

SPECIAL EVENT PERMIT APPLICATION FORM

1. SPONSOR Knoxville Bike Nite
ADDRESS 801 South Roche PHONE 641-891-9461

2. EVENT TYPE:

- Parade Festival Assembly Street Closure Block Party
 Rally Marches Walks Fund Raisers
 City Property Rental Other _____

3. EVENT CONTACT PERSON(S) Larry Kline PHONE 641-891-9461
ADDRESS 801 South Roche E-MAIL branson@iowatelecom.net

4. ON-SITE CONTACT PERSON(S) Larry Kline PHONE 641-891-9461

LOCATION DURING EVENT On Square

5. EVENT LOCATION Square

6. PARKING AND TRAFFIC PLAN Close 3 Sides, Not Main

STREET CLOSURE YES NO LOCATION(S): Note on attached site plan.

7. EVENT DATE May 6th EVENT START TIME 6 pm EVENT END TIME 10 pm

8. SET UP TIME 5 pm TAKE DOWN TIME 10-10:30 pm

9. RAIN DATE/TIME None

10. SIZE OF EVENT (estimated number of people on-site at one time)

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> 1 - 25 | <input type="checkbox"/> 701 - 900 | <input type="checkbox"/> 5,001 - 7,000 |
| <input type="checkbox"/> 26 - 100 | <input type="checkbox"/> 901 - 1,000 | <input type="checkbox"/> 7,001 - 9,000 |
| <input type="checkbox"/> 101 - 200 | <input checked="" type="checkbox"/> 1,001 - 1,500 | <input type="checkbox"/> 9,001 - 10,000 |
| <input type="checkbox"/> 201 - 300 | <input type="checkbox"/> 1,501 - 1,700 | <input type="checkbox"/> 10,001 - 15,000 |
| <input type="checkbox"/> 300 - 500 | <input type="checkbox"/> 1,701 - 2,000 | <input type="checkbox"/> 15,001 - 20,000 |
| <input type="checkbox"/> 500 - 700 | <input type="checkbox"/> 2,001 - 5,000 | <input type="checkbox"/> over 20,000 |

11. PORTABLE TOILETS: NUMBER OF TOILETS BEING PROVIDED _____

LOCATION(S) OF TOILETS Sandals Courthouse, Red Rock Grill
Kline's Quick Time

12. TYPES OF ACTIVITIES/VENUES Bike Show, Food, Bands
& Beer Tent.

12a. NON-FOOD VENDORS, CONCESSIONAIRES, RIDES (name, address, phone for each)

12b. FOOD VENDORS (name, address, phone for each)

Captain Cookin - Steve Coon 828-7392

12c. TENTS

13. UTILITIES TO BE USED (LIST EQUIPMENT TYPES)

Electric

13a. ELECTRICAL SOURCE

Courthouse

13b. WATER SOURCE

None

14. ALCOHOLIC BEVERAGES SERVED? LICENSE CLASS

Class B

ALCOHOLIC BEVERAGE LICENSE OBTAINED?

YES

NO

15. SECURITY

We have our own

HAVE THE POLICE BEEN CONTACTED ABOUT CROWD OR TRAFFIC CONTROL?

YES

NO

16. SOURCE OF GARBAGE/RUBBISH REMOVAL SERVICE:

Brown's

17. SITE PLAN ATTACHED.

YES NO

18. INDEMNITY AGREEMENT SIGNED AND ATTACHED.

YES NO

19. INSURANCE CERTIFICATE ATTACHED.

YES NO

20. DAMAGE DEPOSIT INCLUDED (AMOUNT \$ 100.00)

YES NO

21. PERMIT FEE INCLUDED AMOUNT \$100.00
If no, proof of non-profit status must included.

YES NO

I have read this Special Event Agreement and Permit Application packet and have accurately and truthfully completed the Application. I agree that I will obtain any other permits necessary and will follow the guidelines and requirements set forth in the packet.

Signature

Larry W. Klein

Date

INDEMNITY AGREEMENT

In consideration for the granting of permission by the City of Knoxville, Iowa to the undersigned for the use of the following described property:

For the following purpose only:

On the following date(s):

The undersigned agrees to defend, indemnify and hold harmless the City of Knoxville, its agents, officers and employees, from and against any and all claims for injury or damages to persons or property arising out of or caused by the use of such property.

