

SPECIAL EVENT PERMIT APPLICATION FORM

1. SPONSOR Knoxville Chamber of Commerce

ADDRESS 217 S. Second St. PHONE 828-7555

2. EVENT TYPE:

Parade Festival Assembly Street Closure Block Party

Rally Marches Walks Fund Raisers

City Property Rental Other _____

3. EVENT CONTACT PERSON(S) Mary Spurgeon PHONE 828-7555
641-218-0145 (cell)

ADDRESS 217 S. Second St E-MAIL chamber@winwithknoxville.com

4. ON-SITE CONTACT PERSON(S) Jayne McLaren PHONE _____

LOCATION DURING EVENT Roche and Main Streets

5. EVENT LOCATION Downtown Knoxville.

6. PARKING AND TRAFFIC PLAN Streets and city lots

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

7. EVENT DATE Aug 13 EVENT START TIME 10 am EVENT END TIME 11 a.m. to 11:30 a.m.

8. SET UP TIME 7:00 a.m. TAKE DOWN TIME - Coincides with the Craft and Vendor Show -

9. RAIN DATE/TIME None Clean up will occur @ 2:00 p.m.

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 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 checked="" 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 4

LOCATION(S) OF TOILETS 1 handicapped and 1 regular at 2nd + Main (on 2nd St); same on 3rd + Robinson (on 3rd St.)

12. TYPES OF ACTIVITIES/VENUES Nationals Parade -
The Craft & Vendor Show will be also running during this time on the Court house yard and possibly 3rd Street.

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

N/a

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

N/a

12c. TENTS

N/a

13. UTILITIES TO BE USED (LIST EQUIPMENT TYPES) *N/a*

13a. ELECTRICAL SOURCE *N/a*

13b. WATER SOURCE *N/a*

14. ALCOHOLIC BEVERAGES SERVED? LICENSE CLASS *N/a*

ALCOHOLIC BEVERAGE LICENSE OBTAINED? YES NO

15. SECURITY *Knoxville Police Dept & Marion County Sheriff's Dept have been notified.*

HAVE THE POLICE BEEN CONTACTED ABOUT CROWD OR TRAFFIC CONTROL?

YES NO

16. SOURCE OF GARBAGE/RUBBISH REMOVAL SERVICE:

Brown's Sanitation - Karen Brown 842-4170

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 \$ _____)

YES

NO

21. PERMIT FEE INCLUDED AMOUNT \$100.00

YES

NO

If no, proof of non-profit status must included.

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.

Mary Spurgeon
Signature

6-29-2016

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 29th day of June, 20 16.

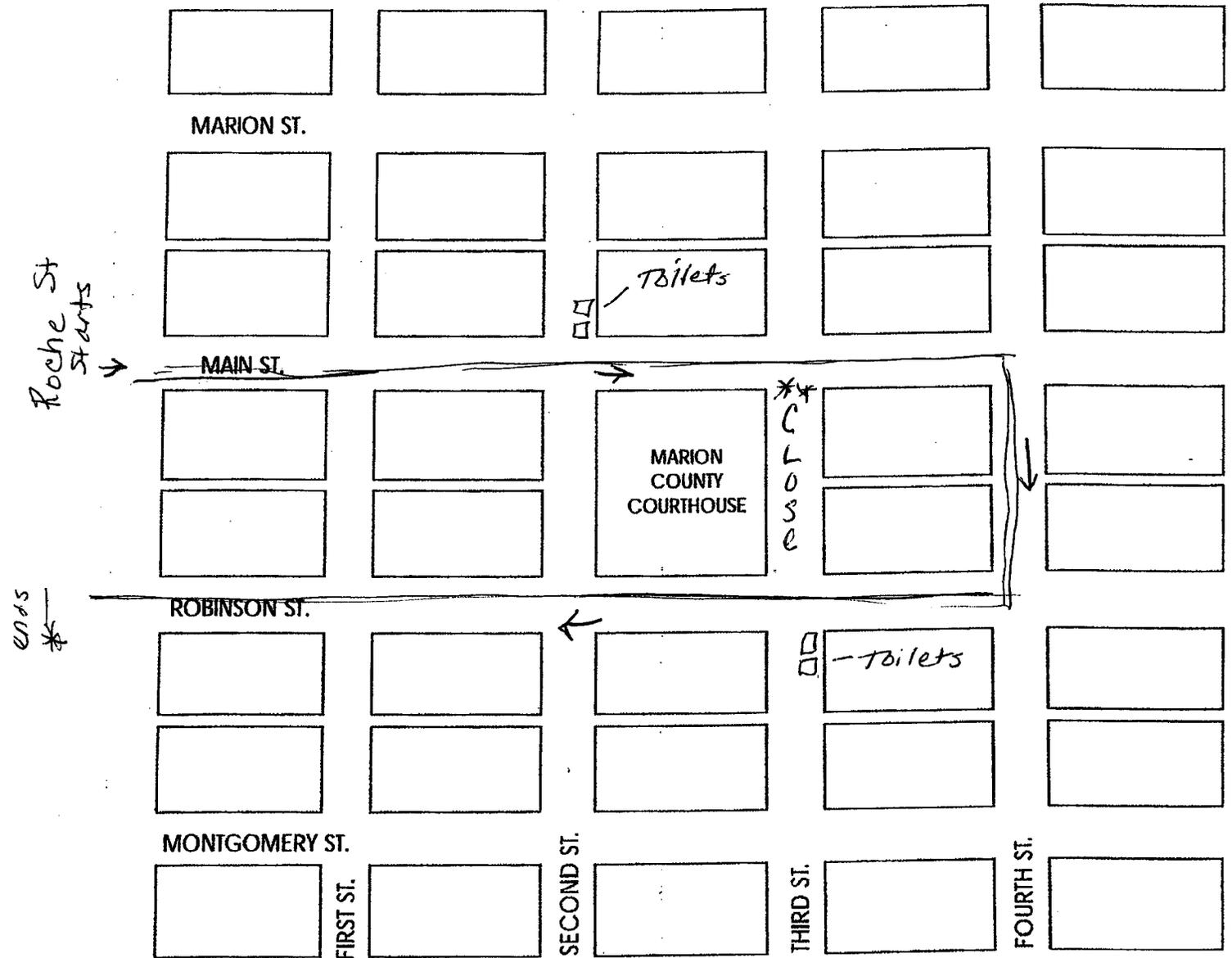
Organization: Knoxville Chamber of
Commerce

By: Mary Spurgeon

Title: Exec Assistant/Ofc Manager

CITY OF KNOXVILLE
Downtown Street Map

Nationals Parade
Line-up 9:00 a.m.
Parade Starts 10:00 a.m.



* Parade Line-up starts at Roche and Main Sts and ends at Roche and Robinson Sts.
** Close 3rd Street from 9- after parade (11-11:30 a.m.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/21/2016

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 McKay Insurance Agency, Inc. 106 East Main Street P O Box 151 Knoxville IA 50138		CONTACT NAME: Terri Van Ryswyk PHONE (A/C, No, Ext): (641) 842-2135 FAX (A/C, No): (641) 828-2013 E-MAIL ADDRESS: tvanryswyk@mckayinsagency.com	
INSURED Knoxville Chamber of Commerce 217 S 2nd St Knoxville IA 50138-2204		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual NAIC # 15350 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL1662147124 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:			1298261	4/1/2016	4/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Voluntary Property Damage \$ 2,500 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			1298261	4/1/2016	4/1/2017	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	1298262	4/1/2016	4/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Proof of Insurance	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 T Van Ryswyk/TERRI <i>Terri Van Ryswyk</i>