

3/26/12



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 Greg Childs

ORGANIZATION MAKING APPLICATION VETERAN MOTOR CAR CLUB (VMCCA)

PHONE 406 628 2345

ADDRESS 2128 Third Rd Laurel 59044

EMAIL ADDRESS G.D.CHILDS@AOL.COM CITY STATE ZIP

APPROXIMATE TIME EVENT WILL:

Assemble 8:00 Start 10 AM Disband 4 PM

DATE OF EVENT 6-23-12

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

WE WISH TO HAVE A STATIC DISPLAY OF ANTIQUE AUTOMOBILES. NO VENDORS, BOOTHS, ALCOHOL, ONLY PEDESTRIANS. WE ARE ANTICIPATING BETWEEN 50 & 70 VEHICLES. THIS IS A 5 DAY EVENT WITH THE 23RD BEING "A DAY IN THE CITY" AND ARE ENCOURAGING THE OWNERS TO STAY "DOWNTOWN". HOST MOTEL IS THE CUCKERTOWER

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

N/A

BLOCK PARTY STREET LOCATION (IF APPLICABLE):

N/A

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

N/A

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 GW Childs DATE _____

APPLICATION APPROVED _____ DATE _____

APPLICATION DENIED _____ DATE _____

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

FOR CITY USE ONLY

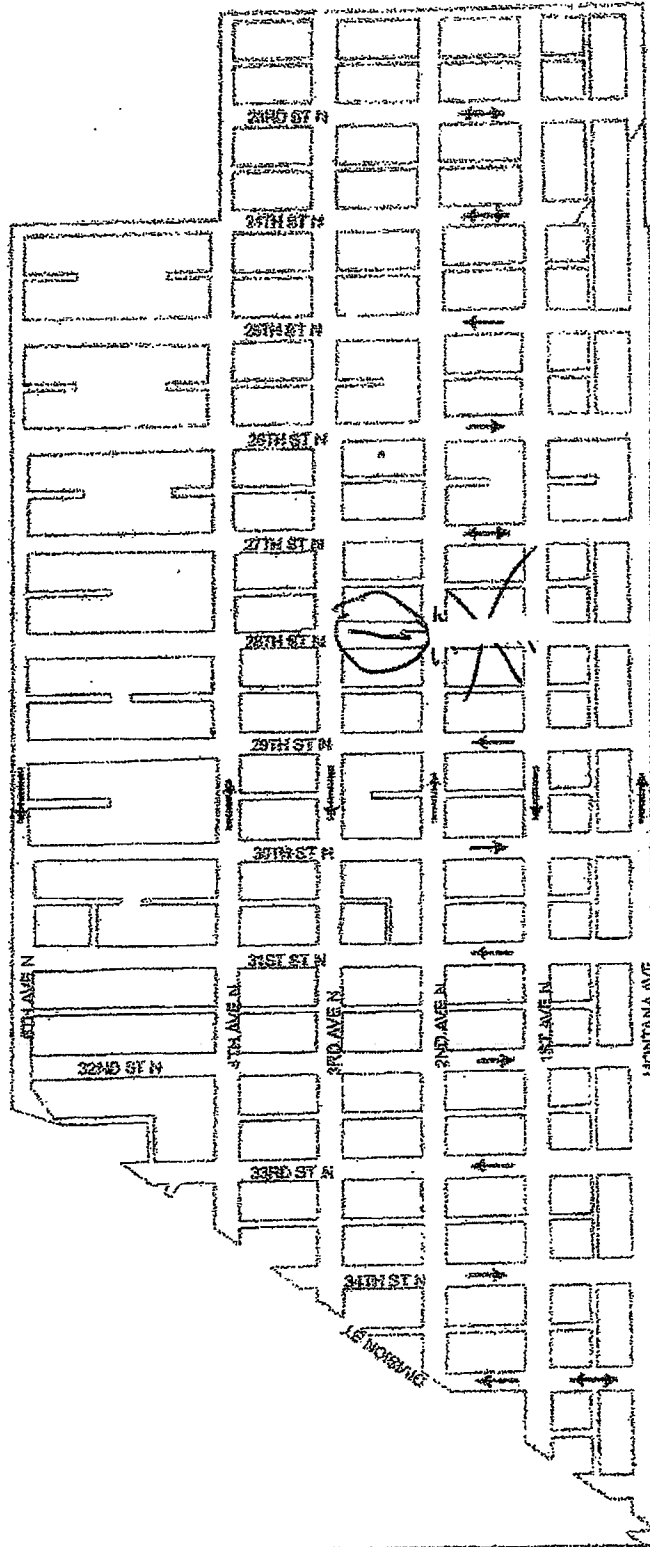
FEE: \$100.00

PAID: _____

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

Downtown Billings Street Direction Map



**EVENT APPLICATION – WITH STREET CLOSURE
Permit Application**

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 or make use of the Business Improvement District's "Kit of Parts." In any case, you must obtain your own street closure permission and provide your own liability insurance.

