Agreement is intended for the benefit of the parties listed and no rights or interest in this Agreement shall extend to any third party.

Executed to be effective as of the 22nd day of March, 2019.

Mansfield Mission Center, Inc.

By: _____

Name: MICHAEL G BAKER

Title: DIR OF Fin & Admin

Date: 3-26-19

Address for notice:

777 N Walnut Creek Dr
Mansfield, TX 76063

Mansfield Farmer's Market

By: _____

Name: REX F. WENGLER

Title: TREASURER

Date: MAR 26, 2019

Address for notice:

6916 HOLLOW OAK TRAIL
MANSFIELD, TX 76063





DISPLAYED ON SATURDAY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/18/19

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 KnH Insurance Services 1701 Highway 287 N., Suite 105 Mansfield, TX 76063 Phone (817) 453-1477 Fax (817) 453-1473		CONTACT NAME: Bo Rankin PHONE (A/C, No, Ext): (817) 453-1477 FAX (A/C, No): (817) 453-1473 E-MAIL ADDRESS: brankin@knhinsurance.com	
INSURED Mansfield Farmers Market 6916 Hollow Oak Trail Mansfield, TX 76063 817-501-6027		INSURER(S) AFFORDING COVERAGE INSURER A: EMC Ins Co (Employers Mutual Casualty Co) NAIC # 21415 INSURER B: INSURER C: INSURER D: 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 INSR	SUBR 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 type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	5A2312917	04/20/2019	04/20/2020	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ 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

City of Mansfield
1200 East Broad Street
Mansfield, TX 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