

RESOLUTION 14-129

**RESOLUTION TO APPROVE A SPECIAL EVENTS PERMIT FOR THE
UAW FALL FESTIVAL**

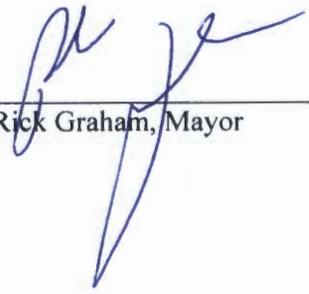
WHEREAS, Title 16, Chapter 3, of the Spring Hill Municipal code requires a permit for special events held in the city; and

WHEREAS, representatives of the UAW Fall Festival have made application to the Spring Hill Board of Mayor and Aldermen; and

WHEREAS, the City of Spring Hill staff recommends approval of this special events permit.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF MAYOR AND ALDERMEN OF THE CITY OF SPRING HILL, TENNESSEE, approves a Special Event Application and authorizes staff to issue a permit for the UAW Fall Festival to be held on October 25, 2014.

Passed and adopted this 20th day of October, 2014.



Rick Graham, Mayor

ATTEST:



April Goad, City Recorder

LEGAL FORM APPROVED:



Patrick Carter, City Attorney

CITY OF SPRING HILL
Special Events Application
Checklist

Event: UAW Fall Festival

Date of Event: 10/25/2014

- | | |
|---------------------------|-------------------------------------|
| Application Completed: | <input type="checkbox" value="X"/> |
| Certificate of Insurance | <input type="checkbox" value="X"/> |
| Street Closure Permit | <input type="checkbox" value="NA"/> |
| Fire Department Approval | <input type="checkbox" value="X"/> |
| Business License Verified | <input type="checkbox" value="X"/> |
| Beer Permit Requested | <input type="checkbox" value="NA"/> |
| Permit Review Fee Paid | <input type="checkbox" value="X"/> |

Staff Comments: _____

Approved *Boma* Denied

DATE: 10-20-14



CITY OF SPRING HILL SPECIAL EVENT APPLICATION

PERMIT # _____

Application Date: 10/3/2014

Event Date: 10/25/2014

Street Closure Required: Yes No IF yes, *Street Closure Permit* must be attached.

FEES REQUIRED:

Permit Review Fee: \$20.00

Deposit/Bond Required - *Determined by City Administrator:*
Amount: \$ _____

EVENT DETAILS:

NAME OF EVENT: UAW Fall Festival

Applicant/Organization: UAW LOCAL 1853

* *Organization shall provide Certificate of Insurance, no less than \$250,000.* Copy Attached: _____
** *Provide copy of business license.* Copy Attached: _____

Representative Name & Contact Information: PH# 615-425 8221 EMAIL William.R.WEBER@gm.com
125 Stephen P. YoKich PKwy SPRING HILL TN. 37174
(Street) (City) (State) (Zip)

Event Location: UAW LOCAL 1853 125 Stephen P. YoKich PKwy
SPRING HILL TN. 37174

Time event will begin: 10 am Time event will end: 6 pm

Time & place event will: assemble 8 am Disassemble: 6 pm

Upon signing this application, the applicants shall agree to assume the defense of and indemnify and save harmless the city, its aldermen, boards, commissions, officers, employees and agents, from all suits, actions, damages or claims to which the city may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of special event and the activities permitted in connection therewith.

