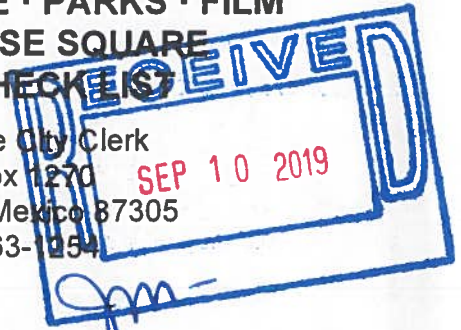




CITY OF GALLUP
EVENT · PARADE · PARKS · FILM
COURT HOUSE SQUARE
PERMIT CHECKLIST

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



Profit _____ Non-Profit Permit Number _____
Applicant(s) miyamura High School
Mailing & E-Mail Address 6803 Boardman mgraybear@mes.k12.nm.us
Home/Office/Cell Phone # 505-781-1900 - 505-495-9724 Dr. Martina Graybear
Type of Event Homecoming Date[s] 10.4.19 Time[s] 3pm
Location(s) STANDARD Parade ROUTE - See ATTACHED DOCUMENTS
Parade Route See Attachment

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) YES N/A
Police Department Fees _____ N/A
Special Equipment/Conditions _____ N/A
Security Plan Review _____ N/A

Approved: Disapproved _____

Field Services Signature: [Signature] Date 9-9-19

2. CITY FIRE DEPARTMENT: Chief Eric Babcock or Designee 722-4195

Assigned Firefighter/EMT(s) Fire Engine (Two persons) N/A
Special Equipment/Conditions _____ N/A
Fire Department Fees _____ N/A
Site Review _____ N/A

Approved: Disapproved _____

Fire Department Signature: [Signature] Date 9-10-19

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.**

SEE ATTACHED Scope

Below for Event Coordinator use only (based from written scope of event)

Public Works SWEEP AZTEC Prior Assist Parade N/A

GJU _____ N/A ✓

Parks/Recreation _____ N/A

Logistics SEE ATTACHED Parade ROUTE/STANDARD N/A

Additional City staff Gallup PD-Fire-Parks-STREETS N/A

Special Interest Annual Miyamura High School Home Coming N/A

Special Equipment/Conditions SEE ATTACHED REQUESTS. N/A

Street Closures REQUEST HEARD TUESDAY SEPT. 24 2019 6PM 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. Wehler Date 09-11-2019

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 _____

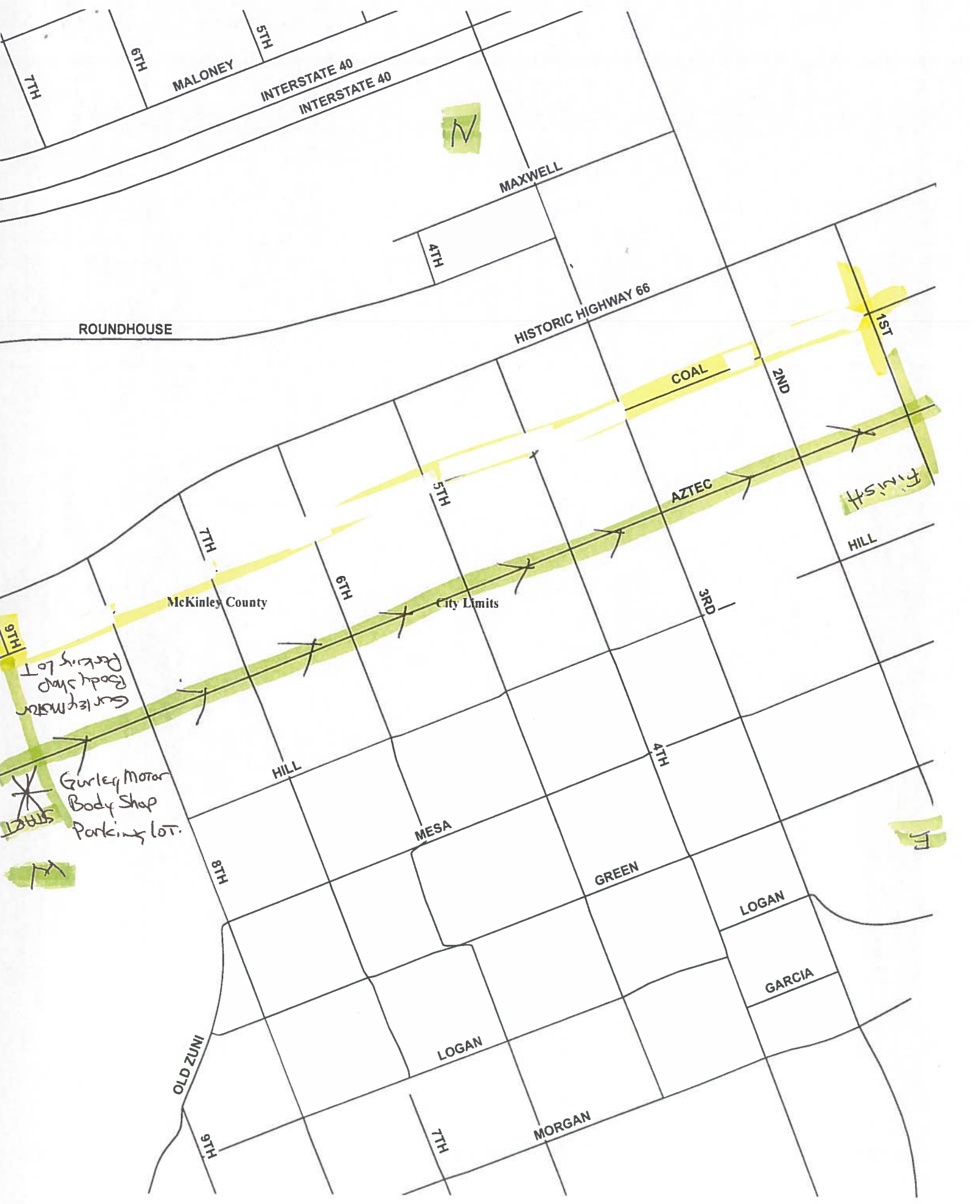
Date/Time Issued For _____ Void After _____

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.

