Community in Motion

CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Event Title: CRETE'S GREAT PUMPKIN FESTIVAL

Date of Event 10-4-26

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

Finish Time of Event 5:00 pm

Location of Event

DOWN TOWN CRETE

DO NOT WRITE IN THIS SPACE

Application # SE26-07

City Admin. Review _____

Public Works Review _____

Emergency Services Review _____

Parks & Recreation Review _____

Council Meeting Date

_____

Approved _____

Denied _____

Insurance Certificate Required _____

Ins. Cert. Received _____

☐ 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 CONTAINNER

Special Equipment BARRICADES AND CONES FOR STREET & ALLEY CLOSURES
16-55 GALLON TRASH CONTAINERS FROM THE CITY PARK & REC DEPT.
REQUEST FOR ELECTRICAL 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 COCHNAR EXECUTIVE DIRECTOR

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

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

(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 8-19-26

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. 4, 2026

13th Street/Highway 33/103

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/9/2026

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	CONTACT NAME: DAVE BAUER
Bauer Insurance, Inc. 1241 Main Ave Crete NE 68333	PHONE (A/C, No, Ext): (402) 826-5141 FAX (A/C, No): E-MAIL ADDRESS: daveb@bauerinsuranceinc.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : OWNERS INS CO	32700
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: Crete Chamber Of Commerce, PO Box 465, Crete NE 68333-0465

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			39997389	12/04/2025	12/04/2026	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] 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

City of Crete
239 E 13th St PO Box 86
Crete NE 68333

CANCELLATION

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

David A Bauer