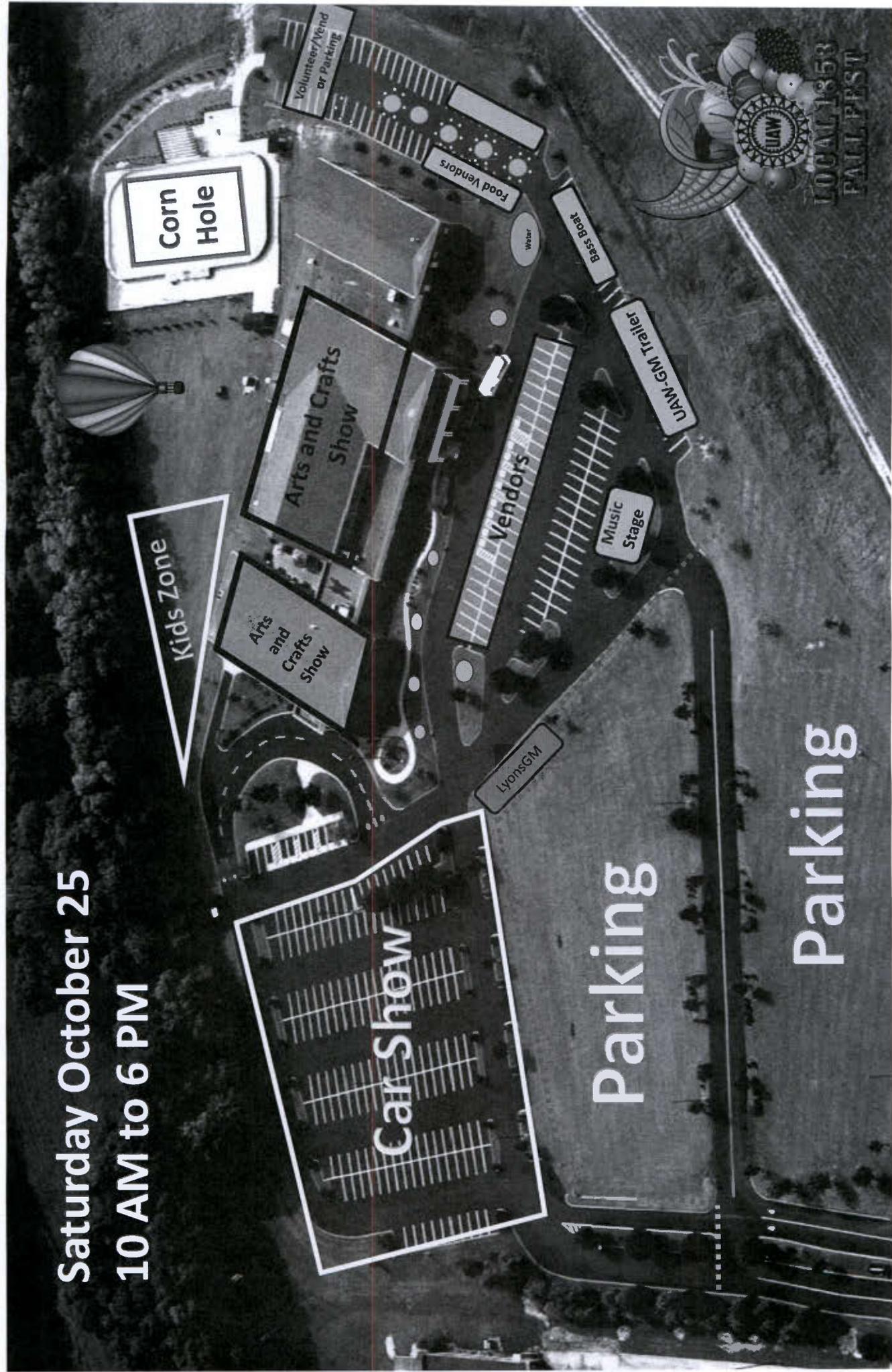
William Weber
Print Name of Event Applicant

William Weber
Signature

Notes/Instructions BANDS will be performing from 10am to 6pm in parking lot.

