



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Event Title: Rotted movement Bounce Party

Date of Event June 8th 2025

Start Time of Event 1:00 pm

Finish Time of Event 5:00 pm

Location of Event City Park

This request is for temporary occupation of the street or sidewalk right-of-way.

Streets or Alleys requesting to be closed N/A

DO NOT WRITE IN THIS SPACE
Application # SE25-04
City Admin. Review [checked]
Public Works Review [checked]
Emergency Services Review
Parks & Recreation Review
Council Meeting Date May 6th 2025
Approved
Denied
Insurance Certificate Required [checked]
Ins. Cert. Received [checked]

Special Equipment Bounce Houses - will use generators for power.

Organization Rotted movement - what's The Scoop ice cream

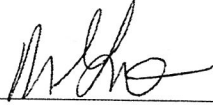
Responsible Party Grant Vlasin

Address 220 E 13th street Crete, NE 68333

Phone Grant Cell- 402-641-4201

(COMPLETE REVERSE SIDE)

By signing this application, Applicant agrees to indemnify and hold the City of Crete and all of its officers and employees harmless from and against any and all claims made by any person or any loss or damage sustained by any person as a direct result of the acts or omissions of the Applicant, its employees, agents, invitees, or guests or as a direct result of the event set forth in the application and any activities related thereto (the "Event"). Applicant agrees to abide by all applicable laws, rules, and regulations pertaining to Applicant's event, including those relating to copyright and intellectual property. Applicant shall bear the sole responsibility for securing any necessary licenses, including music licenses, prior to the event and shall indemnify and hold the City of Crete and all of its officers and employees harmless from and against any and all claims made by any person alleging intellectual property infringement or other claims related to licensure or lack thereof.



\_\_\_\_\_  
Signature of Responsible Party

REQUIRED ATTACHMENTS:

- Diagram or print of location of event.
- If alcoholic liquor will be served, copy of SDL.
- If alcoholic liquor will be served, description of barricades, devices, security measures, etc. to ensure compliance with The Nebraska Liquor Control Act:

\_\_\_\_\_  
N/A  
\_\_\_\_\_  
\_\_\_\_\_

- Copy of insurance covering event with City of Crete as named insured.

