



# City of Billings

## RIGHT-OF-WAY ACTIVITY

### PERMIT

Please check the type of activity you are applying for:

Parade  Run/Walk/Procession  Street/Alley Closure  Block Party

Submit this application with attachments to either the: Public Works office, 2224 Montana Ave.,

Billings, MT 59101 or Downtown Billings office, 2815 2nd Ave North, Billings, MT 59101. Application packet should be turned in at least 60 days prior to the date of the proposed event for approval.

PERSON MAKING APPLICATION Shelli M. Gayvert

ORGANIZATION MAKING APPLICATION Yellowstone Valley Farmers Market

PHONE 855-3755

ADDRESS Billings MT 59101

CITY STATE ZIP

EMAIL ADDRESS dgayvert@imt.net

APPROXIMATE TIME EVENT WILL:

Assemble 6:00 AM Start 6:00 AM Disband 1:00 PM

DATE OF EVENT Every Saturday starting 7-17-10 through 10-02-10

PURPOSE/DESCRIPTION OF EVENT: (Description and detail of the event.)

The farmers market will include many of the same activities as previous years. We request permission to close the following streets for the Saturdays stated above

EVENT ROUTE DESIRED (IF APPLICABLE): (Please attach map.)

N 28th (N. Broadway) from 1st to 3rd (traffic wont be allowed to turn North from 1st Ave N. or south from 3rd Ave N. onto N. 28th 2nd Ave from alley west of N 27th to N 29th (Traffic diverted left only onto N 29th) N 29th from 1st to 2nd Ave (traffic wont be allowed to turn from 1st onto N. 29th)

BLOCK PARTY STREET LOCATION (IF APPLICABLE):

CLEAN UP IMPLEMENTAION: (Company contracted or services you will provide)

**CERTIFICATION OF INSURANCE WHICH MUST SHOW:** (1) The limits of liability coverage for the period of this agreement as a minimum of \$750,000 per claim/\$1.5 million per occurrence general liability, and (2) the City of Billings named on the Certificate of insurance as the additional insured. (Refer to the sample insurance copy. Please note a certificate of insurance is not required for Block Parties).

**NOTICE:** ANY MARKINGS (NO PAINT ALLOWED) TO BE PLACED ON PUBLIC RIGHT-OF-WAY MUST BE APPROVED BY THE CITY TRAFFIC ENGINEERING DEPARTMENT PRIOR TO PLACEMENT. BE ENVIRONMENTALLY SAFE. AND NOT CONFLICT WITH EXISTING MARKINGS.

**FOR DOWNTOWN EVENTS:** YOU OR THE ORGANIZATION YOU REPRESENT MUST "ASSIGN" THE FIRST TWO BLOCKS OF THE DOWNTOWN EVENT ROUTE FOR NO PARKING TWO HOURS PRIOR TO YOUR EVENT USING THE ROUTE SIGNS PROVIDED BY THE CITY. IT IS YOUR RESPONSIBILITY TO PROVIDE THE APPROPRIATE BARRICADES FOR THE STREET CLOSURE.

IF USING THE ESTABLISHED EVENT ROUTE, THE CITY WILL PROVIDE TWO POLICE OFFICERS WITH VEHICLES TO START THE EVENT, AND A STREET SWEEPER, IF NECESSARY, TO FOLLOW THE EVENT.

COORDINATOR OF EVENTS AT WHICH ALCOHOL WILL BE CONSUMED IN PUBLIC RIGHT-OF-WAY ARE REQUIRED TO OBTAIN AN OPEN-CONTAINER PERMIT FROM THE POLICE DEPARTMENT.

UPON SIGNING OF THIS APPLICATION, THE APPLICANT AGREES NOT TO VIOLATE ANY STATE OR CITY CODES IN THE PRESENTATION OF THE REQUESTED SPECIAL ACTIVITY.

In consideration for permission to conduct its activity as requested, applicant agrees to indemnify, defend and hold harmless the City of Billings, its officers, agents, employees and volunteers from damage to property and for injury to or death of any person and from all liability claims, actions or judgments which may arise from the activity.

Applicants also agree to obtain valid "save or hold harmless agreements" from all participants in its activity protecting the City of Billings from all losses arising out of its activity, including damages of any kind or nature.

