

City of North Richland Hills
Office of Emergency Management/Homeland Security
Event Planning Worksheet

Please fill out only one sheet per event. If your event requires multiple permits/requests please let those departments know that you have turned this into another department.

This worksheet should be turned in with your completed paperwork. This worksheet will be forwarded to the Office of Emergency Management and will be disseminated from that point to all agencies. Please include the information in as much detail as possible.

Event name: Christian Classic Cruisers Monthly Car Show

Event Date: _____ Event Start Time: 5:00pm Event End Time: 9:00 pm

Exact Address of event: 9200 Mid Cities Blvd North Richland Hills, TX
76180

If in a large location, such as a park or school facility what is the specific area of the event: EAST PARKING lot on Precinct Line Road

Expected attendance 200 Staff and volunteers: 50

Sponsoring Entity: Christian Classic Cruisers

Note: this onsite contact should have the listed cell phone on their person at all times. If utilizing radios, then frequencies and PL tone shall be provided.

On-site Contact name: Bob Stout

Office number: 469-445-1258 Cell Number: 817-899-7181 Pager # N/A

Will there be site security? YES Type: SELF/OFF duty officers

Will there be site medical? NO Type: _____

Will parking be controlled? YES By whom: SELF

Will traffic be controlled? NO By whom: _____

Will food be served? NO Contact: _____

Communications capabilities on site: CELL phone / Public Address

If utilizing radios, what frequencies or channels including PL tones:

N/A

Please attach a specific site plan including all parking areas and planned entrance and egress for emergency vehicles.

Agencies notified: PD___ FD___ PW___ NS___ PZ___ ED___ PK___ CM___ MA___

For city use: Permit Types issued: _____

Permit #'s: _____

NRH

**APPLICATION FOR A
TEMPORARY
VENDOR / SPECIAL EVENT**

City of North Richland Hills
Building Inspections Dept.
7301 NE Loop 820
N Richland Hills, TX 76180

Office (817) 427-6330

Fax (817) 427-6303

(PLEASE PRINT OR TYPE ALL INFORMATION)

PART 1. LOCATION INFORMATION

Place of Sales / event: BISD Fine Arts & Athletic Complex (EAST ARLING)
Street Address of sales / event: Pheasant Lane Rd and Mid Cities Blvd
Contact Person at place of sales / event: Bob STOUT Telephone number: 817-899-7686

PART 2. TYPE OF PERMIT REQUESTED (Check appropriate boxes and fill in appropriate information in blank spaces.)

- ☐ OUTDOOR SALES ☐ **CARNIVAL / CIRCUS
☐ **SPECIAL EVENT (COMMERCIAL ONLY) ☒ **FUND RAISING EVENT
- **ACTUAL EVENTS ARE LIMITED TO (3) THREE CONSECUTIVE DAYS IN ONE 180 DAY PERIOD.
HOURS OF OPERATION LIMITED TO 8AM - 11PM SUNDAY - FRIDAY, SATURDAY 8AM - 12AM.
- _____ with commercial vendors
☒ without commercial vendors

Date of Sale / Event:

From: _____ to _____

Dates of set up / removal SAME

Will food be sold, served, or prepared?

YES _____ NO ☒

(If yes, then a separate Health Dept. permit may be required.)

Will a tent be erected?

YES _____ NO ☒

(If yes, then a separate permit is required)

Will signs be erected?

YES _____ NO ☒

(If yes, then a separate permit is required.)

PART 3. APPLICANT INFORMATION

Name of Applicant: <u>Christian Classic Cruisers</u>	Name of business: <u>Christian Classic Cruisers</u>
Applicant's address: <u>2317 Pheasant Trl</u>	Name of sponsoring organization: <u>Christian Classic Cruisers</u>
Applicant's City / State / Zip: <u>Arlington TX 76016</u>	Address of sponsoring organization: <u>2317 Pheasant Trl Arlington TX</u>
Applicant's telephone number: <u>817-899-7686</u>	Telephone number of sponsoring organization: <u>817-899-7686</u>
Applicant's Drivers License #: <u>TX 06842003</u>	

I hereby certify that the foregoing information is correct to the best of my knowledge and that said sales or event will be Performed in accordance with the information contained herein and in compliance with the zoning regulations of the City of North Richland Hills and any other applicable ordinances.

