

**TOWN OF SARATOGA
SPECIAL EVENTS APPLICATION**

Applicant Name: <u>Barb Youngberg</u>	Organization: <u>Platte Valley Kiwanis</u>
Address: 	Address: <u>Box 1536</u>
City/State/Zip <u>Saratoga, WY 82331</u>	City/State/Zip <u>Saratoga, WY 82331</u>
Phone: Cell: <u>307-329-16772</u> e-mail: <u>barbyoungbe@yahoo.com</u>	Phone: Cell: e-mail:
DATE of Event: <u>August 24, 2024</u>	Start Time for Event: <u>11:00 A.M.</u>
LOCATION: <u>Kathy Glade Park</u>	End Time for Event: <u>1: P.M.</u>

Please check one:

- ☒ SMALL EVENT – less than 100 participants
☐ LARGE EVENT – more than 100 participants

Describe briefly the proposed event.

Touch a Truck & Community Picnic

Use additional sheet if necessary.

Location of the event (please be specific)

Kathy Glade Park

Schedule of event or events (attach by date the tentative activity planned for each location chosen).

Approximate number of participants expected: 50

Approximate number of support staff/volunteers: 8

Number of vehicles anticipated and parking requirements: _____

Will town property be used for this event: _____

☒ yes ☐ no (if yes, please explain fully)

Kathy Glade Park & Street/parking area

Coordination with the Town of Saratoga Department of Public Works (DPW)

- What traffic control or parking issues are you anticipating:

We will be putting up cones to block street

• What parking plan have you in place: To block off South River St. between Constitution Ave & Holly

• What services do you require from the Police Department or DPW? :
Cones to block off streets

• What are your security plans: : _____

• What services are required from the Fire Department? : provide truck for kids

• What services are required from the Planning Commission? : None

• What plans have you made for garbage containment and removal? We will bring trash bags - volunteers will take out anything brought in.

• What plans have you made for sanitary control/portable toilets?: There are bathrooms at the park & Posey Wagon will donate sinks

• Will you be serving food? If yes, have you contacted the State of Wyoming Certified Food Safety Professional at 307-777-8001 for food service requirements: yes
I have a call into this number -

❖ There is **NO CAMPING PERMITTED** within the Saratoga Town Limits and violators will be cited.

• Alcoholic Beverages: Describe the location of any alcohol sales or serving stations, liquor license to be used, measures to insure proper ID for purchases and list persons supervising the operations.

No

• Liquor Liability insurance to be required as described in Special Events Conditions #5.

• Any other request by applicant: : _____

• Name of persons who will be "in charge" at the site/activity: : _____

Barb Youngberg



What other agencies or groups have you contacted?
Please check applicable agencies.

- ☐ Zoning and Planning Officer – (events requiring zoning clarification)
- ☐ Saratoga Department of Public Works (street closures – use of public parks)
- ☐ Saratoga Police Department: (events with alcohol sales or use
- ☐ Traffic & crowd control)
- ☐ Wyoming Highway Department (highway closures - parades or
- ☐ any use of Highway 130/230)

TOWN OF SARATOGA SPECIAL EVENTS SIGN OFF SHEET

Proposed Special Event: _____

Location of Event: _____

Date of Event: _____

Approved: _____ Date: _____
Planning and Zoning Officer

Approved: _____ Date: _____
DPW Supervisor

Approved: _____ Date: _____
Police Chief

Approved: _____ Date: _____
Fire Chief

Approved: _____ Date: _____
Town Council

On-site

Manager: _____
Home Phone: _____ Cell Phone: _____

Alternate On-site Manager

Home Phone: _____ Cell Phone: _____

Insurance Information: (if applicable) Attached

Name of Insurance

Company: _____

Address: _____

Phone Number: _____

Contact Person: _____

Policy Number: _____

Special Terms and Conditions to the Special Event Application

By submitting and signing this Application, the applicant/organization hereby agrees to comply with the Town of Saratoga Special Event conditions (attached hereto and made a part thereof) and further agrees not to violate any Federal, State, County or municipal laws, rules or regulations. Applicant further agrees to be bound by all Saratoga municipal codes in the conduct of the requested special event.

In consideration for permission to conduct its special event, applicant agrees to indemnify, defend and hold harmless the Town of Saratoga, its officers, agents, employees and volunteers, (including the payment of the Town's attorney's fees incurred in defense of the same) from any and all damage to property, injury to, or death of any person and from any and all liability, claims, actions or judgments which may arise from the proposed activity.

The Town of Saratoga, its employees, appointed and elected officials hereby preserve any and all immunity available to them pursuant to Wyoming law and the Wyoming Governmental Claims Act, and nothing contained herein shall be deemed to be a waiver of its immunity.

