



CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Event Title: CRETE'S GREAT PUMPKIN FESTIVAL

Date of Event 10-5-25

Start Time of Event 12:00 PM (SETUP @ 7AM)

Finish Time of Event 5:00 PM

Location of Event

DOWNTOWN CRETE

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

Streets or Alleys requesting to be closed

MAIN AVE. FROM 13th to 9th St.

LINDEN AVE. FROM 13th to 11th St.

12th STREET - NORMAN TO KINGWOOD STREETS

11th STREET - NORMAN TO LINDEN STREETS

10th STREET - NORMAN TO LINDEN STREETS

REQUEST USE OF CITY PARKING LOT @ 12th & LINDEN FOR LOCATION OF EVENT TRASH

Special Equipment BARRICADES AND CONES FOR STREET/ALLEY CLOSURES

16-55 gallon TRASH CONTAINERS FROM CITY PARK & REC

REQUEST FOR STREET DEPT TO HANG FESTIVAL BANNER ON 13th STREET

REQUEST FOR POLICE DEPT TO NOTIFY PUBLIC NOT TO PARK WITHIN EVENT BOUNDARIES

Organization CRETE CHAMBER OF COMMERCE

Responsible Party JACK COHNAL EXECUTIVE DIRECTOR

Address 1302 LINDEN AVENUE, P.O. BOX 465 CRETE, NE 68333

Phone 402-826-2136 OFFICE 402-641-2821 CELL

DO NOT WRITE IN THIS SPACE
Application # SE 25-09
City Admin. Review [checked]
Public Works Review
Emergency Services Review
Parks & Recreation Review
City Atty
Council Meeting Date
Approved
Denied
Insurance Certificate Required
Ins. Cert. Received

Do we have these? Elec. Dept.

(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.

 8-29-25
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:

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

Crete's Great Pumpkin Festival

Sunday, Oct. 5, 2025

13th Street/Highway 33/103





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/31/2025

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).

PRODUCER Bauer Insurance, Inc. 1241 Main Ave Crete NE 68333	CONTACT NAME: DAVE BAUER	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (402) 826-5141	E-MAIL ADDRESS: daveb@bauerinsuranceinc.com	
INSURED Crete Chamber Of Commerce PO Box 465 Crete NE 68333-0465	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: OWNERS INS CO		32700
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** **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"/> COMMERCIAL GENERAL LIABILITY		39997389	12/04/2024	12/04/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
	DED	RETENTION \$				AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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 Crete
239 E 13th St PO Box 86
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

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