APPLICANT SIGNATURE: Shelli M. Gayner DATE 1-30-10

APPLICATION APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION DENIED \_\_\_\_\_ DATE \_\_\_\_\_

ADDITIONAL RESTRICTIONS OR SPECIAL CONDITIONS: YES  NO   
(IF YES, ATTACH COPY)

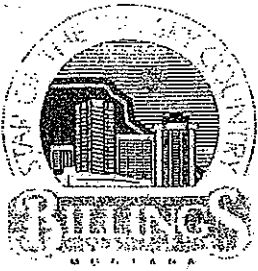
**FOR CITY USE ONLY**

FEE: \_\_\_\_\_

APPLICANT NOTIFIED BY \_\_\_\_\_

DATE: \_\_\_\_\_

- COPIES TO:**  
CITY ADMINISTRATOR  
DEPUTY CITY ADMINISTRATOR  
POLICE CHIEF  
FIRE CHIEF  
FIRE MARSHALL  
MET TRANSIT MANAGER  
STREET/TRAFFIC SUPERINTENDANT  
TRAFFIC ENGINEER  
PRPL DIRECTOR  
PARKING SUPERVISOR  
CITY ATTORNEY



# City of Billings RIGHT-OF-WAY ACTIVITY PERMIT

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Billings, MT 59101 or Downtown Billings office, 2815 2nd Ave North, Billings, MT 59101. Application packet should be turned in at least 60 days prior to the date of the proposed event for approval.

PERSON MAKING APPLICATION Shell M Gayvert

ORGANIZATION MAKING APPLICATION Yellowstone Valley Farmers Market

PHONE 259-6266

ADDRESS Billings mt 59101  
CITY STATE ZIP

EMAIL ADDRESS dgayvert@imt.net

APPROXIMATE TIME EVENT WILL:

Assemble 2:00 PM Start 3pm Disband 9:00 PM

DATE OF EVENT wednesday night starting 19 August 4th through August 25th

PURPOSE/DESCRIPTION OF EVENT: (Description and detail of the event.)

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EVENT ROUTE DESIRED (IF APPLICABLE): (Please attach map.)

N 28th (N. Broadway) from 2nd to 3rd Ave  
(Traffic will not be allowed to turn south  
from 3rd or north from 2nd onto  
N. 28th)

BLOCK PARTY STREET LOCATION (IF APPLICABLE):

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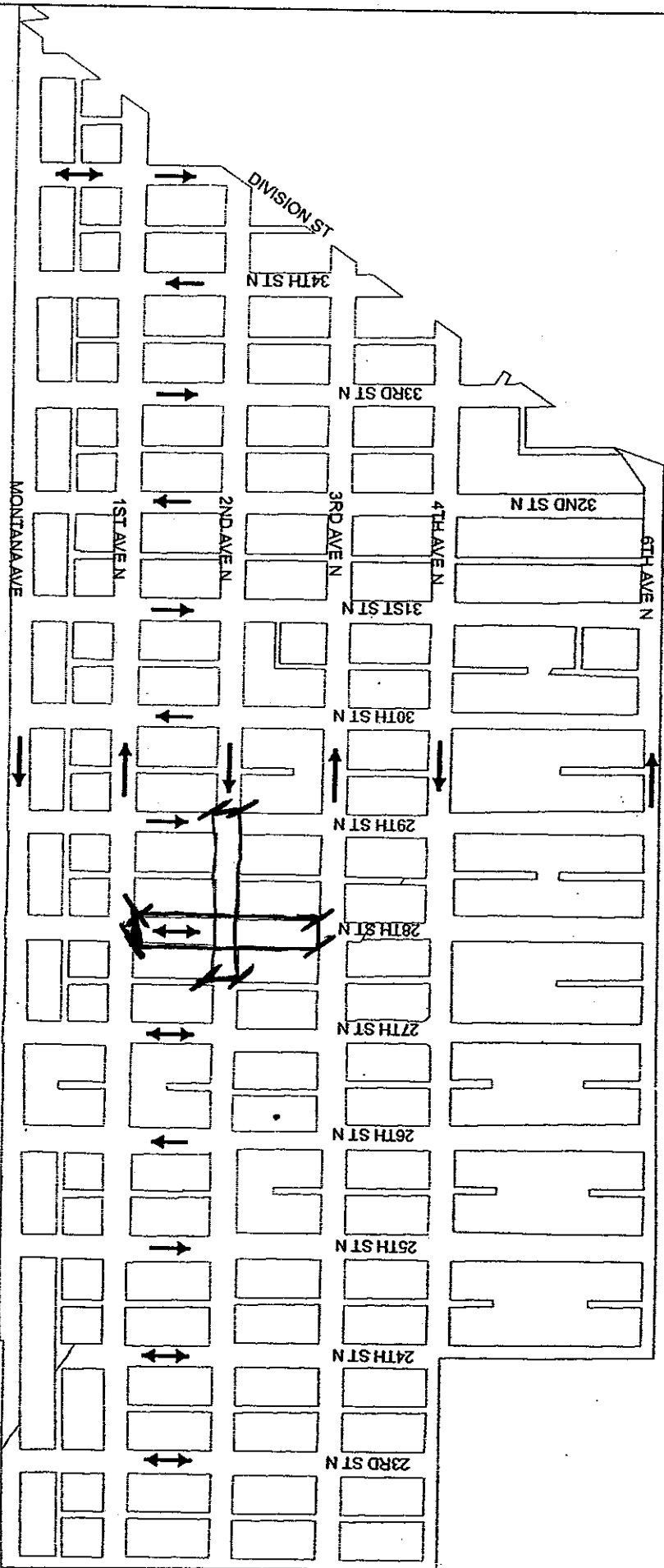
CLEAN UP IMPLEMENTAION: (Company contracted or services you will provide)

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# Downtown Billings Street Direction Map



**Billings** Downtown  
Starts here.

**BID Event Kit of Parts Usage Packet**

Below you will see a step by step process that must be implemented in order to close streets and hold an event. You may stage and implement your own event downtown and make use of the BID's "Kit of Parts." You must obtain your own street closure permission and provide your own liability insurance.

