

City

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

4. ON-SITE CONTACT PERSON(S) Mary Spurgeon PHONE 828-7555 or 641-218-0145  
LOCATION DURING EVENT Downtown Square or Chamber Office

5. EVENT LOCATION Downtown Knoxville

6. PARKING AND TRAFFIC PLAN \_\_\_\_\_

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

7. EVENT DATE 11-17-16 EVENT START TIME 5:30 p EVENT END TIME 9:00 p

8. SET UP TIME 2:00 p.m. TAKE DOWN TIME Following the Parade

9. RAIN DATE/TIME None

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

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> 1 - 25    | <input checked="" 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 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 2 - corner of 2<sup>nd</sup> + Main and 2 - corner of 3<sup>rd</sup> + Robinson St - provided by Jim's Jobs

12. TYPES OF ACTIVITIES/VENUES Living Windows + Lighted Holiday Parade

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

Plume Carriage Rides, Phyllis McDonald, 641-791-1223

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\* ( Roasted Chestnuts, Will Prather, 641-842-2740  
Kettle Corn, Ernie Smith, 641-891-7274

\* We are still working on details with these potential vendors

12c. TENTS

Community 1<sup>st</sup> Credit Union - Courtyard  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. UTILITIES TO BE USED (LIST EQUIPMENT TYPES)

13a. ELECTRICAL SOURCE Use light poles

13b. WATER SOURCE \_\_\_\_\_

14. ALCOHOLIC BEVERAGES SERVED? LICENSE CLASS N/A

ALCOHOLIC BEVERAGE LICENSE OBTAINED?  YES  NO

15. SECURITY Knoxville Police Dept - Chief Dan Losada

HAVE THE POLICE BEEN CONTACTED ABOUT CROWD OR TRAFFIC CONTROL?

YES  NO

16. SOURCE OF GARBAGE/RUBBISH REMOVAL SERVICE:

Brown's Sanitation, Karen Brown, 641-842-4170

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, Exec Asst/Ofc. Mgr 10-26-2016  
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 16<sup>th</sup> day of October, 20 16.

Organization: Knoxville Chamber

By: Mary Spurzon

Title: Exec Asst / Ofc Mgr



# 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).**

<b>PRODUCER</b> McKay Insurance Agency, Inc. 106 East Main Street P O Box 151 Knoxville IA 50138	<b>CONTACT NAME:</b> Terri Van Ryswyk <b>PHONE (A/C, No, Ext):</b> (641) 842-2135 <b>FAX (A/C, No):</b> (641) 828-2013 <b>E-MAIL ADDRESS:</b> tvanryswyk@mckayinsagency.com														
<b>INSURED</b> Knoxville Chamber of Commerce 217 S 2nd St Knoxville IA 50138-2204	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A: West Bend Mutual</td> <td style="text-align: center;">15350</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: West Bend Mutual	15350	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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 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 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
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>		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) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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

<b>CERTIFICATE HOLDER</b> Proof of Insurance	<b>CANCELLATION</b> 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>
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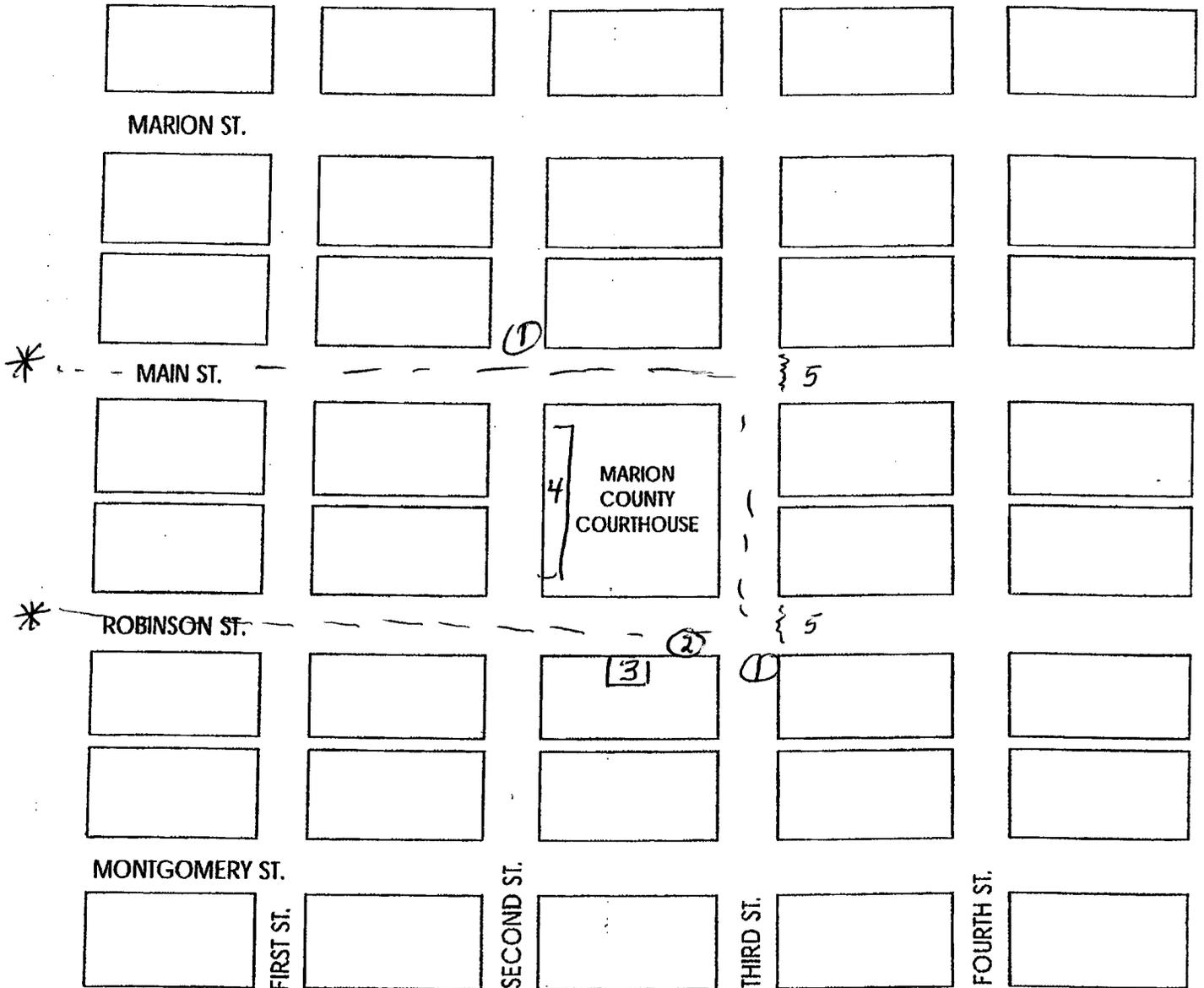
# Street Closures

- 2<sup>nd</sup> St between Main + Robinson  
(Starting at 2:30 p.m.)
- 3<sup>rd</sup> St between Robinson + Alley to South
- Robinson + Main Streets

CITY OF KNOXVILLE  
Downtown Street Map

during parade

- Robinson between 2<sup>nd</sup> + 3<sup>rd</sup> Sts  
(Starting at 3 p.m.)



## \* Parade Routes

- ① Restrooms      ② - Carriage Ride
- ③ Grand Theatre - Santa + Mrs. Claus
- ④ Courtyard Festivities (roasted chestnuts, Community 1<sup>st</sup>, etc)
- ⑤ Street closure during parade.