CITY ADMINISTRATOR APPROVAL _____ DATE _____
PERMIT ISSUED _____ DATE _____

**Saturday October 25
10 AM to 6 PM**



Corn Hole

Kids Zone

Arts and Crafts Show

Arts and Crafts Show

Car Show

LyonsGM

Vendors

Music Stage

Water

Job Box

UAW-GM Trailer

Food Vendors

Volunteer/Vend or Parking



**LOCAL 1853
FALL FEST**

Parking

Parking



A1853-1

OP ID: VK

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/06/2014

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 Union Insurance Group Union Program 2125 West Roscoe Street Chicago, IL 60618 David G. Coney, CIC	CONTACT NAME: David G. Coney, CIC PHONE (A/C, No, Ext): 888-200-4545 FAX (A/C, No): 773-549-1970 E-MAIL ADDRESS: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A: Fireman's Fund</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B: The Hartford</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E:</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F:</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Fireman's Fund		INSURER B: The Hartford		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															
INSURED UAW Local 1853 Mark Wunderlin P.O. Box 459 Spring Hill, TN 37174															

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			AZC80874916	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CGX57927857	04/01/2014	04/01/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	83WEGBJ7882	04/01/2014	04/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: UAW Fall Festival, Saturday, October 25, 2014
 Certificate Evidences Coverage.

CERTIFICATE HOLDER

CANCELLATION

SPRINGH City of Spring Hill, TN P.O. Box 789 199 Town Center Pkwy. Spring Hill, TN 37174	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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CITY OF SPRING HILL

Business Tax License

Mailing Address
UAW LOCAL 1853
PO BOX 459
SPRING HILL, TN 37174-0459

STANNARD, TIMOTHY J.
WUNDERLIN, ROGER M.

Local Business Number: 003125
State Account Number: 505371502
Date Issued: 10/07/2014
Business Tax Classification: 3
Tax Period: 01/01/2014 - 12/31/2014
License Receipt Number: 006014
Expiration Date: 05/15/2015

The business tax license printed below certifies the receipt and approval of your business license application or the renewal of a license for your existing business. The certificate must be displayed publicly at the location for which it was issued.

To avoid penalty, interest, and potential enforced collection action, business tax returns and payments must be remitted to the Tennessee Dept. of Revenue at least 30 days prior to the expiration date of this license. Further notification of expiration is not required by law - Please note the expiration date above. Businesses ceasing operation must file a final business tax return and make full payment of business taxes due within 15 days of closure.
(Not Applicable to Class 5 Transient/Special Events/Vendors)

All tax returns and payments must be made to the Tennessee Department of Revenue. Electronic filing and payment is required for certain taxpayers and encouraged for all. Please visit www.TN.gov/Revenue for more information on business tax and filing requirements.
(Not Applicable to Class 5 Transient/Special Events/Vendors)

Note: This license does not permit operation unless properly zoned and/or in compliance with all other applicable state, county, or city laws, rules and regulations. Also, as required by Tenn. Code Ann. Section 39-17-1801 et seq., businesses must comply with all provisions of the Tennessee Non-Smoker Protection Act.

DETACH LICENSE BELOW AND DISPLAY IN PUBLIC AREA

For questions regarding your State Business Taxes, please contact the TN State Department of Revenue at 615-253-0600 or 1-800-342-1003.

CITY OF SPRING HILL

Business Tax License

This certificate must be publicly displayed

Location Address
UAW LOCAL 1853
125 TOWN CENTER PKWY
SPRING HILL, TN 37174-2460

STANNARD, TIMOTHY J.
WUNDERLIN, ROGER M.

Local Business Number: 003125
State Account Number: 505371502
Date Issued: 10/07/2014
Business Tax Classification: 3
Tax Period: 01/01/2014 - 12/31/2014
License Receipt Number: 006014
Expiration Date: 05/15/2015

Authorized Official, by

April Dard G



Spring Hill Fire Department

P O Box 789, Spring Hill, TN 37174
Phone: 615.302.3462 Fax: 931.499.7999

TO: Spring Hill Board of Mayor and Aldermen
FROM: Terry W. Hood, Fire Chief
DATE: October 10, 2014
RE: Special Events Permit for UAW Fall Festival

After inspection of the UAW premises, no safety hazards were noted.

Issuance of Special Events Permit is recommended.