Alton

E 12th St

E 12th St

E 12th St

CREE CHY PARK



- Bounce House



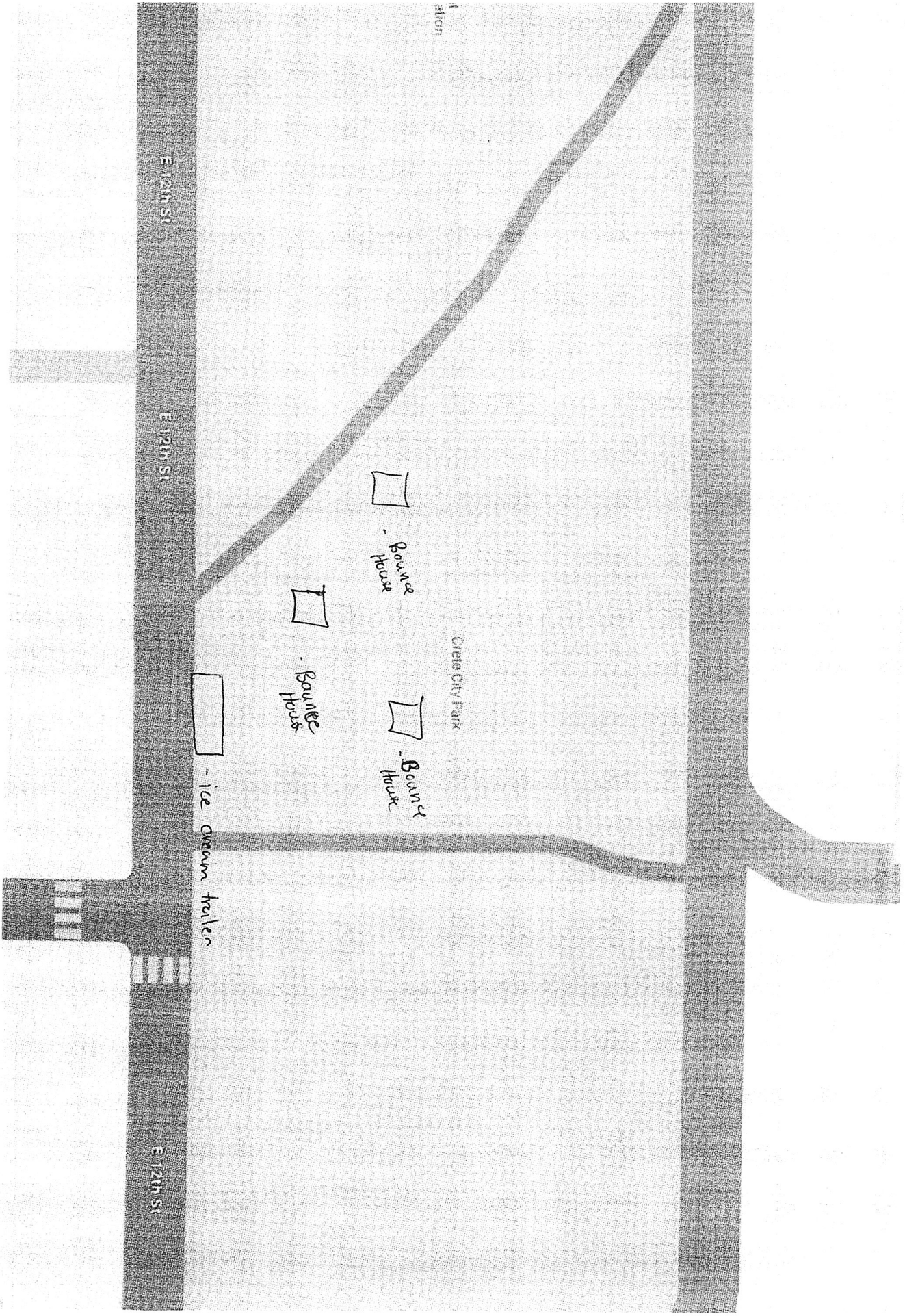
- Bounce House



- Bounce House



- ice cream trailer







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/16/2025

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 have ADDITIONAL INSURED provisions or 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> Kirby Roth Insurance LLC 604 Seward St Seward NE 68434		<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): 402-643-4591 E-MAIL ADDRESS: FAX (A/C, No): 402-643-4592																				
<b>INSURED</b> Whats the Scoop, LLC David and Mollee Harman PO BOX 188 Seward NE 68434-0188		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER A:</th> <th>NAIC #</th> </tr> <tr> <td>Owners Ins Co</td> <td>32700</td> </tr> <tr> <th>INSURER B:</th> <td>SFM Mut Ins Co</td> <td>11347</td> </tr> <tr> <th>INSURER C:</th> <td></td> <td></td> </tr> <tr> <th>INSURER D:</th> <td></td> <td></td> </tr> <tr> <th>INSURER E:</th> <td></td> <td></td> </tr> <tr> <th>INSURER F:</th> <td></td> <td></td> </tr> </table>		INSURER A:	NAIC #	Owners Ins Co	32700	INSURER B:	SFM Mut Ins Co	11347	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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### COVERAGES

CERTIFICATE NUMBER: 20250416140153866

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> 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"/> LOC OTHER:	N N	5094610501	09/25/2024	09/25/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Fire Legal Liability \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>EXCESS LIAB</b> OCCUR CLAIMS-MADE DED RETENTION S					EACH OCCURRENCE \$ AGGREGATE \$
B	<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 <input type="checkbox"/>	N/A N 185338.201	10/08/2024	10/08/2025	PER STATUTE 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)

### CERTIFICATE HOLDER

### CANCELLATION

City of Crete  
243 East 13th St  
Crete NE 68333

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