Date 2/27/2017

Your Name (Printed) Bob STOUT Signature: _____

PART 4. FOR OFFICE USE ONLY

Special event criteria:

Verify minimum site requirements in zoning regulations for special events: Permit # 0000

Permit Approved:

☐ Yes ☐ No

Reviewed by:

Notified Contact Person:

Date:

Comments:

Vendor Permit Fee: _____

Sale Permit Fee: _____

Tent Permit Fee: _____

Sign Permit Fee: _____

Total Fees: _____



BIRDVILLE INDEPENDENT SCHOOL DISTRICT PROPERTY RENTAL AGREEMENT

INSTRUCTIONS :

Please sign above "Renter's Signature" and return to BISD, Attention: Rental Office: 6119 East Belknap Street Haltom City, TX 76117. Your organization and the requested facility will be sent a copy of the executed agreement. All rental fees and proof of insurance are due twenty (20) days prior to the start of the rental. Upon completion of the event, the facility will be inspected for damage. If no damage has occurred, deposits will be returned. Property Rental Agreement may not be modified in any way without the written consent of both parties. BISD Rental Office Phone #817-547-5850.

FACILITY INFORMATION

Facility : Fine Arts Athletic Complex
Areas to be used: Parking Lot

EVENT INFORMATION

Name of Organization Christian Classic Cruisers Daytime # 817-899-7686
Event : Charity Car Show Contact: Bob Stout
Date: 3/18,4/22,5/20,6/17,7/15 From : 2:00 ☐ a.m. To : 10:00 ☒ a.m.
☒ p.m. ☐ a.m. ☒ p.m.
Date: 8/26,9/16,10/21 all in 2017 From : ☐ a.m. To : ☐ a.m.
☐ p.m. ☐ p.m.
Seating required : ☐ Yes ☒ No Tables required : ☐ Yes ☒ No Public address required : ☐ Yes ☒ No
Custodian required: ☐ Yes ☒ No Av required: (laptop, microphone, projector) ☐ Yes ☒ No

Comments: *Renter to have use of facility at dates/times/areas listed above. BISD must have cancellation notice at least 20 days in advance in order for the renter to retrieve their deposit. Renter will be held responsible for any damages occurring to the facilities due to rental activities. Renter may be invoiced for additional fees if contract time frame is exceeded.*

** \$250 deposit due ASAP - check will be returned at the end of your rental if no damage occurs*

** Certificate of Liability insurance due ASAP*

Rental Fees: \$100.00 per day for parking lot use x 8 days = \$800.00

TOTAL DUE: \$800.00

****Since this is an outdoor event with a lot of people attending you are required by the city of North Richland Hills to obtain a permit to hold the event at the Fine Arts Athletic Complex. You can obtain this permit by calling 817-427-6060. I will need a copy of the permit for the rental office****

RENTER

\$ 250.00 Deposit

\$800.00 Rental fee

\$ - Amount received

\$ 1,050.00 Balance due (Please pay deposit and rental fees with separate checks)

Please sign here →

[Signature]
Renter's signature

Robert Waples Stout Treasurer
Please print Name and Title

2/17/2017
Date

FOR OFFICE USE ONLY

Approved by :

Cathy Riley, Facility Rentals Coordinator

Birdville Independent School District

1/30/17

Date



Copy returned to renter by

CR 2/17/17



Copy forwarded to campus by

CR 2/17/17



CERTIFICATE OF LIABILITY INSURANCE

GST
R001DATE (MM/DD/YYYY)
2/17/2017

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	
SNEED ROBINSON & GERBER INC/PHS 245436 P: (866) 467-8730 F: (888) 443-6112 PO BOX 29611 CHARLOTTE NC 28229		NAME: PHONE (A/C, No, Ext): (866) 467-8730 FAX (A/C, No): (888) 443-6112 E-MAIL ADDRESS:	
INSURED		INSURER(S) AFFORDING COVERAGE	
CHRISTIAN CLASSIC CRUISERS 2317 PHEASANT TRL ARLINGTON TX 76016		INSURER A: Hartford Accident & Indemnity Co	NAIC# 22357
		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 INSR	SUBR #	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			20 SBM NL8133	07/19/2016	07/19/2017	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Each occurrence) \$300,000
	General Liab	X					MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$1,000,000
	POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE \$2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG \$2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Each accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	SCHEDULED AUTOS						\$
	NON-OWNED AUTOS ONLY						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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)

Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

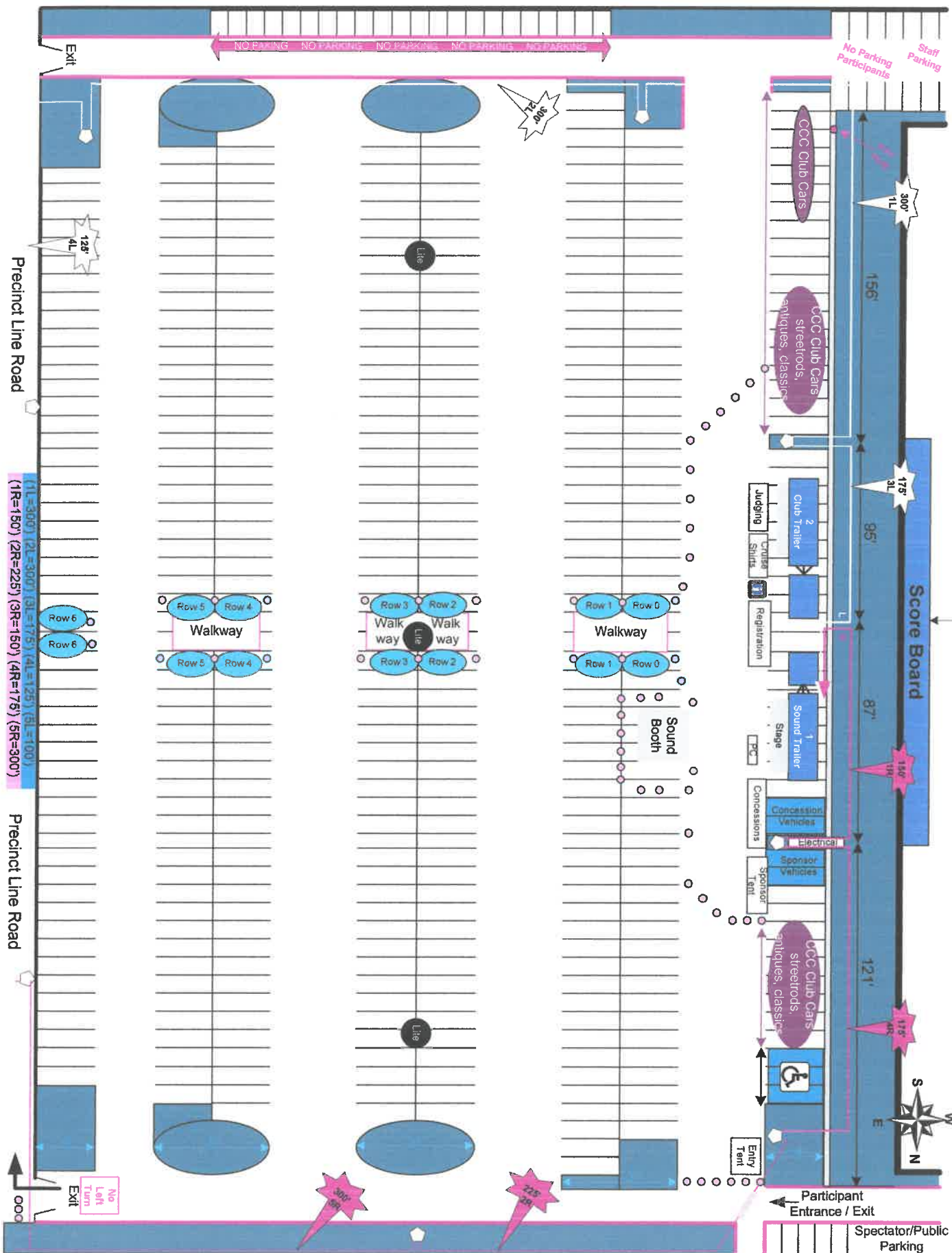
Birdville ISD
6119 E BELKNAP ST
HALTOM CITY, TX 76117

