



**REQUEST FOR COMMISSION ACTION**  
**CITY OF INDEPENDENCE**  
**July 23, 2020**

Department Park & Zoo

Director Approval Barbara Beurskens

**AGENDA ITEM** Consider approving Coffeyville Resources to rent the Park Oval for their Company Picnic for August 22, 2020.

**SUMMARY RECOMMENDATION** Approve Request

**BACKGROUND** Coffeyville Resource has scheduled their company picnic to be conducted on the Park Oval on August 22<sup>nd</sup>. They will set up activities and tents for serving their employees. Last year they also had their picnic here at Riverside Park. Since they are not non-profit, they will submit the \$400.00 rental required. They have also submitted their Certificate of Liability Insurance. They plan on approximately 150 employees throughout the event and they plan on observing the social distancing guidelines.

**BUDGET IMPACT** Approval of this event will increase the park's cost for janitorial supplies and staff to prepare for set up and cleanup.

**SUGGESTED MOTION** I move to approve the request from Coffeyville Resources to rent the Park Oval for their Company Picnic.

**SUPPORTING DOCUMENTS** Park Activity Application

City of Independence  
Park Activity Application

Event Date: Set up afternoon of 8/21/2020 Event is on 8/22/2020

Time: 8/22/2020 Start 11:00am Ending 3:00pm

Attendance 150 total throughout the event and observing the social distancing guidelines.

Type of Event: Concert: \_\_\_\_\_ Display: \_\_\_\_\_ Exhibit: \_\_\_\_\_ Other: company picnic

Anticipated decibel level: 0

Individual/Business/ Organization: Coffeyville Resources

Individual/Business Address: PO Box 1566 808 E. New St. Coffeyville KS 67337

Non-Profit Organization \_\_\_\_\_ Yes  No If yes - provide documentation.

Profit Organization  Yes \_\_\_\_\_ No

If you are **not** a Non-profit Organization and are charging admission, selling food or various items or charging vendors to set up, etc. and/or limiting or restricting free public access to the event then you will be subject to additional charges as stated in the Open Area's Event Policy.

State Sales tax number or exemption number: \_\_\_\_\_

Federal Tax I.D. or Social security number: \_\_\_\_\_

List previous events that the applicant has conducted or sponsored and their location: \_\_\_\_\_

Same type of picnic at your facility 2019, Walter Johnson Park in Coffeyville KS annually, Pumpkin Patch Independence KS

Contact Person: Trish Gentry-Williams Phone Number: 620-252-4601

Are you renting a building? No- just the OVAL

Please describe your event: Company sponsored picnic. We have Allison's Fun come in with some inflatables, they provide lunch (burgers and hotdogs and drinks (non-alcoholic), a bingo tent with prizes, we intend to pass out tickets for the park rides.

Area of the park you are planning on using: The center of Oval. Tickets for the carousel, train and mini golf.

Services Needed: Barricades \_\_\_\_\_ Yes  No If yes, provide a map for placement.  
(Park Map can be found on the City of Independence's Web Site under Park Dept.)

Street Closing Needed: \_\_\_\_\_ Yes  No If yes, provide a map for location.

Time of street closing: From: \_\_\_\_\_ To: \_\_\_\_\_

(Commission approval for street closings)

Electricity  Yes  No

Trash Containers Needed: Yes for dining trash

Special Arrangements: No

Police, EMS or Fire Department Needed:  Yes

Attachments:

1. A site plan of the event indicating the area being requested and how it will be secured.
2. Proof of general liability insurance against damage caused by the applicant, agents, employees, guests and participants in the event in the amount of not less than \$500,000 single limit per occurrence for bodily injury, personal injury and property damage from a company licensed to do business in the State of Kansas and naming the City and its officers and employees as an additional insured.

3. Fees:	Non – Profit			Mini Golf Tickets \$	_____
	Profit Base Fee	\$400.00	<u>400<sup>00</sup></u>	Carousel Tickets \$	_____
	Set-up/Cleanup Fee		_____	Train Tickets \$	_____
	Law Enforcement Fee		_____		
	Electricity Charge		_____		
	EMS or Fire Standby		_____		
	Total Due		<u>400<sup>00</sup></u>		
	Application Fee		_____		
	Balance Remaining		_____		

The base fee and estimated additional charges are required to be prepaid 30 days prior to the event. The base fee will be returned if the event is cancelled by either party giving 30 days' notice or at any time by mutual agreement.

I received a copy of the Open Areas' Event Policy.

Signature of Renter: B. J. [Signature]

Date: 6-10-2020

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/14/2020

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> Boyd, Shackelford, Barnett & Dixon, LLC 5800 Granite Parkway, Suite 350 Plano TX 75024		<b>CONTACT NAME:</b> Matthew T Martin <b>PHONE (A/C, No, Ext):</b> (972) 767-2811 <b>E-MAIL ADDRESS:</b> kim@bsbdgroup.com		<b>FAX (A/C, No):</b> (214) 988-5196
<b>INSURED</b> Allison's Fun, Inc. 3200 Double Drive Norman OK 73069		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Underwriters at Lloyds London INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> 15792

**COVERAGES** CERTIFICATE NUMBER: Cert ID 18217 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 I WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		ZISMB0469 02	02/15/2020	02/15/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	<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"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	<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	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER** **CANCELLATION**

\*City of Independence will be formally listed upon application approval + COI will be provided.

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  
*[Signature]*