



# User Group Request Application

Long Term events such as Sporting events. Upon approval from council permit is valid for two years.

- Reservation request must be made at least 1 month prior to the reservation date.
- Please allow for up to one month for council approval of permit.

Event Type (Please provide details on the back of this form): <i>Miles City Farmers Market</i>	
Park/Field Requested: <i>Riverside Park</i>	
Date(s) Requested (provide schedule): What timeframe are you requesting for practices and games (start and end dates): <i>Saturdays May 16 - Oct 31 2026</i>	
Name of Organization: <i>Miles City Farmers Market</i>	
Primary Contact Person: <i>Bernadette Miller</i>	
Phone Number: <i>406 234 1639</i> <i>406 934 0253</i>	
Email Address: <i>Verber57@midrivers.com</i>	
Mailing Address: <i>511 Knight St Miles City</i>	
Secondary Contract Person: <i>Barbara Petit</i>	
Phone Number: <i>406-951-0702</i>	
Email Address: <i>rpetitt@midrivers.com</i>	
Mailing Address: <i>1601 National - miles city</i>	

**Upon approval, the following checked items must be provided:**

**Fees**

Processing Fee	\$25.00
Park Use Fee (determined from Parks Policy Manual)	\$ 250
Damage Deposit (Refundable) <ul style="list-style-type: none"> <li>• If there will be canopies/tents at your event or if you are using a rental company, an additional deposit maybe needed.</li> <li>• A walk through is required before and at the end of any season.</li> </ul>	\$ <i>Received</i>
Alcohol Waiver <ul style="list-style-type: none"> <li>• Refer to Parks Policy Manual</li> </ul>	<i>N/A</i>
Liability Insurance (information provided in the Parks Policy Manual) <ul style="list-style-type: none"> <li>• Naming the City of Miles City, Its Officers, and Agents as additionally Insured</li> <li>• Meets all information in Ordinance # 1393 and in the Parks Policy Manual</li> </ul>	Need to <i>Received</i> provide proof
Insurance Endorsement Statement <ul style="list-style-type: none"> <li>• Naming the City of Miles City, Its Officers, and Agents as additionally Insured.</li> </ul>	Needed <i>Received</i>
Has read and will meet all requirements within Parks Policy Manual	<input checked="" type="radio"/> Yes No
Signed agreement detailing the event	<input checked="" type="radio"/> Yes No

Insurance must be in place and the group shall provide proof of insurance satisfactory to the City of Miles City prior to the commencement of the use covered by this agreement or the use will not commence as scheduled.

**Insurance Endorsement Statement**

An Endorsement Statement is required for all applicable policies additionally insuring the City of Miles City, its officers, and agents and the Group against loss and liability for damages including, but not limited to, personal injury, death, or property damage arising out of, or in connection with the use of the facility. In addition, the policy or policies shall contain a provision that no cancellation thereof shall be effective by the insurer without forty five (45) days written notice to the City of Miles City and the insured Reservation group.

**City of Miles City Address to be used on Insurance Documentation**

City of Miles City  
174 S. 8<sup>th</sup> Street  
PO Box 910  
Miles City, MT 59301

Email: [smalenovsky@milescity-mt.org](mailto:smalenovsky@milescity-mt.org) For questions, please call the Public Works Department at 406-874-8617.

Please provide event details or further information here.

Miles City Farmers market

Riverside Park

Starts May 16, 2026- every Saturday from  
6 a.m. to 12 Noon till October 31, 2026  
up to 30 vendors each weekend

This application does not guarantee approval. If approved by council, the applicant/organization will need to sign the Park User Permit.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/4/2025

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> FRED WACKER AGENCY INC. 1413 MAIN, P.O. BOX 70  MILES CITY MT 59301		<b>CONTACT NAME:</b> JADE LANDERS <b>PHONE (A/C. No. Ext):</b> 406-232-1111 <b>E-MAIL ADDRESS:</b> WACKERINS@GMAIL.COM <b>FAX (A/C. No.):</b> 406-232-4754	
		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : PENN STAR INSURANCE COMPANY	<b>NAIC #</b> 10673
<b>INSURED</b> MILES CITY FARMERS MARKET 511 KNIGHT STREET MILES CITY MT 59301		INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 20251204133758889

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	PAV0498623	07/04/2025	07/04/2026	EACH OCCURRENCE \$ 100,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 100,000
							GENERAL AGGREGATE \$ 200,000
							PRODUCTS - COMP/OP AGG \$ 200,000
							\$
	<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) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						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						PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF MILES CITY  
 17 S 8TH ST  
 MILES CITY, MT 59301

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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