

revise 8/12/16

SPECIAL EVENT PERMIT APPLICATION FORM

PW

1. SPONSOR Hei Hospice Care Services

ADDRESS 213 E. Main Suite 103 PHONE 319-217-1759
Robin Pfalzgraf,

2. EVENT TYPE:

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

Development

3. EVENT CONTACT PERSON(S) Park Woodle PHONE 641.891.2335

ADDRESS PO Box 368 Knoxville E-MAIL Park@trusthomecheck.com

4. ON-SITE CONTACT PERSON(S) Park PHONE 641.891.2335

LOCATION DURING EVENT T. Mott School of Dance @ S. Second St and

5. EVENT LOCATION Treasured Portraits. 2nd closed N of alley

6. PARKING AND TRAFFIC PLAN Use Square parking

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

7. EVENT DATE Sunday Sept 18 EVENT START TIME 4:30 P EVENT END TIME 6:30 P

8. SET UP TIME 2:30 P TAKE DOWN TIME 7 pm

9. RAIN DATE/TIME N/A

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 checked="" 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 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 0

LOCATION(S) OF TOILETS 2 @ Mott 2 @ T. Portraits

12. TYPES OF ACTIVITIES/VENUES Social, Fundraising, live music by Trish Wornell & Heidi Feldman, et. all Auction

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

N/A

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

① The Grille & Still - alcohol license & food *
S. Second & E. Robinson 641.828.6342 (w)

Amanda Peterson 515.491.3393 (e)

② HCI volunteers supplied

12c. TENTS & Chairs & Tables

① Brad Croseff @ 891.0621

② Pella Rental 641.628.2848

13. UTILITIES TO BE USED (LIST EQUIPMENT TYPES) elec. - light pole
if available

13a. ELECTRICAL SOURCE T. Mott & T. Portraits

13b. WATER SOURCE T. Mott

14. ALCOHOLIC BEVERAGES SERVED? LICENSE CLASS *

ALCOHOLIC BEVERAGE LICENSE OBTAINED? YES NO

15. SECURITY as needed. Wrist bands for all attendees,
workers, volunteers supplied

HAVE THE POLICE BEEN CONTACTED ABOUT CROWD OR TRAFFIC CONTROL?

YES NO

will be

INDEMNITY AGREEMENT

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

For the following purpose only: HCI CARE SERVICES FUNDRAISING EVENT & BUCKET AUCTION

On the following date(s): 9/18/16

The undersigned agrees to defend, indemnify and hold harmless the County of Marion, 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 County of Marion to defend at its own expense the County of Marion, its agents, officers and employees from any action or proceeding against the County of Marion, 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 County, 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 County, its agents, officers and employees to the plaintiff in the first named action, and as to the amount of the damage or injury. The County of Marion, 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 County, 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 7 day of July, 2016.

Organization: HCI CARE SERVICES

By: Kelly Green

Title: (FC)

SITE PLAN

Attach site plan here.

Bucket Bash

① All food & beverage inside
Tresa Mott School of Dance.

② Tents, tables, chairs partially
inside & flowing outside
into S. Second St. *

③ Entertainment (music) &
comments will be outside.

* Site Plan is to close S. Second
from Alley north up to & not
include intersection of
E. Robinson

Goal = 100-150 guests.
wrist bands issued.

Both invited guests &
public are in this total.

→ Park Wood

Sunday Sept. 18 2016

CITY OF KNOXVILLE
Downtown Street Map

Bucket Bash



- ① (891.2085) Tresa Matt School of Dance - 202 E. Robinson - 4-31 -
- 6-30 ② (828.8120) Treasured Portraits - 208 S. 2nd

7pm possible movie The Bucket List @ Grand Theatre
212 E. Robinson 842.5415



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2016

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).

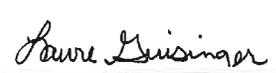
PRODUCER Holmes Murphy & Assoc - WDM PO Box 9207 Des Moines, IA 50306-9207	1-800-247-7756	CONTACT NAME: PHONE (A/C No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED HCI VNS Care Services 2910 Westown Parkway, Suite 200 West Des Moines, IA 50266	INSURER A: Philadelphia Indemnity Insurance Co.		
	INSURER B: Accident Fund National Insurance Co.		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 47524221 **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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK1435717	01/01/16	01/01/17	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1435717	01/01/16	01/01/17	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 <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB525662	01/01/16	01/01/17	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	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	1800005452	01/01/16	01/01/17	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property			PHPK1435717 Special Cause of Loss/RC	01/01/16	01/01/17	Blanket Building 13,892,000 Blkt Bus Pers Prop 4,109,500 Deductible 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Marion County is named as an Additional Insured with respect to the General Liability when required by written contract. 30 Days Notice of Cancellation with respect to the General Liability.