Dated this 6, day of June, 2024

Barbara Youngberg
Applicant Signature



TOWN OF SARATOGA SPECIAL EVENTS APPLICATION CONDITIONS

Please initial each condition as read

1. BY Applicant shall obey all Federal, State, and local rules, regulations and laws. Applicant shall obey all Town of Saratoga municipal ordinances, rules and guidelines pertaining to the use of Town property, including the location and storage of vehicles and equipment, crowd control, and the restoration of premises to their original condition after the use for the special event.

2. BY Applicant shall confine its activities to the location and time schedules approved for the permit. Traffic control shall be maintained as approved by the Saratoga Police Department and configured by the Saratoga Public Works Department when events are conducted on Town streets or on Town property.

3. BY Reference to or the use thereof of the Town of Saratoga Logo is strictly prohibited in advertising of the event, unless prior written approval is granted by the Town of Saratoga.

4. BY Applicant does hereby covenant and agree to indemnify and hold harmless the Town of Saratoga harmless from any and all loss, cost, damages, injuries, judgment and claims of any kind, including and an all costs, including any attorney's fees, on account of personal injury or property damage resulting from any activity of Applicant.

5. BY Applicant shall reimburse the Town of Saratoga for costs incurred in the use of Town equipment and assignment of municipal employees to duty in connection with the special event activities. A schedule of expected costs shall be prepared by the Saratoga Department of Public Works Supervisor after identification of the municipal sites to be used for the special event. Applicant shall post a cash bond as a refundable deposit against the estimated cost when requested.

6. BY Neither the Applicant, nor its agent, employees, servants or helpers shall be or deemed to be, the employee, agent or servant of the Town of Saratoga. None of the benefits provided by the Town of Saratoga to its employees, including, but not limited to medical insurance, compensation insurance, and unemployment insurance are available to Applicant or its employees, agents, servants or helpers.

7. BY Fees may be charged for the use of Town Property: Applicant shall not conduct any event on Town property intended to attract or entertain the public or charge fees to spectators without specific approval of the Town of Saratoga in writing. No alterations or changes to Town owned property would be allowed without prior written permission from the Town Council or their designee.

8. BY Additional applications and fees may be required for use of facilities of the Town of Saratoga and entry upon areas subject to special security requirements, such as the Saratoga Lake area, Veterans Island, Kathy Glode Park or the Hot Pool and Municipal Pool areas. Use of such facilities and areas may be further conditional upon assurances of compliance with security and other requirements of these facilities.

9. BY Applicant shall designate a local agent to sign this application who shall have the authority to represent them in all matters relating to exercise of the privileges herein granted and who shall be responsible for compliance with these conditions.

10. BY Arrangements for use of Town property, (i.e. building, streets/alleys, sidewalks, parks or other public places or property) owned by the Town must be approved by the Town Clerk in writing in advance of the actual event.

11. BY If Applicant finds it necessary or desirable to use Town equipment, only Town employees will be allowed to operate said equipment, unless prior arrangements in writing are made and then only with the prior approval of the DPW Supervisor.

12. BY The Applicant will be required to reimburse the Town as provided for contracting/ use of town services, equipment, building, or if not addressed, for the wages due the employees, calculated at their regular hourly overtime rate and including all withholdings required by the federal and state governments. In addition, the Applicant will be responsible for reimbursing the Town for additional bookkeeping or clerical costs.

13. BY Applicant shall be responsible for all additional costs incurred by the Town of Saratoga for garbage and sanitary clean-up due to the special event.

Barbara Youngberg
Signature of Applicant

6/4/2024
Date

Application approved:

Mayor /Clerk

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/5/2024

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).

PRODUCER Hylant - Indianapolis 10401 North Meridian St, Ste 200 Indianapolis IN 46290	CONTACT NAME: Lisa Christenson		
	PHONE (A/C, No, Ext): 317-817-5172	FAX (A/C, No): 317-817-5151	
	E-MAIL ADDRESS: kiwaniscert@hylant.com		
INSURED Kiwanis International, All Clubs and Their Members 3636 Woodview Trace Indianapolis IN 46268	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Company		19437
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 392307503

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		013136005	11/1/2023	11/1/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			013136005	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2023	11/1/2024	All Claims \$150,000

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

The Certificate Holder and others as defined in the written agreement are additional insured subject to the terms, conditions, and exclusions on the policy with respect to the General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) during the policy term are included). August 24th, 2024 or any future date(s) during the policy term. Touch a Truck Kiwanis event Event location: Kathy Glode Park, Saratoga, WY 82331 Platte Valley Kiwanis Club

CERTIFICATE HOLDER

CANCELLATION

Town of Saratoga
P.O. Box 486
110 E. Spring Ave.
Saratoga WY 82331

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

Judy K. Wilson