STEP 1: Make sure you have a PLAN AND that your block neighbors are "on board" with the idea...or, at least, do not object to your plan.

-Date(s) of Event: JUNE 23 2012

-Does this event require any Street Closure? YES NO

-Do you have Liability Insurance that will cover this event? YES NO
(You will be required to provide a "Binder" to the City of Billings showing coverage)

-Will you be serving alcoholic beverages? YES 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:

N. BROADWAY BETWEEN 2ND & THIRD,
TRAFFIC WILL NOT BE ABLE TO TURN SOUTH FROM
3RD OR N. FROM 2ND ON TO N. BROADWAY

Briefly Describe Your Event Activity/Participants:

A STATIC DISPLAY OF ANTIQUE AUTOMOBILES, NO BOOTHS,
VENDORS, ONLY PEDESTRIANS

-Specify the exact date and TIME the blocks noted above will be CLOSED: 8 AM
-Specify the exact date and TIME the blocks noted above will be REOPENED: 4 PM

-Indicate your traffic re-route plan: **BE SPECIFIC...SEE EXAMPLE**
(Example if closing the 200 Block of N. Broadway...Northbound traffic on N. 28th would be diverted west at 1st Ave. North then resume northbound at N. 29th & southbound traffic on N. 28th would be diverted east at 2nd Ave. North then resume southbound at N. 27th)

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

BUSINESS NAME:	ADDRESS:	SIGNATURE:
1. Indian Nations	207 N. Broadway	[Signature]
2. Prairie Blossoms	225 N. Broadway	[Signature]
3. Valley FCU	207 N Broadway Ste 105	[Signature]
4. Belleza Salon	217 N. BROADWAY	[Signature]
5. Legelby	216 N Broadway	[Signature]
6.		
7.		
8.		
9.		
10.		
11.		

Use an additional sheet if needed

STEP 2: Submit your street-closure (Step 1) permit request to the Downtown Billings Association **AT LEAST 60 DAYS PRIOR TO YOUR EVENT DATE!**

Submit to: Downtown Billings
Attn: Lisa Harmon
2815 2nd Ave N.
Billings, MT 59101
Email: lharmont@downtownbillings.com
Phone: 406-259-5060
Fax: 406-294-5061

JUNE 23
8-4 PM

STEP 3: WAIT FOR APPROVAL FROM THE CITY COUNCIL! (If you have questions you are welcome to contact the Downtown Billings)

STEP 4: Upon approval by the City...Arrange for Kit of Parts equipment/services provided by The Business Improvement District (BID)

Business Improvement District (BID)
Attn: Lisa Harmon
2815 Second Avenue North
Billings, MT 59101
Phone: 406-294-5060
Fax: 406-294-5061
Email: lharmont@downtownbillings.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/15/12 1d

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
J.C. Taylor, Inc. revised
320 S. 69th St.
Upper Darby, Pa. 19082

CONTACT NAME: Loretta Dearing	FAX (A/C, No):
PHONE (A/C, No, Ext): 1-800-272-6784	
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Maryland Casualty	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Veteran Motor Car Club of America
c/o Mike Welsh, Secy.
7501 Manchester Ave.
Kansas City, MO 64138

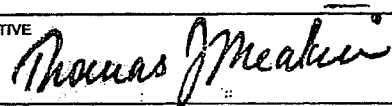
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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 INSR	SUBR 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		PPS03368653	3/1/12	3/1/13	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 - COMPPOP AGG \$2,000,000. \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PPS03368653	3/1/12	3/1/13	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			PPS03368653	3/1/12	3/1/13	EACH OCCURRENCE \$1,000,000. AGGREGATE \$1,000,000. \$ WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in Nh) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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)

Bonneville Chapter Car Show June 23, 2012 Billings Montana

CERTIFICATE HOLDER City of Billings, Montana	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
City of Billings, Montana	P.O. Box 1178 Billings, Montana 59103
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, 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(s) at the location(s) designated above.

B. 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:

1. 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
2. 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.