

Permit No. 00138

CITY OF GILLETTE
CARNIVAL \ CIRCUS PERMIT

Name North Star Amusements Phone No. 406-698-9468 Date Filed 4/8/13
Address 1108 14th St. #126 City Cody State Wyo Zip 82414
Number of Rides 16 Number of Exhibitions 0

(The above information is required only if there is not a Sponsoring Agency)

Type of Exhibitions: Games X Shows _____ Food X Other _____
(No.) (No.) (No.) (No.)

Admission Charge Adult Free Child Free

Date(s) of Show June 10, 2013 to June 17, 2013

Specific Location Campbell County School Aquatic Center
(Attach Contract or Lease)

Sponsoring Agency Post 42 American Legion Baseball
(Attach Contract or Agreement)

Most Recent Performance Gillette, Wyo Dates of Show June 4th - 11th, 2012
(City & State)

Contact Person Jerry Banner Phone Number 257-1466

For Office Use Only: Copy of Liability Insurance (\$500,00 minimum) ✓

Clean-up Deposit Fee (\$500.00) Paid 4/11/13

Comments:

Police Dept. C.O. [Signature]

Community Development _____

Engineering No projects in area. Should be okay. Kurt Siebenaler

City Council Approved _____ Denied _____
(Date) (Date)

Campbell County School District

APPLICATION FOR USE OF SCHOOL BUILDINGS/FACILITIES EQUIPMENT

- A. Building/Facility/Equipment to be used: Building _____ Room _____
 Facilities _____ Equipment _____
 Other (Please explain) American Legion Baseball
- B. Organization requesting use: Aquatic Center Parking Lot /thru CC Rec. Dept. Yes ☐ No ☒
 How many participants? _____
- C. Will admission be charged? Yes ☐ No ☒ If yes, fee charged (amount & description): _____
- D. Is this a community service project? Yes ☐ No ☒ If yes, indicate how community benefits: _____
- E. Function to be performed? Conference ☐ Recital ☐ Meeting ☐ Physical Activities ☐ Musical/Concert ☐
 Other (list activity) North Star Amusements Carnival
- F. Use: Short Term: Date June 10 - June 17 Day of Week (please circle): Mon/Tues/Wed/Thurs/Fri/Sat/Sun
 Time: _____ a.m./p.m. to _____ a.m./p.m. (first person in to last person out)
 Long Term: Inclusive Dates: _____ to _____
 Time: _____ a.m./p.m. to _____ a.m./p.m. (first person in to last person out)
 Dates Excluded: _____

***NOTE: NO SCHOOL SPONSORED YOUTH ACTIVITY IN DISTRICT BUILDINGS AFTER 6:00 P.M. ON WEDNESDAY NIGHTS.**

- G. Special Conditions/Equipment needed: _____
- H. Person in charge/responsible: Nate Perlebury/Jerry Banner Head Baseball Coach
 (Typed or Printed Name) (Title)
 Complete Mailing Address: 4 Republic Lane Telephone (Home) 257-1466
Gillette WY 82716 (Work) 689-4542

CONDITIONS FOR BUILDING USE

1. All users shall leave the building by 10:00 p.m.
2. Food may be allowed only in certain restricted areas.
3. No alcohol or controlled substances or person(s) under the influence of alcohol or controlled substances are allowed on District properties.
4. Building supervisors will have access to the facilities at all times.
5. The person who signs the application is solely responsible for the care and protection of the building, grounds, and equipment and must see that the condition of the facility after the activity is the same as, or better than, its condition before the activity.
6. Scheduled activities may be canceled because District activities have first priority.
7. A schedule of events or explanation of planned activities must be furnished upon request.
8. Building supervisors will have the right to revoke privileges of outside groups at any time for just cause and may establish building-specific conditions for community use of facilities.
9. Buildings will not be committed to outside groups for extended periods of time.
10. Users must, as a condition of use, assume full liability for any personal injuries and for theft of personal or School District property.
11. Specific rules for individual buildings will be furnished by the supervisor in charge.
12. No "tipping" of school employees is allowed.
13. Groups bringing in equipment will state its intended use. This is to avoid damage to the building.
14. Groups will confine themselves to the area of the building they have permission to use.
15. Adult supervision is required of all activities.
16. Schools reserve all concession rights.
17. The person who signs the application is responsible to contact the building supervisor with changes or to cancel the building use at least 7 days prior to the scheduled activity.
18. No school-sponsored youth activities will be scheduled in District buildings after 6 p.m. on Wednesday nights.
19. Policy 4336 - As of March 1, 2004, the use of tobacco products by employees, patrons, and visitors on any School District property is prohibited.

I have read and agree to adhere to the above conditions: ☒ Yes ☐ No

Signature: [Signature] Date: 4/8/13

FOR SCHOOL DISTRICT USE ONLY

Date Received at School: 4-8-13

Special Instructions/Building Comments: _____

Custodial Staff Assignment: _____

Charges: _____ No Charge ☒ \$ _____ per hour _____ Hours \$ _____ Total Charge

Approved: _____ Disapproved: _____ Principal Signature: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/04/13

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 Allied Specialty Insurance 85 N.E. Loop 410 Suite 600 San Antonio, TX 78216	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE INSURER A: T.H.E. Insurance Company NAIC # 12866	
INSURED North Star Amusements, Inc. 1108 14th Street # 126 Cody WY 82414	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	<input checked="" type="checkbox"/> GENERAL LIABILITY			CPP0100735-03	03/23/13	03/23/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 10,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COM/PO/AGG \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			ELP0010172-03	03/23/13	03/23/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

ADDITIONAL INSURED AS RESPECTS TO THE OPERATIONS OF THE NAMED INSURED ONLY FOR
GENERAL LIABILITY ONLY:
CITY OF GILLETTE, WY AND ITS EMPLOYEES

DATES: 06/10/13 THROUGH 06/17/13

CERTIFICATE HOLDER**CANCELLATION**

GILLETTE AQUATIC CENTER
WARLOW DRIVE
GILLETTE, WY

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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