City Art + Vendor show.

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 Art + Craft Show

3. EVENT CONTACT PERSON(s) Mary Spurgeon PHONE 828-7555
ADDRESS 217 S. Second St. E-MAIL chamber@winwithknoxville.com

4. ON-SITE CONTACT PERSON(s) Elsie Kemp PHONE 842-3222
LOCATION DURING EVENT Marion County Courthouse lawn

5. EVENT LOCATION Marion County Courthouse

6. PARKING AND TRAFFIC PLAN streets and city lots

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

7. EVENT DATE 8/13 EVENT START TIME 8 am EVENT END TIME 2pm

8. SET UP TIME 6:00 a.m. TAKE DOWN TIME 2-4 p.m.

9. RAIN DATE/TIME N/a

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

( ) 1 - 25	( ) 701 - 900	( ) 5,001 – 7,000
( ) 26 - 100	( ) 901 – 1,000	( ) 7,001 – 9,000
( ) 101 - 200	( ) 1,001 – 1,500	( ) 9,001 - 10,000
( ) 201 - 300	( ) 1,501 – 1,700	( ) 10,001 - 15,000
(X) 300 - 500	( ) 1,701 – 2,000	( ) 15,001 - 20,000
( ) 500 - 700	( ) 2,001 – 5,000	( ) over 20,000

11. PORTABLE TOILETS: NUMBER OF TOILETS BEING PROVIDED 4
LOCATION(S) OF TOILETS 2nd + Main and 3rd + Robinson

12. TYPES OF ACTIVITIES/VENUES Art + Craft Vendors will sell products in addition to the Farmers' Market

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

At this time, we are receiving entries. Vendors have a deadline of July 31 to submit entries.

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

We have not received any entries for food vendors at this time.

12c. TENTS Vendors provide canopies, tables, etc.

13. UTILITIES TO BE USED (LIST EQUIPMENT TYPES)

13a. ELECTRICAL SOURCE Marion County electrical outlets and light poles.

13b. WATER SOURCE

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 6-29-2016

Signature ***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.

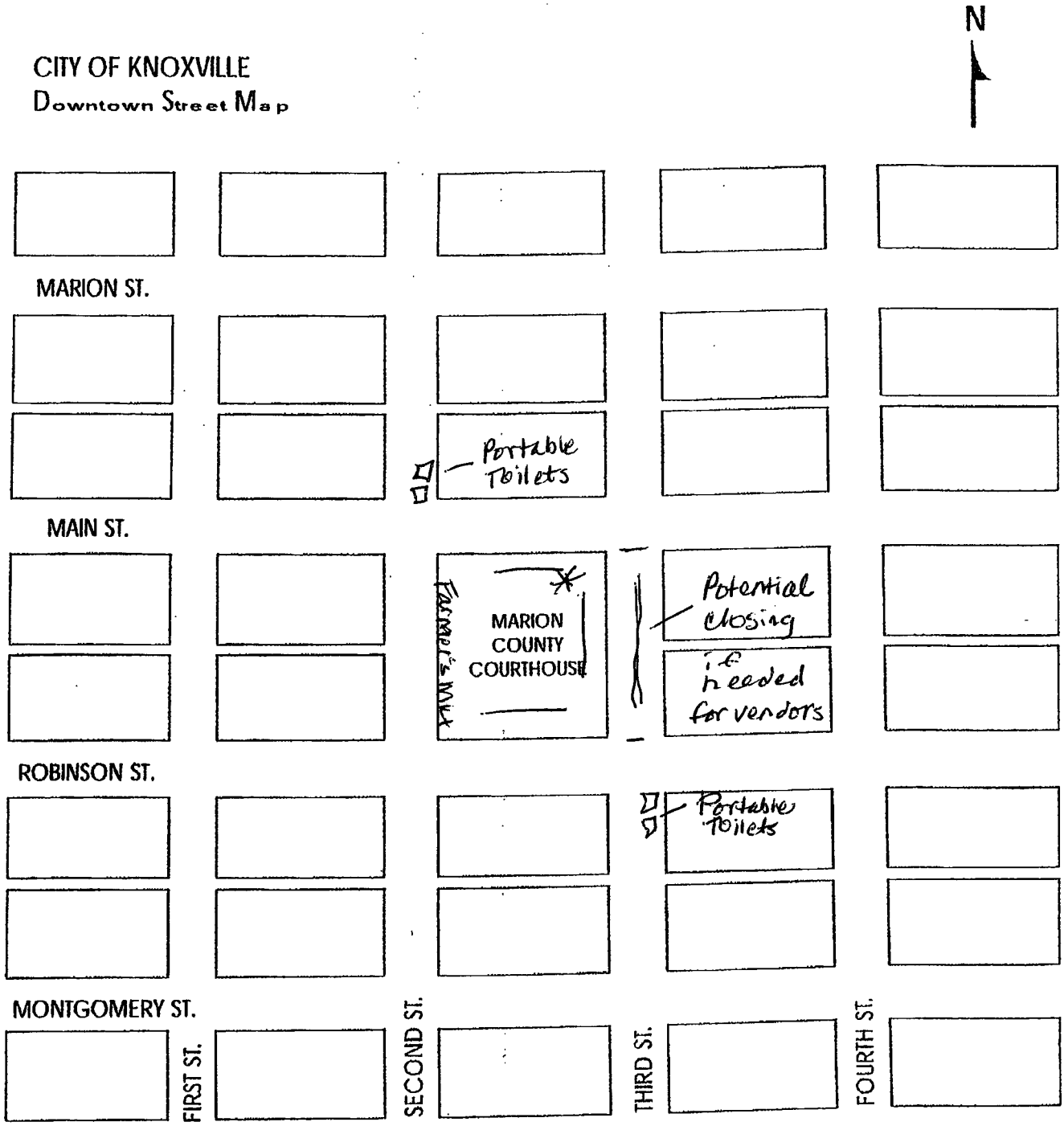
Dated this 29th day of June, 20 16.

Organization: Knoxville Chamber of Commerce

By: Mary Spurgeon

Title: Exec Assistant / Ofc Manager

CITY OF KNOXVILLE
Downtown Street Map



* Vendors will be located on Courthouse lawn and potentially on 3rd Street if we have a large # of vendors.

ACORD®

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: West Bend Mutual	15350
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Knoxville Chamber of Commerce
217 S 2nd St
Knoxville IA 50138-2204

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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT 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
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			1298261	4/1/2016	4/1/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N n If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		1298262	4/1/2016	4/1/2017	X PER STATUTE 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 Terri Van Ryswyk

© 1988-2014 ACORD CORPORATION. All rights reserved.