CITY OF CRETE
APPLICATION FOR PROHIBITED ANIMAL EXCEPTION
Crete City Code §6-102 and §6-104 (attached)

Date of Event 11/7/26

Start Time of Event 10am

Finish Time of Event 11am

Event Location Crete Public Library

1515 Forest Ave. Crete, NE 68333

Description of Event Including List of Animals – Include Number and Type

We will be doing an educational wildlife presentation.

Animal list: Kangaroo Joey (1), Alligator (1, under 4ft long)

Boa constrictor (1), Armadillo (1), Parrot (1), Fennec Fox (1),

tortoise (1), bearded dragon (1).

Special Equipment

We will bring a PA system with us. All animals will be in

Organization Wildlife Learning Encounters

Responsible Party Wildlife Learning Encounters

Address 11101 S 216th Street, Gretna, Ne 68028

Phone 402-618-6006

Kipling Smith 9/3/26

Signature of Responsible Party Date

DO NOT WRITE IN THIS SPACE

Application # PA26-06

City Admin. Review

Emergency Services Review

Council Meeting Date

9-22-2026

Approved

Denied

Bond Required

Bond Amount

Insurance Certificate Required ✓

Bond/Cert Received

Conditions listed on back

ATTACHMENTS:

- ☐ Copy of current vaccinations
- ☐ Copy of Insurance
- ☐ Required Permits, as Applicable

USDA

Expiration Date: 11-09-2027

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

This is to certify that
Wildlife Learning Encounters

is a licensed Class C - Exhibitor
under the

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 47-C-0027

Customer No. 5418

Maximum Number Of Animals Authorized: **100**

Authorized Dangerous Animal Group(s): **Group 5 Non-Human Primates; Exotic/Wild Felines and Hybrids; Exotic/Wild Canids and Hybrids;**

Sarah Heling

Deputy Administrator

APHIS FORM 7007 (JUL 2019)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/14/2026

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: Keith A Olson
Olson Insurance Inc. 609 Olson Dr. Ste. 1 Papillion NE 68046	PHONE (A/C, No, Ext): (402) 596-9292 FAX (A/C, No): (402) 596-9378 E-MAIL ADDRESS: keith@olsonagency.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : FWI - SCOTTSDALE INS CO
INSURED Wildlife Learning Encouners 11093 S 216th St Gretna NE 68028	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			CPS8435113	07/16/2026	07/16/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] 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

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