

Permit No.

00181

CITY OF GILLETTE
CARNIVAL \ CIRCUS PERMITName Susie Hoolan - Post 42 Baseball Phone No. 307-680-1689 Date Filed 5/8/19Address P.O. Box 2436 City Gillette State WY Zip 82717Number 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 FreeDate(s) of Show May 27 - June 3 / 2019Specific Location Aquatic Center / Legion Baseball field parking lot
(Attach Contract or Lease)Sponsoring Agency Post 42 Baseball (American Legion)
(Attach Contract or Agreement)Most Recent Performance Gillette WY Dates of Show June 2018
(City & State)Contact Person Nate Perleberg Phone Number 689-4542

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

Clean-up Deposit Fee (\$500.00) Paid _____

Comments:

Police Dept. _____

Public Works
~~Community Development~~ San G W.L.K

Engineering _____

City Council Approved _____ Denied _____

(Date)

(Date)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2019

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).

PRODUCER McGowan & Company, Inc. 20595 Lorain Rd Fairview Park OH 44126		CONTACT NAME: Jennifer Wolfe PHONE (A/C No. Ext): 440-333-6300 x5412 FAX (A/C No): 440-333-3214 E-MAIL ADDRESS: JWolfe@mcgowaninsurance.com	
INSURED North Star Amusements, Inc. PO Box 353 Bridger MT 59014		INSURER(S) AFFORDING COVERAGE INSURER A: Everest National Ins. Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
NORTSTA-08		NAIC # 10120	

COVERAGES **CERTIFICATE NUMBER:** 1670797294 **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 SUBR INSD 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER		SIBML01489191	4/15/2019	4/15/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOF AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <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) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS		SIBEX00999191	4/15/2019	4/15/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTHER <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)
Regarding General Liability: The following are named as Additional Insured with respects to the operations of the Named Insured as required by written contract Only
Campbell County School District & it's employees with respect to negligence of named insured only
Dates July 27- June 3, 2019

CERTIFICATE HOLDER Campbell County School District 800 E. Warlow Drive Gillette WY 82716 USA	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
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Campbell County School District

APPLICATION FOR USE OF SCHOOL BUILDINGS/FACILITIES EQUIPMENT

- A. Building/Facility/Equipment to be used: Building _____ Room _____
 Facilities Aquatic Center Parking Lot Equipment _____
 Other (Please explain) _____
- B. Organization requesting use: Post 42 Legion Baseball /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 Amusement Carnival
- F. Use: Short Term: Date 5/27/19 - 6/3/19 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 Perleberg / Brad Powell Head Coach - Post 42
 (Typed or Printed Name) (Title)
 Complete Mailing Address: 4 Republic Lane Telephone (Home) 670-0143 (Brad)
Gillette, WY 82716 (Work) 689-4542 (Nate)

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: Brad A. Powell Date: 2/26/19

FOR SCHOOL DISTRICT USE ONLY

Date Received at School: 2-26-19

Special Instructions/Building Comments: _____

Custodial Staff Assignment: _____

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

Approved: ☒ Disapproved: ☐ Principal Signature: [Signature] Date: 2-27-19