Public Safety Committee Meeting
Tuesday, November 3, 2026 5:00 PM
Crete City Hall
243 E 13th Street
Crete, NE 68333

1. **Open Meeting**

    - In accordance with Nebraska law, a copy of the Open Meetings Act can be found in the back of the Council Chambers.
    - Items listed on the agenda may be considered in any order.

2. **Roll Call**

    - Attendance of members will be recorded to determine the presence of a quorum for official actions.

3. **Items of Business**

    - The Committee may discuss or limit discussion on, hear testimony in favor of or in opposition to, or take action to provide a recommendation to the City Council on any matter presented under this title.

    3.A. Consider a recommendation on the Special Event Application for the Crete Cares Event

    3.B. Consider a recommendation on the Application for Prohibited Animal Exception from the Central Nebraska Reindeer Farm for 2 Reindeer on December 5th, 2026 in downtown Crete.

    3.C. Resolution 2026-29 authorizing the Police Department to apply for no match grants without receiving prior authorization from Crete City Council

    3.D. Consider Ordinance 2286 Amending 3-1102 removing lift assist

4. **Officers' Reports**

    - Reports may be given by the Mayor, Officers, Departments, or Councilmembers concerning the current operations of the City.
    - No action can be taken on matters presented under this title except to answer any questions or to refer the matter for further action.

5. **Adjournment**

Disclaimers & Notices

- The Council may enter into closed session to discuss any matter on this agenda when it is determined that a closed session is clearly necessary for the protection of the public interest or the prevention of needless injury to the reputation of an individual (if such individual has not requested a public meeting) or as otherwise allowed by law. Any closed session shall be limited to the subject matter for which the closed session was called. If the motion to close passes, then immediately prior to the closed session the Mayor shall restate on the record the limitation of the subject matter of the closed session.
- The City of Crete assures that no person shall on the grounds of race, color, national origin, age, disability, handicap or sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity of the City receiving Federal financial assistance. To report discrimination, contact the City Clerk's office.
- The complete agenda with attachments is available at www.crete.ne.gov.

Community in Motion

CITY OF CRETE
APPLICATION FOR SPECIAL EVENT PERMIT

Crete Cares Food Distribution

NAME OF EVENT

Date of Event DECEMBER 13, 2026

Start Time of Event 0800

Finish Time of Event 1000

Location of Event

Linden Avenue from E. 9th St to E. 10th St

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

Streets or Alleys requesting to be closed

Linden Avenue from E. 9th St to E. 10th St

DO NOT WRITE IN THIS SPACE

Application # SE 26-11

Public Works Review ____

Emergency Services Review ____

City Administrator Review ____

Council Meeting Date
11/3/2026

Approved ____

Denied ____

Insurance Certificate Required ____

Ins. Cert. Received ____

Conditions listed on back

Special Equipment N/A

Organization Crete Cares

Responsible Party Brent Braunberger

Address 1910 W. 12th St. Crete NE 68333

Phone 402.418.1082

Brent Braunberger - Crete Cares President

Signature of Responsible Party

REQUIRED ATTACHMENTS:

☑ Diagram or print of location of event.

☐ If alcoholic liquor will be served, copy of SDL.

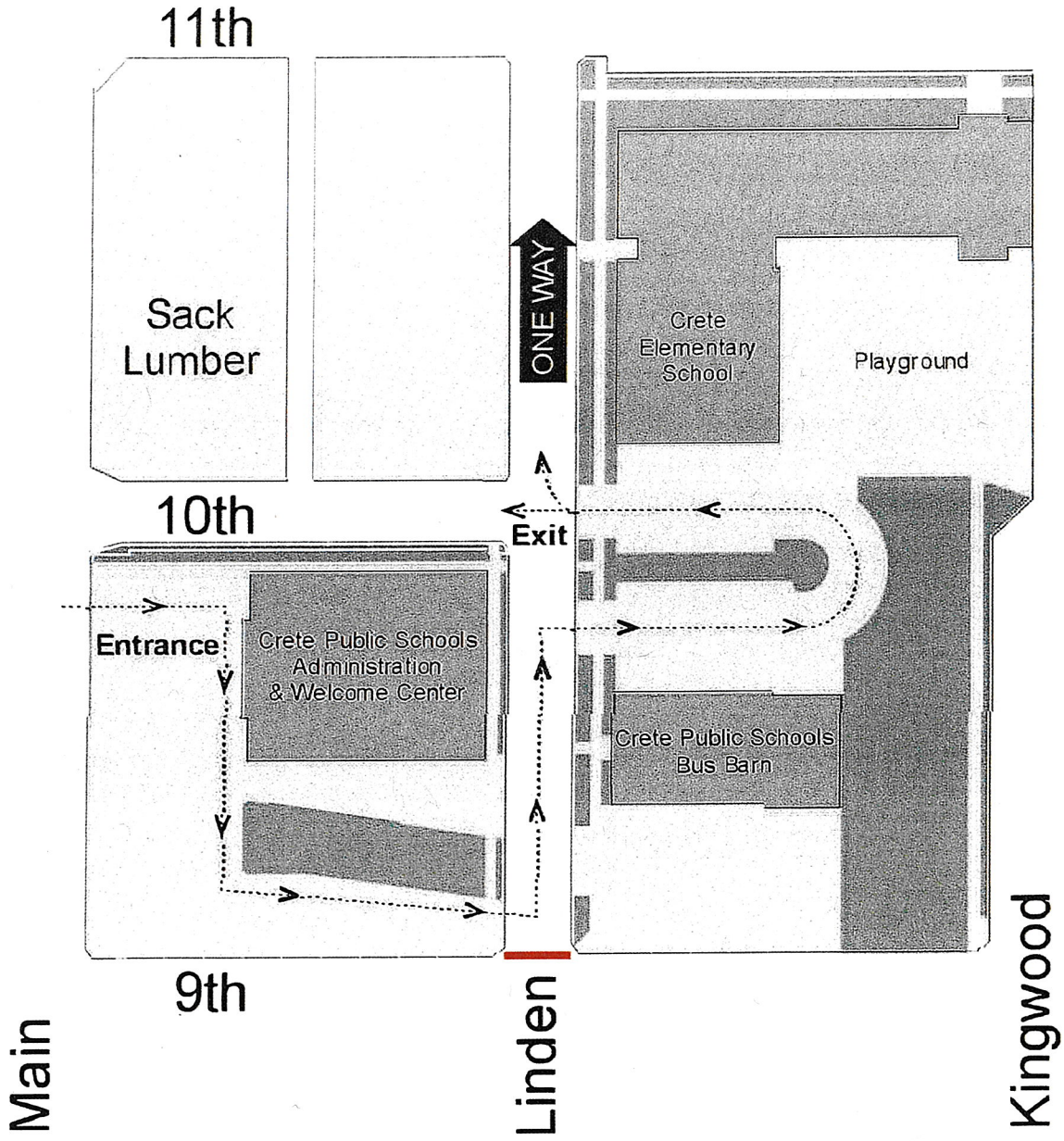
☐ If alcoholic liquor will be served, description of barricades, devices, security measures, etc. to ensure compliance with The Nebraska Liquor Control Act:

