Community in Motion

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

Date of Event December 5, 2026

Start Time of Event 1:30 PM

Finish Time of Event 3:30 PM

Event Location Downtown Crete, NE

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

2 Reindeer

Special Equipment We set up a 10' x 10' pen with ground covering

Handlers: Deb + Gary Houdek

Organization Central Nebraska Reindeer Farm

Responsible Party Megan Seim

Address 1433 4th Rd, Chapman, NE 68827

Phone 308/380-4322

Meg Seim
Signature of Responsible Party

10/26/26
Date

DO NOT WRITE IN THIS SPACE

Application # PA26-07

City Admin. Review _____

Emergency Services Review _____

Council Meeting Date
11/3/2026

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, Brucellosis/TB/CWD, State of NE Cervine Permit

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 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:	Dane Nielsen	
Nielsen Insurance Inc. 409 Main St PO Box 197 Neligh, NE 68756 Phone: (402) 887-5402 Fax: (402) 887-5403	PHONE (A/C, No, Ext):	(402)887-5402	FAX (A/C, No): (402)887-5403
	E-MAIL ADDRESS:	dane@nielsenins.com	
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A :	Scottsdale Insurance Company	
INSURED	INSURER B :		
Central Nebraska Reindeer Farm, LLC 1433 4th Road Chapman NE 68827	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			CPS8546513	11/01/2026	11/01/2027	EACH OCCURRENCE	$ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	[ ] OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	[ ] ANY AUTO						BODILY INJURY (Per person)	$
	[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[ ] HIRED AUTOS [ ] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
							UNINSURED MOTORIST	$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) 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

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

Gregory Dane Nielsen

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

STATE OF NEBRASKA

Department of Agriculture – Animal and Plant Health Protection

DOMESTICATED CERVINE ANIMAL FACILITY PERMIT

Facility Permit # DCA227

Central Nebraska Reindeer Farm
1467 4th Rd
Chapman, NE 68827

Expiration Date: 12/31/2026

NEBRASKA
Good Life. Great Roots.
DEPARTMENT OF AGRICULTURE

Jim Pillen, Governor

October 16, 2026

Central Nebraska Reindeer
1467 4th Rd
Chapman, NE 68827

Dear John,

A review of your records indicates that your herd has satisfactorily met the requirements for the following certifications and/or accreditations:

CURRENT STATUS FOR CERVIDAE HERD: **DCA227**

PROGRAM	STATUS	ENROLLED	EXPIRATION
CWD	Level 1	10/1/2026	10/1/2027
Brucellosis	Certified	01/30/2023	01/30/2029
Tuberculosis	Accredited	01/30/2023	01/30/2029

EXPLANATION OF CERVIDAE HERD STATUSES:

Chronic Wasting Disease (CWD):

Level 1:	0 to 12 months of surveillance
Level 2:	12 to 24 months of surveillance
Level 3:	24 to 36 months of surveillance
Level 4:	36 to 48 months of surveillance
Level 5:	48 to 60 months of surveillance
Level 6:	Certified – over 60 months of Surveillance

Cervidae herd is currently registered with the Nebraska Department of Agriculture. Inventory must be renewed every 12 months.

TB Accredited or BR Certified: Required whole herd testing is complete, and the cervidae herd is Tuberculosis (TB) accredited or Brucellosis (BR) certified. Whole herd testing must be done every 36 months from the anniversary date to maintain TB accredited or BR certified status.

Sincerely,

Meier, Bill

Digitally signed by Meier, Bill
Date: 2026.10.16 08:33:25 -05'00'

Bill Meier, DVM
Livestock Veterinary Epidemiologist
Animal and Plant Health Protection

Copy: Jon Holliday, DVM

Patient History Report

Client: CENTRAL NEBRASKA REINDEER FARM, (2258)
Phone: (308) 380-5632
Address: C/O SEIM FAMILY 1467 4TH RD CHAPMAN, NE 68827

Patient: REINDEER (114-76)
Species: CERVIDAE
Age: 0 Yrs. 0 Mos.
Color:

Breed: REINDEER
Sex: Other

Date	Type	Staff	History
10/15/2026	B	1	6.00 NVSL TUBERCULOSIS TEST (MSCLA) by BLF
10/15/2026	B	1	4.00 NVSL BRUCELLOSIS TEST (MSCLA) by BLF
10/13/2026	B	1	1.00 FARM CALL (ROUTINE) (15100) by BLF
10/13/2026	B	1	18.00 DECTOMAX Injection - (S) (90) by BLF
10/13/2026	B	1	1.00 6 reindeer - deworm (MSC1) by BLF
10/8/2026	B	1	1.00 FARM CALL (ROUTINE) (15100) by BLF
10/8/2026	B	1	6.00 BLOOD DRAW (LRG ANIMAL) (20062) by BLF
10/8/2026	B	1	1.00 PACKAGE & SHIPPING (50510) by BLF
10/8/2026	B	1	1.00 collect blood for TB & Brucellosis tests (MSC1) by BLF
10/8/2026	B	1	1.00 collect blood for Brucellosis test (MSC1) by BLF
10/8/2026	B	1	1.00 EXAM 2 (747) by BLF
10/8/2026	B	1	1.00 FECAL EXAMINATION (50300) by BLF
10/8/2026	B	1	1.00 Buddy - jugular pulse/cont'd diarrhea (MSC1) by BLF
10/8/2026	B	1	1.00 Fecal - lrg round worm eggs & coccidia (MSC1) by BLF
10/8/2026	B	1	150.00 CC of Corid Drench (10100) by BLF
10/8/2026	B	1	4.00 EACH of Syringe 20cc (3436) by BLF
10/8/2026	B	1	1.00 note: will deworm whole herd next week! (MSC1) by BLF
9/28/2026	B	1	1.00 FARM CALL (ROUTINE) (15100) by BLF
9/28/2026	B	1	1.00 EXAM 1 (23030) by BLF
9/28/2026	B	1	1.00 HEALTH CERTIFICATE (BOVINE) (20150) by BLF
9/28/2026	B	1	1.00 INJECTION (IM/SQ) - BOVINE (20180) by BLF
9/28/2026	B	1	5.00 CC of Excede /cc (229) by BLF
9/28/2026	B	1	1.00 CVI (Red/Tobias/Azariah/Mishael) (MSC1) by BLF
9/28/2026	B	1	1.00 Buddy - swollen jaw (halter too tight?) (MSC1) by BLF
9/28/2026	B	1	1.00 (not able to chew properly?) diarrhea (MSC1) by BLF
9/28/2026	B	1	1.00 owner removed halter/will watch diarrhea (MSC1) by BLF
9/11/2026	B	1	1.00 FARM CALL (ROUTINE) (15100) by BLF
9/11/2026	B	1	1.00 INJECTION (IM/SQ) - BOVINE (20180) by BLF
9/11/2026	B	1	10.00 CC of Banamine (1145) by BLF
9/11/2026	B	1	5.00 CC of Excede /cc (229) by BLF
9/11/2026	B	1	1.00 swollen lower jaw (MSC1) by BLF
9/11/2026	B	1	1.00 halter got too tight? (MSC1) by BLF
6/18/2026	B	1	1.00 FARM CALL (ROUTINE) (15100) by BLF
6/18/2026	B	1	1.00 EXAM 1 (23030) by BLF
6/18/2026	B	1	1.00 SPRAY EYE & INJECT (1841) by BLF
6/18/2026	B	1	15.00 CC of Noromycin 300 LA 300mg/ml - (/cc) (10441) by BLF
6/18/2026	B	1	1.00 "Red" - holding right eye closed, white (MSC1) by BLF
6/18/2026	B	1	1.00 or blue cornea, no ulcer seen, assume (MSC1) by BLF
6/18/2026	B	1	1.00 blunt trauma (MSC1) by BLF
6/18/2026	B	1	1.00 spray & inject! (MSC1) by BLF
5/24/2026	B	1	1.00 OFFICE CALL - AFTER HOURS (15010) by BLF
5/24/2026	B	1	1.00 EXAM 1 (23030) by BLF
5/24/2026	B	1	1.00 SPLINT APPLICATION (20330) by BLF

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

Patient History Report

Client: CENTRAL NEBRASKA REINDEER FARM, (2258)
Phone: (308) 380-5632
Address: C/O SEIM FAMILY 1467 4TH RD CHAPMAN, NE 68827

Patient: REINDEER (114-76)
Species: CERVIDAE
Age: 0 Yrs. 0 Mos.
Color:

Breed: REINDEER
Sex: Other

Date	Type	Staff	History
10/1/2025	B	1	1.00 RED (PINTO) - DOB 4/6/2025 (MSC1) by BLF
10/1/2025	B	1	1.00 SON OF PRINCESS MOONBEAM & MJ (MSC1) by BLF

B:Billing, C:Med note, CB:Call back, CK:Check-in, CM:Communications, D:Diagnosis, DH:Declined to history, E:Examination, ES:Estimates, I:Departing instr, L:Lab result, M:Image cases, P:Prescription, PA:PVL Accepted, PB:problems, PP:PVL Performed, PR:PVL Recommended, R:Correspondence, T:Images, TC:Tentative medl note, V:Vital signs

USDA

Expiration Date: 07-23-2029

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

This is to certify that
Central Nebraska Reindeer Farm LLC

is a licensed Class C - Exhibitor
under the

Animal Welfare Act

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

Certificate No. 47-C-0072

Customer No. 6027616

Maximum Number Of Animals Authorized: **50**

Authorized Animals Groups under 2.1(b)(2)(ii): **None**

Deputy Administrator