**STEP 1:** Make sure your have a PLAN AND that your block neighbors are "on board" with the idea...or, at least, do no object to your plan. wednesday 8-4, 8-11, 8-18, 8-25

-Date(s) of Event: Saturdays 7-17, 7-24, 7-31, 8-7, 8-14, 8-21, 8-28, 9-4, 9-11, 9-18, 9-25, 10-2

-Does this event require any Street Closure? X Yes \_\_\_\_\_ No  
-Do you have Liability Insurance that will cover this event? X Yes \_\_\_\_\_ No

(You will be required to provide a "Binder" to the City of Billings showing coverage)  
-Will you be serving alcoholic beverages? \_\_\_\_\_ Yes X No  
(A permit may be required from the Billings Police Department)

What Blocks will be closed: (Example: The 200 Block of N. Broadway)  
List all:

Briefly Describe Your Event Activity/Participants:

-Specify the exact date and TIME the blocks noted above will be CLOSED: Sat 6:00 Am, Wends 3:00 PM  
-Specify the exact date and TIME the blocks noted above will be REOPENED: Sat 1:00 PM, Wends 9:00 PM  
-Indicate your traffic re-route plan: **BE SPECIFIC...SEE EXAMPLE**  
(Example if closing the 200 Block of N. Broadway... Northbound traffic on N. 28<sup>th</sup> would be diverted west at 1<sup>st</sup> Ave. North then resume northbound at N. 29<sup>th</sup> & southbound traffic on N. 28<sup>th</sup> would be diverted east at 2<sup>nd</sup> Ave. North then resume southbound at N. 27<sup>th</sup>)

-List All of the Businesses impacted by the closure and have them "sign off" on the event:

BUSINESS NAME:	ADDRESS:	SIGNATURE:
1. <u>Aracci's</u>	<u>2821 2nd Ave N.</u>	<u>Aracci's</u>
2. <u>Rock Creek Coffee</u>	<u>124 N. BROADWAY</u>	<u>P. Edgar</u>
3. <u>Montague's Jewels</u>	<u>2810 2nd Ave N</u>	<u>Ch. Montague</u>
4. <u>Bottega</u>	<u>2814 2nd Ave N.</u>	<u>K. Ceina</u>
5. <u>Jackets + Comp. on Broadway</u>	<u>112 N. Broadway</u>	<u>J. Jackson</u>
6. <u>Homesite designs</u>	<u>117 N. Broadway</u>	<u>John Holmes</u>
7. <u>Indian Nations</u>	<u>207 N. Broadway</u>	<u>Kellen Whalen</u>
8. <u>Sharon Weatherhead Display</u>	<u>214 N BROADWAY</u>	<u>Sharon Weatherhead</u>
<u>HIPPY COWGIRL</u>	<u>2813 2nd Ave N.</u>	<u>J. R. Wolf</u>
10. <u>Christian Science Reading Room</u>	<u>2817 2nd Ave N</u>	<u>Kevin Boyd</u>
11. <u>Desmonds</u>	<u>2819 2nd Ave N.</u>	<u>Trish Blake</u>



# CERTIFICATE OF LIABILITY INSURANCE

OP ID 8C  
YELLO61

DATE (MM/DD/YYYY)

03/19/10

<b>PRODUCER</b> Western States Ins - Billings O Box 80308 Billings MT 59108 Phone: 406-656-9800 Fax: 406-656-1199	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b> Yellowstone Valley Farmers Mar Shelli Gayvert Po Box 23381 Billings MT 59104	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Liberty Northwest Ins Corp</td> <td></td> </tr> <tr> <td>INSURER B: Progressive Casualty</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> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Northwest Ins Corp		INSURER B: Progressive Casualty		INSURER C:		INSURER D:		INSURER E:	
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INSURER B: Progressive Casualty													
INSURER C:													
INSURER D:													
INSURER E:													

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'LTR	INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <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 type="checkbox"/> LOG	25CC2671532	02/26/10	02/26/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	05458926-0	06/03/09	06/03/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A		EXCESS / UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	1XS156103-20	02/26/10	02/26/11	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 The City of Billings is listed as a primary additional insured in respects to the General Liability.

<b>CERTIFICATE HOLDER</b> CITYBIL City of Billings P O Box 1178 Billings MT 59103	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Christa Gardner</i>
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