NA

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

Crete Cares

Sunday Dec 13, 2026



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

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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

RESOLUTION 2026-29

A RESOLUTION OF THE CITY OF CRETE, NEBRASKA AUTHORIZING THE CRETE POLICE DEPARTMENT TO APPLY FOR NO MATCH GRANTS WITHOUT RECEIVING PRIOR AUTHORIZATION FROM CRETE CITY COUNCIL.

WHEREAS, the Crete City Council must give approval for all grant applications; and

WHEREAS, changes to the grant application process with the Nebraska Department of Transportation (NDOT) have changed; and

WHEREAS, the changes to State of Nebraska grant applications result in limited windows of time to apply for said grants; and

WHEREAS, it is in the best interest of the City of Crete and the Crete Police Department to be able to apply for NDOT grants when they become available.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF CRETE, NEBRASKA,

That the Crete Police Department be authorized to apply for State of Nebraska grants without prior authorization so long as there is no match required and the department reports the grants they have applied for when council meets.

Dated this 3rd day of November, 2026

_____
MAYOR

ATTEST:

_____
CITY CLERK

(SEAL)

ORDINANCE NO. 2286

AN ORDINANCE OF THE CITY OF CRETE, NEBRASKA RELATING TO CITY DEPARTMENTS; TO AMEND SECTION 3-1102 OF THE CRETE MUNICIPAL CODE TO AMEND AMBULANCE SERVICE RATES AND BILLING TO REMOVE LIFT ASSIST AS A BILLING CATEGORY.

BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF CRETE, NEBRASKA:

Section 1. That Chapter 3, Article 11, Section 3-1102 of the Crete Municipal Code shall be amended as follows:

3-1102 Ambulance Service; Rate Schedule; Billing; When Due

There is hereby established the following rate schedule for ambulance service provided by the City:

Basic Life Support (BLS)

Ambulance Service, non-emergency:	$1,246.00
Plus, mileage, per mile patient travels	$25.00
Ambulance Service, emergency:	$1,379.00
Plus, mileage, per mile patient travels	$25.00

Advance Life Support (ALS)

Ambulance Service, non-emergency:	$1,512.00
Plus, mileage, per mile patient travels	$25.00
Ambulance Service, emergency-Level-1	$1,706.00
Ambulance Service, emergency-Level-2	$2,129.00
Plus, mileage, per mile patient travels	$25.00
Special Care Transport	$2,100.00
Treat, No Transport	$185.00
~~Lift Assist (No transport)~~	~~$175.00~~

All ambulance calls include either two certified attendants or one non-certified driver and one attendant. Any additional attendants required will be paid scale rate and shall be billed to recipient of ambulance services. Advances life support (ALS) services provided by outside agencies shall be paid by City and billed to recipient of ambulance or rescue services.

The Crete Fire and Rescue Department of the City of Crete (Department), with approval of the City Council, shall determine on an annual basis the rate to be charged for ambulance stand-by service for special events that request and/or require such service.

All charges for an ambulance call and/or use set forth herein shall be payable to the City or its designee. All amounts due for ambulance or rescue service provided for in this chapter shall be payable within ten days from the date of service.

Section 2. That the changes specified in the above sections shall be codified as part of the Crete Municipal Code as stated herein.

Section 3. That all ordinances or parts of ordinances in conflict herewith shall be repealed and that any partial repeal shall not affect the other parts of ordinances or codified sections that can be given effect without the repealed parts.

Section 4. That if any section, part, or provision of this ordinance is for any reason held invalid, the invalidity thereof shall not affect the validity of any other section, part, or provision of this ordinance.

Section 5. That this ordinance shall be published in pamphlet or book form and shall take effect and be in full force and effect from and after its passage, approval, and publication, as provided by law.

PASSED AND ENACTED the 3rd day of November 2026.

_____
Mayor

ATTEST:

Seal

_____
City Clerk