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

Joe Taylor





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MAPQUEST

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Mid Cities Blvd & Precinct Line Rd

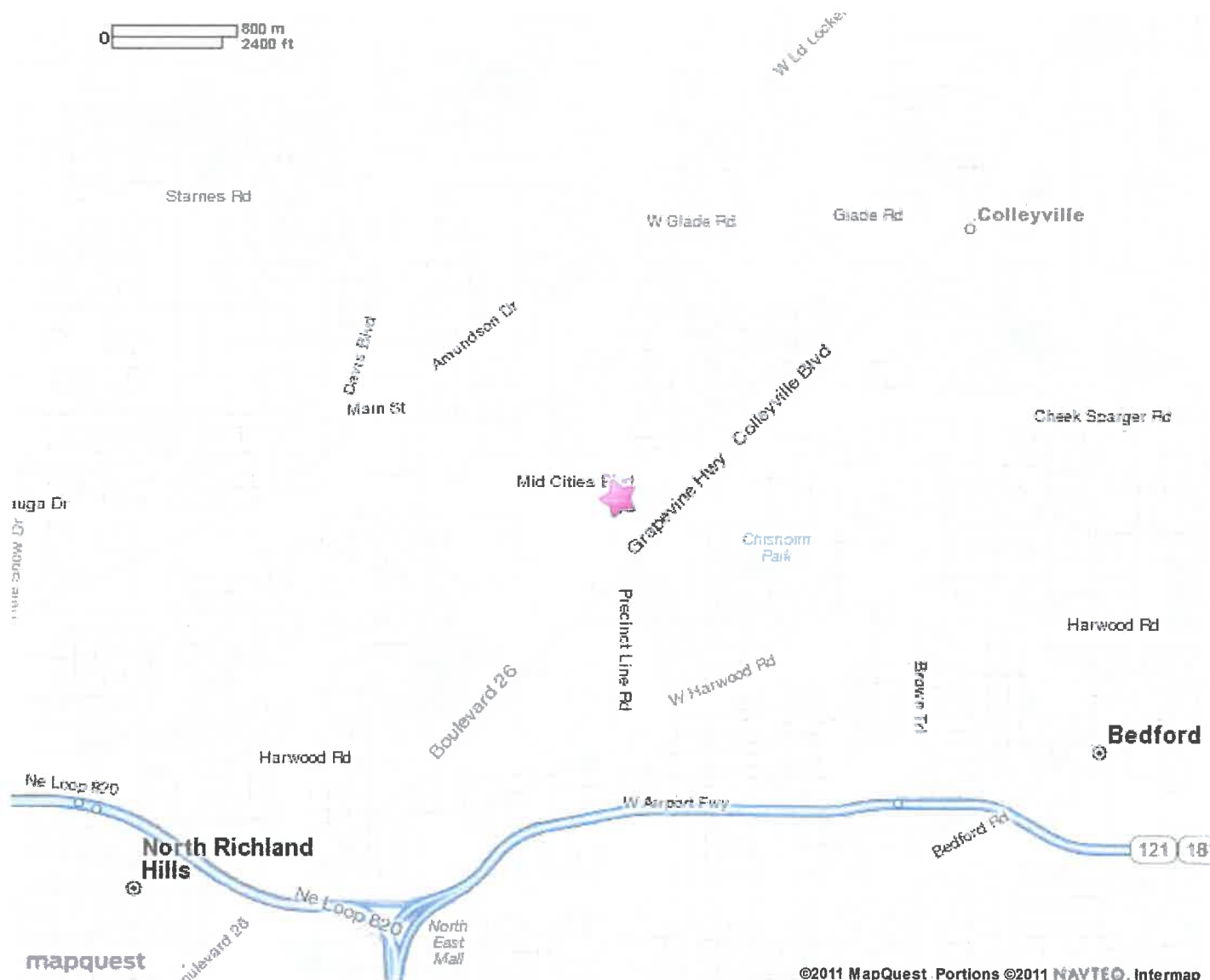
North Richland Hills, TX 76180

More map. Less scrolling.

the new
mapquest

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0 500 m
2400 ft



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