



**City of Billings**  
**RIGHT - OF - WAY ACTIVITY**

**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. or Downtown Billings office – 2815 2<sup>nd</sup> Ave. N. (both – 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 Sylvia Gusick  
ORGANIZATION MAKING APPLICATION Chase Hawks Memorial Association  
ADDRESS P O Box 31333 City Billings State MT Zip 59107  
EMAIL ADDRESS www.chasehawks.com

APPROXIMATE TIME EVENT WILL:

Assemble 5:30 PM Start 7:00 PM Disband 12:30 AM

DATE OF EVENT September 2, 2011

PURPOSE OF EVENT: (Description and detail of plans)

Burn the Point Car Parade/Dance is a fund-raising event for the Chase Hawks Community Crisis Fund. The parade of classic cars will be followed by a street dance on September 2, 2011.

EVENT ROUTE DESIRED (IF APPLICABLE) – Please attach map

The parade will follow the established downtown parade route. The parade of classic cars is estimated at 500 vehicles.

BLOCK PARTY STREET LOCATION (IF APPLICABLE)

CLEAN UP IMPLEMENTATION: (Company contracted or services you will provide)  
The Solid Waste Division of the City of Billings brings us 20 large garbage cans, which we distribute along the parade route. Following the parade we patrol the parade route and the street areas for any garbage.

**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 not a certificate of insurance in NOT required for Block Parties.)

**NOTICE:** ANY MARKINGS (NO PAINT ALLOWED) TO BE PLACED ON THE 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 EVEN ROUTE FOR NO PARKING TWO HOURS PRIOR TO YOU 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 EVEN ROUTE (PARADE),** THE CITY WILL PROVIDE TWO POLICE OFFICERS WITH VEHICLES TO START THE3 EVENT, AND A STREET SWEEPER (IF NECESSARY AND WEATHER PERMITTING) TO FOLLOW THE EVENT.

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

**UPON SIGNING OF THIS APPLICATION, THA 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 and The Downtown Billings Alliance, its officers, agents, employees and volunteers from damage to property and for injury to or death of any person 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 Sylvia Gurdick DATE 5-16-11

APPLICANT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT 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



List All of the Business impacted by the closure and have them 'sign off' on the event:

BUSINESS NAME	ADDRESS	SIGNATURE
Rock Creek Coffee Roasters	124 North Broadway	<i>[Signature]</i>
Jimmy John's Gourmet Sandwiches	122 North Broadway	<i>[Signature]</i>
Cline Fine Art	120 North Broadway	<i>[Signature]</i>
Z Pizza	116 North Broadway	<i>[Signature]</i>
Vacant	114 North Broadway	N/A
Jackets & Company	112 - 110 North Broadway	<i>[Signature]</i>
In Step	108 North Broadway	<i>[Signature]</i>
The Soup Place	106 North Broadway	<i>[Signature]</i>
Apartments Entrance	104 North Broadway	N/A
Rocke Gear	102 North Broadway	<i>[Signature]</i>
Marcasa Clothing	100 North Broadway	<i>[Signature]</i>
Crystal Lounge	101 North Broadway	<i>[Signature]</i>
Vacant	103 North Broadway	N/A
Advertising Design	105 North Broadway	<i>[Signature]</i>
Hooligans FC Sports Bar	109 North Broadway	<i>[Signature]</i>
Hooligans Casino	111 North Broadway	<i>[Signature]</i>
Montana Brewing Company	113 North Broadway	<i>[Signature]</i>
Electric Building	115 North Broadway	<i>[Signature]</i>
Homesite Designers	117 North Broadway	<i>[Signature]</i>
Bin 119	119 North Broadway	<i>[Signature]</i>
MT Landco	121 North Broadway	CLOSE AT 5:00pm
Lou Tauberts	123 North Broadway	<i>[Signature]</i>
Buchanan Capital	201 North Broadway	<i>[Signature]</i>
Indian Nations Trading	207 North Broadway, #130	<i>[Signature]</i>
Valley Federal Credit Union	207 North Broadway	<i>[Signature]</i>
Edward Jones Investments	213 North Broadway	CLOSE AT 4:00pm
Belleza Salon	217 North Broadway	<i>[Signature]</i>
Vacant	219 North Broadway	N/A
Billings Felony & Misdemeanor Court	221 North Broadway	N/A
Prairie Blossoms	225 North Broadway	<i>[Signature]</i>
US Bank	303 North Broadway	CLOSE AT 4:00 pm
Travel Cafe + Broadway Deli + Cafe	313 North Broadway	<i>[Signature]</i>
First United Methodist Church	2800 4 <sup>th</sup> Avenue North	N/A
Alberta Bair Theater	2801 3 <sup>rd</sup> Avenue North	<i>[Signature]</i>
MSUB	224 North Broadway	Signed other side

Rowdies Bar 222 North Broadway

Taste of India 216 North Broadway

MSUB 214 North Broadway

D A Davidson & Company 208 North Broadway

*[Handwritten signatures and scribbles]*

Client#: 6090 CHASEHAW  
**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
 05/02/11

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 <b>Hoiness LaBar Insurance</b> A Member of Payne Financial Group P.O. Box 30638 Billings, MT 59107-0638	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: _____
	INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A: <b>National Casualty Co.</b> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED <b>Chase Hawks Memorial Association, Inc.</b> P.O. Box 31333 Billings, MT 59107	

COVERAGES CERTIFICATE NUMBER: 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		KKO0000001304500	12/01/2010	12/01/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$		XKO0000001305300	12/01/2010	12/01/2011	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				IWC 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**\*\* Supplemental Name \*\***  
 First Supplemental Name applies to all policies - Chase Hawks Memorial Association, Inc.  
 (See Attached Descriptions)

CERTIFICATE HOLDER City of Billings Attn: Gail Linnell 390 North 23rd Billings, MT 59101	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 
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