CERTIFICATE HOLDER Marion County 213 E Main Street Knoxville, IA 50138 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 

Coverage Part, Paragraph 3.a. is deleted in its entirety and replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period.
2. Each of the following is also an insured:
- a. **Medical Directors and Administrators** Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.
 - b. **Managers and Supervisors** Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your employeesare also insureds for bodily injuryto a co-employeewhile in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

- c. **Broadened Named Insured** Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
- d. **Funding Source** Any person or organization with respect to their liability arising out of:
 - (1) Their financial control of you; or
 - (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- e. **Home Care Providers** At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.
- f. **Managers, Landlords, or Lessors of Premises** Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any occurrencewhich takes place after you cease to be a tenant in that premises; or
 - (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- g. **Lessor of Leased Equipment** **Automatic Status When Required in Lease Agreement With You** Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- h. Grantors of Permits** Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
- (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:
 - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
 - (b) The construction, erection, or removal of elevators; or
 - (c) The ownership, maintenance, or use of any elevators covered by this insurance.
- i. Vendors** Only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
- (1) The insurance afforded the vendor does not apply to:
 - (a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
 - (b) Any express warranty unauthorized by you;
 - (c) Any physical or chemical change in the product made intentionally by the vendor;
 - (d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
 - (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
 - (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

6D

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- j. **Franchisor** Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. **As Required by Contract** Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- i. **Owners, Lessees or Contractors** Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - (1) Your acts or omissions; or
 - (2) The acts or omissions of those acting on your behalf;in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

m. State or Political Subdivisions Any state or political subdivision as required, subject to the following provisions:

- (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.
- (2) This insurance does not apply to:
 - (a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

M. Duties in the Event of Occurrence, Claim or Suit

SECTION IV **COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 2.** is amended as follows:

a. is amended to include:

This condition applies only when the occurrenceor offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or suit is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

N. Unintentional Failure To Disclose Hazards

SECTION IV **COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations** is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV **COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of**

BUSINESS NOTIFICATION LIST

*Note: Your signature on this list is for the sole purpose of businesses being affected by special events being notified of the event. It is not intended to indicate whether you are for or against the event. If you have comments and/or arguments concerning the event, they must be put in writing and delivered to the Zoning Administrator's Office at City Hall as soon as possible to be considered prior to the special event application being approved.

Business Name
And Signature

Address

Telephone #

① Iveswood Portraits

828,8126

* Sandles

* Nearwood Winery

② Arts Theatre

* Dr. Secory

* Optimeca

* These businesses will have no effect
ofrom Event July, 9/18.
Entry & Exit = NOT issue

① & ② on part of Event

69093

ICI CARE SERVICES / VISITING NURSE SERVICES OF IOWA

To: Marion County Auditor

8/4/2016

INVOICE NUMBER	DATE	DESCRIPTION	AMOUNT	DISCOUNT	NET AMOUNT
CR080216	8/2/2016	Knoxville Bucket Bash	\$100.00	\$0.00	\$100.00
		Totals:	\$100.00	\$0.00	\$100.00



ICI CARE SERVICES
VISITING NURSE SERVICES OF IOWA
 2910 WESTOWN PARKWAY, SUITE 200
 WEST DES MOINES, IA 50266-1332

BANKERS TRUST
 33-64/730

69093

CHECK DATE CHECK NO.

8/4/2016 69093

CHECK AMOUNT

PAY **One hundred and 00/100 Dollars**

\$** 100.00

TO THE ORDER OF
 Marion County Auditor
 214 E Main Street
 Knoxville, IA 50138

city of Knoxville
(pw)

Kelly Dennis
 AUTHORIZED SIGNATURE

⑈069093⑈ ⑆073000642⑆ 07 787 9⑈

\$100 damage deposit
✓ 10775 by Park Woodle 8/8/2016

Details on Back
 Security Features Included



Join us
SEPTEMBER 18, 2016
4:30 - 6:30 p.m.

Tresa Mott's School of Dance
202 E. Robinson Street | Knoxville, IA 50138
Located on the square in Knoxville

Ticket Price:
\$25 now through September 12
\$35 after September 12
Tickets may be purchased at the door

For tickets, Call (XXX) XXX-XXXX

For more information, contact
Robin Pfalzgraf at (319) 217-1759 or
rpfalzgraf@hcifoundation.org

Casual Attire

Have you ever thought about your **BUCKET LIST?** Our patients have!

Spend a fun evening with friends, food, live music and great live and silent auction items — all for a great cause!

All proceeds go toward the HCI Hospice Care Services Quality of Life Program. With your help, we'll be able to make special memories for patients and their families as they fulfill experiences from their "bucket lists."

While bidding, we invite you to enjoy hors d'oeuvres, dessert and our signature "Bucketini." Beer, wine and soft drinks will be available.



This year's premier auction item is a trip for four to Las Vegas, which includes air fare, hotel accommodations, golf, spa services and show tickets!

Courtesy of Weiler, KNIA/KRLS and Iowa State Savings Bank.

A benefit for the patients of

 **HCI**
hospice
Care Services