

CITY OF GILLETTE
3RD STREET PLAZA
STREET CLOSURE APPLICATION

NAME OF APPLICANT: Alison Gee	
ADDRESS: 183 Overbrook Road	
PHONE NUMBER: (307) 751-2454	
EVENT: WYCF Wine & Whiskey Tasting	
DATE OF CLOSURE: September 29, 2017	TIME OF CLOSURE: 4:00 a.m./p.m. TO 12:00 a.m./p.m.
Has the event been scheduled with the Gillette Main Street Committee Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If no, Applicant must schedule the event, prior to City Council Consideration)	
INSURANCE INFORMATION	
APPLICANT'S INSURANCE CARRIER: <u>HUB International Mountain States Limited</u> APPLICANT'S INITIALS AGG (An INDIVIDUAL or ORGANIZATION must obtain general liability insurance coverage, naming the CITY as an additional insured; minimum coverage: \$500,000) CERTIFICATE PROVIDED <input checked="" type="checkbox"/>	
DOES THE EVENT INCLUDE ALCOHOL?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, an alcohol permit is required from the City Clerk's Office
The City will provide up to ten (10) roll-out containers per event (96 gallon residential style). (Additional roll-out containers will be provided at a rate of \$10 per container - SEE DETAILS BELOW.)	
TOTAL NUMBER OF ROLL-OUTS REQUESTED FOR EVENT: 10	
Quantity of Electrical Outlets Requested (Max. 12) 1 x \$10.00 \$10 TOTAL	Additional Roll-out Garbage Containers QTY x \$10.00 \$ TOTAL
APPLICANT SIGNATURE: <i>Alison Gee</i> DATE: 8/16/17	
APPROVALS	
POLICE DEPARTMENT:	
SIGNATURE <i>[Signature]</i>	DATE: 8-17-17
PUBLIC WORKS:	
SIGNATURE <i>[Signature]</i>	DATE: 8-17-17
ENGINEERING:	<input type="checkbox"/> NOT APPLICABLE
SIGNATURE <i>[Signature]</i>	DATE: 8/17/17
CLERK'S OFFICE	
SIGNATURE <i>[Signature]</i>	DATE: 8/19/17
CITY COUNCIL	
APPROVAL DATE:	DENIAL DATE:

FEES AND EXPENSES FOR 3RD STREET PLAZA

Electrical Expenses: \$10 per electrical outlet (Payable to the City at the time the Street Closure Application is submitted, prior to the event)

Garbage Disposal & Associated Expenses: The City will provide up to ten (10) roll-out (96 gallon residential style) containers for any event scheduled in advance with the Gillette Main Street for each event. If more roll-outs are required for any single event, there will be an additional charge in the amount of \$10.00 per roll-out container provided by the City. The individuals or organizations holding a special event shall be responsible for arranging for the placement of roll-out (96 gallon residential style) containers for their event. Individuals or organizations holding an event may choose to obtain garbage disposal from another source, at their sole expense. Any clean up associated with the event or activity occurring at the Plaza shall be the responsibility of the party reserving the Plaza.

City Restroom Facility: The restroom facility located at the Plaza will be open for use during scheduled events no later than 8:00 a.m. on the morning of the event, and will be closed at 5:00 p.m. Should it be necessary to extend the hours of operation of the restroom facility, **Gillette Main Street shall provide notice of the extended hours at least two (2) days in advance of the scheduled event.** The individuals or organizations reserving the Plaza shall be responsible for ensuring that the bathrooms are returned to their pre-event condition. The failure to return the restroom to the same condition it was in prior to the event may result in the imposition of cleaning costs upon the individual or organization reserving the Plaza. The applicant can contact the Public Works Department, Monday thru Friday, 7:00 a.m. to 4:00 p.m. at 686-5320, for a clean-up kit.

Portable Restrooms: The Gillette Main Street shall determine the need for any additional portable restrooms that may be required as a result of the size and nature of the event. The Gillette Main Street shall convey this information to the individual or organization reserving the Plaza so that appropriate temporary facilities are provided at the Plaza. **The City shall not be responsible for providing portable restrooms nor responsible for the costs thereof unless otherwise agreed to in writing.**

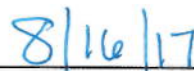
Street Barricades: The City shall provide portable barricades to be used to close the Plaza to motor vehicle traffic during any scheduled event. The City shall not be required to place the barricades prior to the event or street closure, or to remove them at the end of any event or street closure. The individuals, entities or organizations reserving the Plaza will be responsible for the placement and removal of the barricades. First time applicants must contact the Public Works Department at 686-5320, between 7:00 a.m. and 4:00 p.m., Monday thru Friday, for barricade placement instruction.

Damages to Restrooms, Public Property and the Plaza: Any individual, entity or organization agrees to be responsible for any property damages arising from any event held by them at the Plaza.

Insurance Requirements: Any individual or organization seeking to reserve the Plaza shall be required to obtain general liability insurance coverage, naming the CITY as an additional insured, against any personal injury, property damage or other injuries, arising from any event, in the minimum amount of five hundred thousand dollars (\$500,000.00).



Applicant Signature



Date



WYOMCOM-01

STUCKER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/18/2017

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).

PRODUCER License # 6024 HUB International Mountain States Limited 7338 Stockman St, Suite B Cheyenne, WY 82009		CONTACT NAME: Sue Tucker PHONE (A/C, No, Ext): (307) 823-6128 FAX (A/C, No): E-MAIL ADDRESS: sue.tucker@hubinternational.com		
INSURED Wyoming Community Foundation 1472 N. 5th Street Suite 201 Laramie, WY 82070		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Great American Insurance Company		16691
		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 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"/> PROJECT <input type="checkbox"/> LOC OTHER:			PAC17375990	01/01/2017	01/01/2018	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 \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAP17376000	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			UMB17376010	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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)
September 29, 2017 - Rapsallions, 223 S. Gillette Avenue, Gillette, WY 82716

CERTIFICATE HOLDER

CANCELLATION

City of Gillette
201 E. 5th St
Gillette, WY 82716

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