



**CITY OF GALLUP  
EVENT · PARADE · PARKS · FILM  
COURT HOUSE SQUARE  
PERMIT CHECK LIST**

Office of the City Clerk  
P.O. Box 1270  
Gallup, New Mexico 87305  
(505) 863-1254

Profit \_\_\_\_\_ Non-Profit  Permit Number \_\_\_\_\_  
Applicant(s) Roosevelt Elementary School - Assistant Principal R. Triplehorn  
Mailing & E-Mail Address 4100 EAST LOGAN AVE - RTRIPLEH@ams.k12.nm.us.  
Home/Office/Cell Phone # 505-721-3123  
Type of Event End of School Event Date[s] Friday May 17<sup>th</sup> Time[s] 1 PM TO 3 PM  
Location(s) LOGAN AVENUE - WOODROW TO Cliff/Roosevelt school  
Parade Route NO Parades.

**NOTE\* Obtain signatures in order shown, attach a written scope of event and provide a Certificate of Insurance for requested event. All street closures are City Council approved, 30 days in advance.**

**1. CITY POLICE DEPARTMENT: Chief Franklin Boyd or Designee 863-9365**

*Routine  
Patrols.*

Assigned Officer(s) Routine Patrol - Shift One N/A  
Police Department Fees \_\_\_\_\_ N/A  
Special Equipment/Conditions \_\_\_\_\_ N/A  
Security Plan Review \_\_\_\_\_ N/A  
Approved:  Disapproved \_\_\_\_\_

Field Services Signature: [Signature] Date 4/30/19  
*Rodriguez Pablo*

**2. CITY FIRE DEPARTMENT: Acting Chief Jesus "Chuy" Morales or Designee 722-4195**

*LD  
REQUESTS  
mark your  
calendar.*

Assigned Firefighter/EMT(s) \_\_\_\_\_ N/A  
Special Equipment/Conditions \_\_\_\_\_ N/A  
Fire Department Fees \_\_\_\_\_ N/A  
Site Review \_\_\_\_\_ N/A  
Approved:  Disapproved \_\_\_\_\_

Fire Department Signature: [Signature] Date 5/1/19

**3. CITY COORDINATION: Ben Welch, Community Services Coordinator 863-1275**

Single contact coordinates City of Gallup logistics and/or department requirements; Public Works, Gallup Joint Utilities, Parks, & Recreation. **NOTICE:** City of Gallup will not provide security, PA/Sound equipment, tables, chairs, tent(s), canopies, concessionaires, bleachers, coolers, stages, port-a-potties, heavy equipment, wash basins, generators, extension cords, office equipment, printing, BBQ grills, crock-

pots, food warmers, water/soft drinks, food, volunteers, give-a-way prizes, gift certificates, money/cash etc., etc., and importantly, not limited to the above-mentioned list. **All Street Closures to be approved prior to event. Requests will be heard at regularly scheduled City Council meeting 30 days in advance.**

*Below for Event Coordinator use only {based from written scope of event}*

STREET → Public Works SWEEP LOGAN/Provide Barricades. N/A  
 GJU \_\_\_\_\_ N/A X  
 SEE Scope 2 Parks/Recreation \_\_\_\_\_ N/A  
 of 2019. Logistics 400 Block of Logan/WOODROW to Cliff N/A  
 Additional City staff None REQUESTED. N/A  
 Special Interest Annual End of School Event / Roosevelt N/A  
 Special Equipment/Conditions Barricades to Block STREET. N/A  
 Street Closures REQUEST HEARD TUESDAY MAY 14<sup>th</sup> 2019 N/A

ATTACHED **Provide Certificate of Insurance for all events. Any amusement ride; including but not limited to, bouncers, jumpers, wooly riding, trains, climbing walls, mechanical bulls, etc., require an additional Certificate of Insurance prior to the event. All food vendors must have approved Certificates from EID to serve food at events.**

Approved: X Disapproved \_\_\_\_\_

Gen. Services Dept. Signature: B. Welch Date 5-1-19

**4. CITY CLERK'S OFFICE: Alfred Abeita II, City Clerk or Designee 863-1254**

Liquor/Alcohol requires "Special Dispenser License" application. Application coordinates with City Manager's office for any requirements and CM signature {no exceptions}. **Signed application must be returned to City Clerks Office.**

Department Fees Received      Police Department \_\_\_\_\_  
    Fire Department \_\_\_\_\_  
    Other City Departments \_\_\_\_\_  
    Alcohol Permit \_\_\_\_\_

Loud Speaker Permit: Issued \_\_\_\_\_ N/A \_\_\_\_\_  
 Application Complete \_\_\_\_\_ Incomplete \_\_\_\_\_  
 Date/Time Issued For \_\_\_\_\_ Void After \_\_\_\_\_

City Clerk Signature: \_\_\_\_\_ Date \_\_\_\_\_

**NOTICE: NO FIRE ARMS ALLOWED.** Inappropriate behavior and/or abuse of "any" City staff or any violations of the City of Gallup Municipal Codes: Unnecessary Noises {Section 5-1-24A thru 5-1-24C} and/or Disorderly Conduct {Section 5-1-10A thru 5-1-10H} shall result in termination/cancellation {before and/or during} events. The "Applicant" understands the City of Gallup reserves the right to cancel or terminate events if required for the Public Health, Safety, and Welfare of City residents. Damages to City property during events is the "Applicant's" responsibility to repair and/or replace at no cost to the City. Copies of applications returned to appropriate departments.

