# SPECIAL EVENT APPLICATION City of Kirksville

1.n

Event Name Monster Truck Radio Remote	2 MOSTA MART			
Description of Proposed EventKIRX/KRXL Radio Remote wit	h Monster trucks on display.			
Proposed Location Mo. Street between Hatfield's a	nd the Sheriff's Office. FRANKLI			
Sponsor Name Loren Hatfield Body & Frame				
Contact Person Mike Hatfield Address	301 North Marion - Kv. Mo 6350			
Phone 660-665-4747 Fax 660-665-3137	G-mailaddresshatfieldbodyframe@sbcgloba			
Proposed Event Date Friday Sept. 9, 2011	0			
Requested hours of operation: 2:00 am/pm to 5:30 am/pm Set of	up & Dismantle DatesTime:			
Answer "yes" or "no" to indicate if any of the following activities will be a part	of your event:			
Route of event	Entertainment or stage locations.			
Food Concession areas. Parking areas	Portable toilet facilities with location and number.			
Cooking Areas	Organizer's command post.			
Temporary or permanent structures	Tents, displays, and enclosures.			
Will alcoholic beverages be served?	Trash containers (indicate number.)			
First aid stations or modical core (Harmon and Add Add Add Add Add Add Add Add Add A	Do you need to have access to water?			
First aid stations or medical care. (Have you contacted the Adair County A Does the street need to be closed for the event? (Street closures require Co	Ambulance?)			
Does the street need to be closed for the event? (Street closures require Co	ouncil approval so appl MUST be submitted 60 days in advance.)			
If there is to be music describe type of music, sound, or noise as well as int Have you contacted the Adair County Health Department for a permit?	ended hours.			
Plave you contacted the Adair County Health Department for a permit?				
Please provide at least 10 (0.4				
Please provide at least 10 60 days prior to event:				
Complete description of event, including estimated attendance. Include:				
*Vendor list with name of business, name of owner, address & phone num	ber. (Business license required for all vendors)			
Security plan (Kirksville Police Department does not provide private security	rity for activities)			
*Food service plan meeting requirements of Adair County Health Department	ent.			
*For not-for-profit organizations, affirmation letter of 501(c)(3) status				
*Emergency plan	Sent to depts			
*Off street parking plan	Olili			
*Merchandise vendor, food vendor, stage & other activities location plan.	7/1/(4			
* Lighting and sound system	The state of the s			
*Toilet facilities including disposal of sewage, trash, and refuse.	CARLOW, O M			
*Temporary banner or signs				
*For parades and runs or walks, include a map of the proposed route	( neet 9/6/1			
resident man of mana, metade a map of the proposed foure	to conside			
Insurance for events to be held on public property must furnish an insurance cer	To Conside			
*General Liability insurance for one million dollars (\$1,000,000) listing at	unicate;			
*General Liability insurance for one million dollars (\$1,000,000) listing the City as an additional insured				
*Or, if you have no insurance coverage, an application is available through the City's TULIP program.				
*Please read and sign the hold harmless form on the back of this application	ation.			
The City of Pithavilla recommends	PW- Faray			
The City of Kirksville-reserves the right to modify or cancel the proposed special e	vent should special conditions or and emergency exist or if the			
guidelines of this policy are not followed. The City of Kirksville is not responsible for	Lost or Stolen Property The City of Kirksville does not discrime			
hate on the basis of race, religion, color, national origin, gender, sexual orientation, age	disability or on any other basis that would be in violation of any			
applicable lederal, state, or local law in the provision of services. The Sponsor hereby	agrees to hold the City of Kirksville harmless from any an all quite			
cidings, damages, and causes of actions of any kind arising from or relating to the pr	oposed Special Event, including property damage and injury to			
persons, including death.				
Applicant's Signature V Willes Other				
Applicant's Signature / 1000 Hung				
Q_ 31 _ 11				
Date 8- 51-11	and of Ans			
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( x 0 0 0 c	1 mike nog w/Loven			
Caldy	in-lutinos			
For City Use: Investigations/Inspections Made	· · · · · ·			
· · · · · · · · · · · · · · · · · · ·	urance Fees Paid			
City Council or City Manager Approved Not Approved	Date applicant notified of approval/non-approval			
City Manager Signature	Date			

Promotion ?

Mouster truck display + Radio Remote.
MEEt and Greet Photo's And Static
display.

50-100 people at A timE.

Block Street From marion to Franklin On missouri. South side of Hatfield body & France.

Mike HATS.W 660 665-4747 stop 660 341-7445 Cell

No Food or drink to be served.