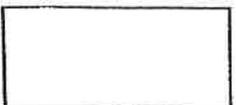
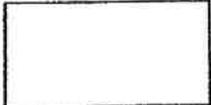
The undersigned further agrees upon receipt of notice from the City of Knoxville to defend at its own expense the City of Knoxville, its agents, officers and employees from any action or proceeding against the City of Knoxville, its agents, officers or employees arising out of or caused by the use of such property. The undersigned agrees that a judgment obtained in any such action or proceeding shall be conclusive in any action by the City, its agents, officers or employees against the undersigned, when so notified as to the undersigned's cause of the injury or damage, as to the liability of the City, its agents, officers and employees to the plaintiff in the first named action, and as to the amount of the damage or injury. The City of Knoxville, its agents, officers and employees may maintain an action against the undersigned to recover the amount of the judgment together with all the expenses incurred by the City, its agents, officers and employees in the action.

I HAVE READ THIS INDEMNITY AGREEMENT, I UNDERSTAND THE EFFECT OF THIS INDEMNITY AGREEMENT, I AM AUTHORIZED TO SIGN THIS INDEMNITY AGREEMENT, AND I AM SIGNING THIS INDEMNITY AGREEMENT VOLUNTARILY.

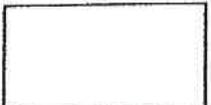
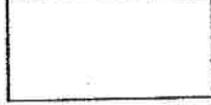
Dated this 16th day of Feb, 2016.

Organization: Knoxville Bike Nite
By: Larry N. Klein
Title: Co-Chair

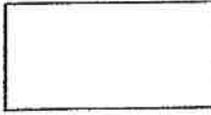
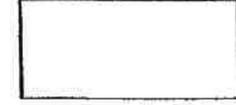
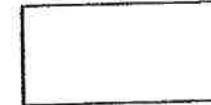
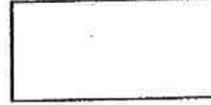
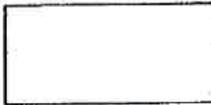
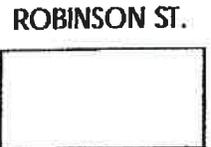
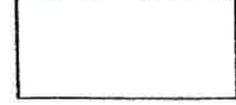
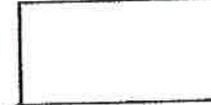
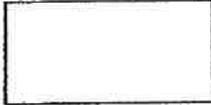
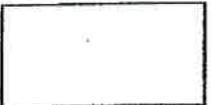
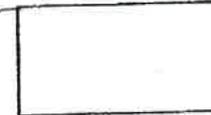
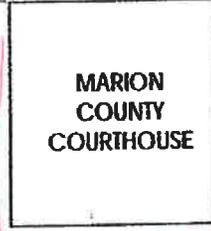
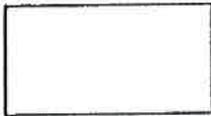
CITY OF KNOXVILLE
Downtown Street Map



MARION ST.



MAIN ST.



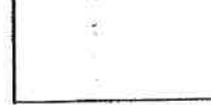
MONTGOMERY ST.



FIRST ST.



SECOND ST.



THIRD ST.



FOURTH ST.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/29/2016

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 Knoxville Insurance PO Box 553 1514 N. Lincoln Knoxville IA 50138	CONTACT NAME: Sandra Clark PHONE (A/C, No, Ext): (641) 842-6558 E-MAIL ADDRESS: sclark@knoxvilleinsuranceinc.com FAX (A/C, No): (641) 842-5521
	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Speciality Underwriters INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED L&R Enterprises DBA: Knoxville Bike Nite 402 E. Main St. Knoxville IA 50138	NAIC #

COVERAGES **CERTIFICATE NUMBER MASTER 2016** **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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CSU0081310	4/1/2016	10/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			CSU0081311	04/01/2016	10/01/2016	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER (641) 828-0511 City of Knoxville City Clerk Heather Ussery 305 S. 3rd St. Knoxville, IA 50138	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 Sandra Clark/SANDY
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