4/30/19

To : Alfred Abeita  
City Clerk  
City of Gallup

From: Ron Triplehorn  
Assistant Principal  
Roosevelt Elementary School  
Gallup McKinley County Schools

RE: Street Closure on Logan from Woodrow to Cliff for Closure celebration of Roosevelt Elementary

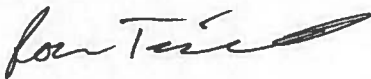
Dear Mr. Abeita,

On May 17, 2019, Gallup McKinley County Schools and Roosevelt Elementary are holding a closing ceremony for the community and families of the school. We are holding this event from 1pm to 3pm on that day and are respectfully requesting approval from the city council to close the above-named section of road for 2 hours to hold this event.

Mary Jean Hoover from the District offices has provided the districts certificate of liability in the past, but just in case, that is also attached.

Your consideration in this matter is greatly appreciated.

Sincerely,



Ron Triplehorn  
Asst. Principal  
Roosevelt Elementary

GALLUP-McKINLEY COUNTY PUBLIC SCHOOLS  
GALLUP, NEW MEXICO

**MIKE HYATT**  
SUPERINTENDENT

**JVANNA HANKS II**  
Assistant Superintendent of Business Services

**KAREN JAMES**  
Director of Fiscal Services

**CENIN GABAY**  
Controller



**MARCO ABEITA, C.P.P.B.**  
Procurement and  
Business Services Director

**BART STANLEY**  
Director of Student Information  
Systems & E-rate

**LISA GARCIA**  
Director of Discretionary Programs

July 17, 2018

**RE: Gallup McKinley Schools Certificate of Liability Insurance**

**City of Gallup  
P.O. Box 1270  
Gallup, New Mexico 87305**

Attn: Alfred Abeita

Dear Mr. Abeita:

Attached please find the Certificate of Liability Insurance issued to the City of Gallup for the 2018-2019 School Year.

If anything additional is needed, please contact me at the telephone number listed below.

Sincerely,

A handwritten signature in cursive script that reads 'Mary Jean Hoover'.

Mary Jean Hoover  
Business Services  
Gallup-McKinley County Schools  
505-721-1071

Attachment



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/11/2018

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).

<b>PRODUCER</b> Poms & Associates Insurance Brokers CA License #0814733 5700 Canoga Ave. #400 Woodland Hills CA 91367		<b>CONTACT NAME:</b> Risk Services <b>PHONE (A/C No. Ext):</b> (800) 578-8802 <b>E-MAIL ADDRESS:</b> rservices@pomsassoc.com		<b>FAX (A/C No.):</b> (818) 449-9449	
<b>INSURED</b> New Mexico Public Schools Insurance Authority Member: Gallup-Mckinley County Public Schools 410 Old Taos Highway Santa Fe NM 87501		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: New Mexico Public Schools Insurance Authority INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> N/A	


**COVERAGES**                      **CERTIFICATE NUMBER:** Gallup                      **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	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owners Contractors <input type="checkbox"/> Protective Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MOC NO. L0021	07/01/2018	07/01/2019	EACH OCCURRENCE \$ Tort Limit DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Tort Limit MED EXP (Any one person) \$ Tort Limit PERSONAL & ADV INJURY \$ Tort Limit GENERAL AGGREGATE \$ Tort Limit PRODUCTS - COM/OP AGG \$ Tort Limit MAXIMUM LIABILITY \$ 1,050,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)  
Self-Insured Retention for Liability: \$750,000. See attached New Mexico Tort Claims Act Section 41-4-19: Maximum Liability Summary. Evidence of Insurance as respects to Insured's liability arising out of use of Certificate Holders facility throughout the 2018-2019 school year.

**CERTIFICATE HOLDER**                      **CANCELLATION**

City Of Gallup P.O. Box 1270  Gallup NM 87305	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 
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## COMMENTS/REMARKS

Summary of New Mexico Tort Claims Act Section 41-4-19: Maximum Liability  
Governmental entities and agencies, including public schools, public charter schools and  
community colleges and universities are granted immunity from liability.  
Commercial General Liability  
Products and Completed Operations  
Professional Liability  
Contractual Liability  
Imposed by New Mexico Tort Claims Act [ NMSA 1975 §41-4-1 through 41-4-29]  
\$400,000 Bodily Injury Per Person  
\$200,000 Property Damage Per Property Address  
\$300,000 Medical  
\$750,000 Per Occurrence  
\$1,050,000 Combined Limit/Maximum Liability