08 000 HMD010

# AMERICAN FAMILY MUTUAL INSURANCE COMPANY

MADISON, WISCONSIN 53783-0001

## BUSINESSOWNERS POLICY **DECLARATIONS**

POLICY NUMBER 24X8401703

CUSTOMER BILLING ACCOUNT 012-503-229 36

ADDITIONAL COVERAGE **BUSINESS INCOME** 

LIMIT OF INSURANCE ACTUAL LOSS SUSTAINED

PREMIUM INCLUDED

Property forms and endorsements applying to this premises and made part of this policy at time of issue: Any endorsement followed by a state abbreviation will only apply to coverages within this state. BP 84 10 07 98 BP 84 11 07 98 BP 85 11 12 08

MORTGAGEHOLDER

PREMISE NO. BUILDING NO. 0001 001

BANK OF KIRKSVILLE PO BOX 787 KIRKSVILLE, MO 63501-0787

#### TOTAL ADVANCE PROPERTY PREMIUM

\$1,095.00

RATE

Property forms and endorsements applying to all premises and made part of this policy at time of issue: Any endorsement followed by a state abbreviation will only apply to coverages within this state. BP 06 01 01 07 BP 83 01 07 98 BP 83 02 01 07

# SECTION II LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II Liability in the BUSINESSOWNERS COVERAGE FORM and any attached endorsements.

COVERAGE			
AGGREGATE LIMIT (OTHER THAN PRODUCTS COMPLETED OPERATONS) PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT		LIMIT OF INSURANCE	
		\$2,000,000	
DAMAGE TO PREMISES RENTED TO YOU	I		\$2,000,000
LIABILITY AND MEDICAL EXPENSES			\$50,000
PREM 0001 BLDG 001 MEDICAL EXPENSES - ANY ONE PERSON		\$1,000,000	
	MEDICAL EXPENSES - ANY ONE PERSON		\$5,000
PROFESSIONAL LIABILITY COVERAGE	PREMIUM BASIS	RATE	ADVANCE DOCUMENT

ITEM TWO

### **GARAGE COVERAGE**

# SCHEDULE OF COVERAGES AND COVERED AUTOS

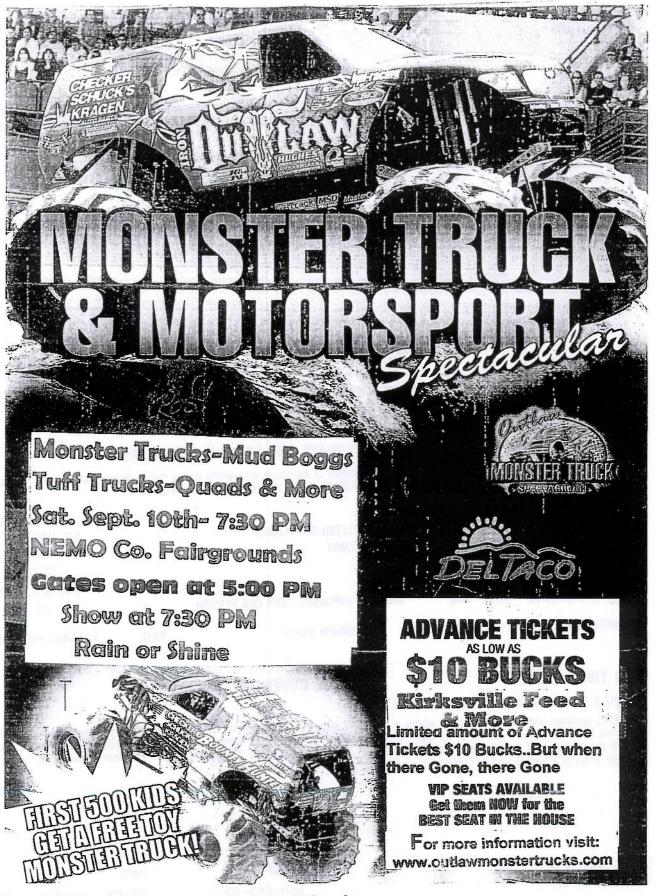
This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to LIABILITY provides coverage for "garage operations."

AGENT 297-171 BILL MANGINI PO BOX 236 KIRKSVILLE, MO 63501-0236

PHONE 660-665-0505 660-665-0733 PAGE 0002 BRANCH HMD010 RENW ENTRY DATE 03-31-2011

**ADVANCE PREMIUM** 

Monster Trucks-Mud Boggs Tuff Trucks Sat. Sept. 10th- 7:30 NEMO Co. Fairgrounds



Gates open at 5:00 PM Show at 7:30 PM Rain or Shine-Locals enter at Gate