RECEIVED SEP 11 2019

Parade Route: The lineup will begin at 2:15 p.m. and the lineup area is larger. The Parade will begin at 3:00 p.m. from Gurley Motor Body Shop. The parade **will start at Gurley Motors and 8th street and you will then go east on Aztec to 1st street.** This is now the standard parade route for all parades here in the city for safety reasons per City of Gallup.



N

1ST

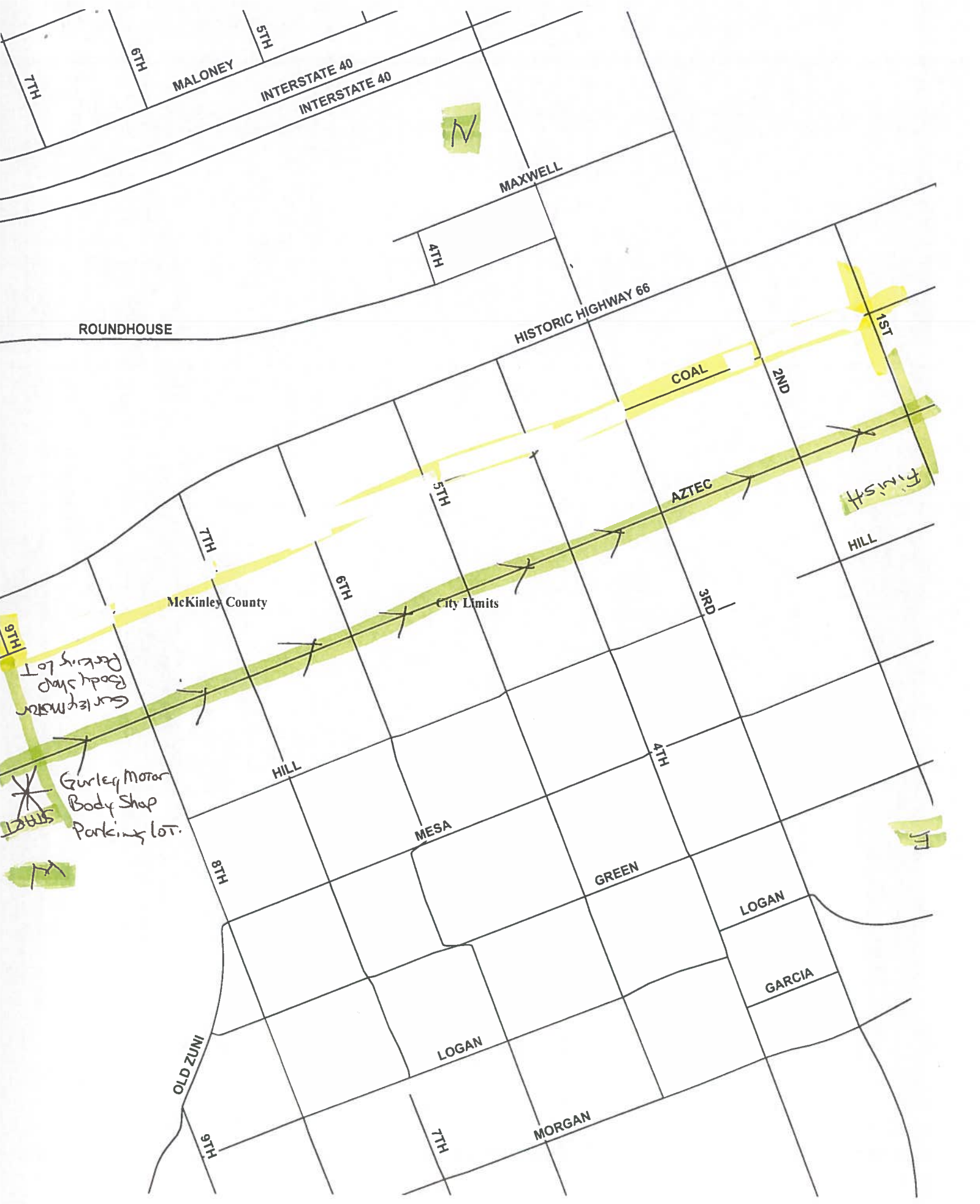
Finish

S

Gurley Motor Body Shop Parking Lot
Gurley Motor Body Shop Parking Lot

McKinley County

City Limits





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2019

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 Poms & Associates Insurance Brokers CA License #0814733 5700 Canoga Ave. #400 Woodland Hills CA 91367	CONTACT NAME: Risk Services PHONE (A/C, No, Ext): (800) 578-8802 FAX (A/C, No): (818) 448-8449 E-MAIL ADDRESS: rservices@pomsassoc.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: New Mexico Public Schools Insurance Authority INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED New Mexico Public Schools Insurance Authority Member: Gallup-Mckinley County Public Schools 410 Old Taos Highway Santa Fe NM 87501	NAIC # N/A	

COVERAGES **CERTIFICATE NUMBER:** Gallup-Mckinley **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	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"/> PROJECT <input type="checkbox"/> LOC OTHER:			MOC NO. L0022	07/01/2019	07/01/2020	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 - COMP/OP AGG \$ Tort Limit MAXIMUM LIABILITY \$ 1,050,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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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