



**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) Rico Auto Complex MARTY MEVA PACE, FLEET MANAGER
Mailing & E-Mail Address 220 55th St : internetsales@ricoautocomplex.com
Home/Office/Cell Phone # 505-722-2271 mmevapace@ricoautocomplex.com
Type of Event 100 Year Anniversary Date[s] 7 & 8 Time[s] 8-6 - 8-3
Location(s) 5th St - Aztec + Coal - 220 55th St
Parade Route 5th St - Aztec + Coal NO Parade

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

Assigned Officer(s) Routine Patrol N/A
Police Department Fees _____ N/A
Special Equipment/Conditions _____ N/A
Security Plan Review _____ N/A

Approved: Disapproved _____

Field Services Signature: St. Garbo 4893 Date 5/6/19

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

Assigned Firefighter/EMT(s) SEE 2ND PAGE PLEASE !! N/A
Special Equipment/Conditions _____ N/A
Fire Department Fees _____ N/A
Site Review _____ N/A

Approved: _____ Disapproved _____

Fire Department Signature: _____ Date _____

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-



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Profit _____ Non-Profit Permit Number _____
Applicant(s) Rico Auto Complex MARTY MENA PACE, Fleet Manager
Mailing & E-Mail Address 220 S 5th St : internetsales@ricoauto.com
Home/Office/Cell Phone # 505-722-2271 mmena@ricoauto.com
Type of Event 100 Year Anniversary Date[s] 6/7 & 6/8 Time[s] 8-6 - 8-3
Location(s) 5th St - Aztec + Coal - 220 S 5th St
Parade Route 5th St - Aztec + Coal NO Parade

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

Assigned Officer(s) _____ N/A
Police Department Fees _____ N/A
Special Equipment/Conditions _____ N/A
Security Plan Review _____ N/A

Approved: _____ Disapproved _____

Field Services Signature: _____ Date _____

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

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: Jesus Morales Date 5-6-19

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.**

Spoke to:
 Annawlesler. → 5-7-19.
 Below for Event Coordinator use only (based from written scope of event)

| | | | |
|------------------------------|---|---------------------------|-------|
| Public Works | <u>STREET SWEEP ON Sth ST.</u> | <u>TYPE-ONE BARRICADE</u> | N/A |
| GJU | | | N/A ✓ |
| Parks/Recreation | | | N/A ✓ |
| Logistics | <u>AZTEC AVE TO COAL/GVE ON Sth STREET.</u> | | N/A |
| Additional City staff | <u>None REQUESTED.</u> | | N/A |
| Special Interest | <u>100 YEAR ANNIVERSARY CELEBRATION.</u> | | N/A |
| Special Equipment/Conditions | <u>BARRICADES</u> | | N/A |
| Street Closures | <u>REQUEST HEARD TUESDAY, MAY 28th 2019 6 PM</u> | | N/A |

RECEIVED MAY 07 2009

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: Ben W. [Signature] Date 05-07-2019

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.

RICO AUTO COMPLEX
BUICK, PONTIAC & GMC
220 S. 5th ST. • GALLUP, NM
(505) 722-2271

REQUESTING BARRICADES.

BEN:

We would like to close
5th Street from
Aztec to the alley
between Aztec & Coal
from 7th & 8th for
a Birthday Party with food
trucks & games.

Marty



RICO MOTOR COMPANY

MARTY MENAPACE
Fleet Sales Manager

MARK of EXCELLENCE
AWARD WINNER

T (505) 722-2271
F (505) 863-3538
TF (800) 523-7426
mmenapace@ricoautocomplex.com

220 S FIFTH
GALLUP, NM 87301

BARRICADES / STREETS
Both Days.



CERTIFICATE OF GARAGE INSURANCE

DATE (MM/DD/YYYY)
05/07/2019

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 Michael Spmelli | CONTACT NAME: Sentry Customer Service | |
| | PHONE (A/C, No, Ext): 800-473-6879 | FAX (A/C, No): 800-514-7191 |
| EMAIL ADDRESS: businessproducts_direct@sentry.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Sentry Select Insurance Company | | 21180 |
| INSURER B : Middlesex Insurance Company | | 23434 |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
Rico Motor Company A Corporation
220 S Fifth St
Gallup, NM 87301-5302

COVERAGES PROD / CUSTOMER ID: CERTIFICATE #: 1570996 REVISION #:

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 INSRD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|------------|----------|---------------|-------------------------|-------------------------|---|--|
| A | <input checked="" type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS USED IN GARAGE BUSINESS | X | | 2556055001 | 02/01/2019 | 02/01/2020 | AUTO ONLY (Ea accident) \$ 500,000 | |
| | | | | | | | OTHER THAN AUTO ONLY | EA ACCIDENT \$ 500,000 AGGREGATE \$ 2,500,000 |
| A | GARAGE KEEPERS LIABILITY <input type="checkbox"/> LEGAL LIABILITY <input checked="" type="checkbox"/> DIRECT BASIS <input type="checkbox"/> PRIMARY <input type="checkbox"/> EXCESS | X | | 2556055001 | 02/01/2019 | 02/01/2020 | <input checked="" type="checkbox"/> COMP / OTC SPECIFIED PERILS | LOC 2 \$ 1,000,000 |
| | | | | | | | <input checked="" type="checkbox"/> COLLISION | LOC 2 \$ 1,000,000 |
| | | | | | | | | LOC \$ |
| | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | | | | | | EACH OCCURRENCE \$ | |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ | |
| | | | | | | | MED EXP (Any one person) \$ | |
| | | | | | | | PERSONAL & ADV INJURY \$ | |
| | | | | | | | GENERAL AGGREGATE \$ | |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ | |
| | | | | | | | \$ | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | 2556055009 | 02/01/2019 | 02/01/2020 | EACH OCCURRENCE \$ 10,000,000 | |
| | | | | | | | AGGREGATE \$ 30,000,000 | |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ 30,000,000 | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under REMARKS below | N/A | | 2556055008 | 02/01/2019 | 02/01/2020 | <input checked="" type="checkbox"/> PER STATUTE | OTHER |
| | | | | | | | E L EACH ACCIDENT \$ 500,000 | |
| | | | | | | | E L DISEASE - EA EMPLOYEE \$ 500,000 | |
| | | | | | | | E L DISEASE - POLICY LIMIT \$ 500,000 | |

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Gallup
PO Box 1270
Gallup, NM 87305

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

ACORD 30 (2016/03)

Page 1 of 2

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2556055
Sentry Select Insurance Company

The ACORD name and logo are registered marks of ACORD

05/07/2019

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4fb662a0-a7ac-498d-a0dc-2e794dd22e5b

0027020044350033678887305127070



AGENCY CUSTOMER ID: XXXXXX2567

LOC #: _____

ADDITIONAL REMARKS SCHEDULEPage 2 of 2

| | | | |
|--|--------------------|--|--|
| AGENCY Michael Spinelli | | NAMED INSURED Rco Motor Company A Corporation | |
| POLICY NUMBER 2556055001 | | | |
| CARRIER Sentry Select Insurance Company | NAIC CODE 21180 | EFFECTIVE DATE: 02/01/2019 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 30 FORM TITLE: Certificate Of Garage Insurance**Garagekeepers Liability**

| Location # | State | Basis | Collision Limit | Comp/OTC/Specified Perils Limit |
|------------|-------|---------------------------|-----------------|---------------------------------|
| 3 | NM | Direct Coverage (Primary) | \$ 100,000 | \$ 100,000 |
| 4 | NM | Direct Coverage (Primary) | \$ 750,000 | \$ 750,000 |