



# Special Event Application

3/1/2022

Standard

41-SE-2022

## Event Information

Event Name ST PATRICK'S DAY  
 Event Location 7117 E 6TH AV  
 Event URL  
 Event Description PATIO EXTENSION FOR MARCH 17TH AND THE 18TH

## Event Dates

Event Dates (2)	Start Date	End Date	Participant Attendance	Other Attendance
	THU 3/17/2022 9:00 AM	THU 3/17/2022 2:00 AM	800	55
	FRI 3/18/2022 11:00 AM	FRI 3/18/2022 2:00 AM	800	55

Setup Date THU 3/17/2022 7:00 AM - 09:00 AM  
 Teardown Date SAT 3/19/2022 7:00 AM - 10:00 AM

## Applicant Information

Applicant KELLY'S AT SOUTHBRIDGE  
 Applicant Address 7117 E 6TH AVE  
 Applicant City SCOTTSDALE, AZ 85251  
 Applicant Name ERIK STEPHANSEN  
 Title GENERAL MANAGER  
 Phone (630) 918-2580 Email ESTEPHANSEN@KELLYSSOUTHBRIDGE.NET  
 On-Site Contact EIK STEPHANSEN  
 Title GENERAL MANAGER  
 Phone (630) 918-2580 Email ESTEPHANSEN@KELLYSSOUTHBRIDGE.NET  
 Applicant Experience MULTIPLE YEARS FOR THE SAME EVENT

## Prior Events

Has this event been produced before? YES  
 Is this an annual event? YES Previous Years : 4  
 Are there any changes from previous years? YES SAME SPACE AS BEFORE JUST ADDING A BAR OUTSIDE

## Event Elements

Elements ENTERTAINMENT, RECREATIONAL  
 Description EXTRA SPACE FOR PEOPLE TO RELAX AND HAVE A SAFE ENVIRONMENT

## Public Property Criteria

Are there any cross promotions or collaborations with local businesses to encourage sales or visibility? NO  
 NO CROSS PROMOTIONS, JUST LOCATION EXPOSURE



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Explain any anticipated regional, national, or international attendance.

LIVE MUSIC AND A DJ TO ATTRACT CROWDS FOR CULTURAL CELEBRATION

Is Scottsdale promoted in the special event marketing? NO

Explain how the community benefits from the event from a civic or cultural perspective.

MORE EXPOSURE ON A CULTURAL HOLIDAY CELEBRATION

Does your event require a paid fee for participants and/or spectators? NO

## Event Equipment

Stages	NO	Tables, Chairs, Furniture	YES
Generators	NO	Inflatables	NO
Portable Bars	YES QTY: 1	Amplified Sound	YES
Speakers	YES QTY: 3-4	Temporary Restrooms	NO
Fencing	YES HEIGHT: 6 TYPE: CHAIN LINK	BBQ Grills or Propane Use	NO
Lighting	NO	Tents/Canopies	NO

## Vendor Sales

Retail Merchandise	NO	Food And Non-Alcoholic Beverages	YES QTY: 1
Food Trucks	NO	Alcohol	YES QTY: 1
Services	NO	APPLICATION FOR : EXT OF PREMISE	
		ORGANIZATION NAME :	

## Signage Plan

On-Site Signs? YES QTY: 2 TYPE: BANNER

Off-Premise Signs? NO

Signage Plan Description:

HAPPY ST. PATTRICK'S DAY

## Parking Plan

City parking lot	YES	City parking garage	YES
On-street parking	YES	On-site parking	YES
Off-site parking	NO	Shuttle service from off-site parking areas	NO
Valet service	NO	Rider Provider	NO



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## Parking Plan Description

CITY PARKING

### Street Use

#### Street or Alley Use

Street Closure : NO

#### Public Parking Use

Parking Closure : YES

Parking Name : 7117 E 6TH

Closure Dates : 3/17/2022 7:00:00 AM - 3/19/2022 9:00:00 AM

#### Sidewalk Use

Sidewalk Closure : YES

Sidewalk Name : 7117 E 6TH AVE

Closure Dates : 3/17/2022 7:00:00 AM - 3/19/2022 9:00:00 AM

#### Barricade Company

Company Name : PROEM

### Entertainment - Amplification/Sound Plan

#### Entertainment

LIVE BAND, DJ

#### Sound Monitoring

Name : ERIK STEPHANSEN

Company : KELLY'S AT SOUTHBRIDGE

Phone Number : (630) 918-2580

#### Time and type of outside sound and sound check times

WE WILL HAVE 2 LIVE BANDS BETWEEN 12PM AND 8PM

#### Plan for sound monitoring, containment, and mitigation

LIKE ALL EVENTS IN THE PAST WE WILL HAVE MULTIPLE MANAGERS WALKING AROUND THE AREA AND AS WELL AS OF PREMISE TO MONITOR THE SOUND

### Police/Security

#### Security Personnel

Inhouse Security YES Estimated Number : 10

Hired Security NO

Off Duty Police NO

### Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby NO

Fire Apparatus/Personnel Standby Required NO



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## Insurance

Insurance: Event activities on City/public property must be covered by insurance that protects the event sponsor/applicant and the City of Scottsdale. Various types and levels of liability insurance are required depending on the event. The required coverage and limits will be at the discretion of the Risk Management Division depending on the size and scope of the event. It is recommended that you submit your application and receive a determination on coverage and amounts before purchasing insurance coverage. Please refer to the Special Events Users Guide for more detailed information.

The following is a general guideline of the minimum limits that will be required:

Commercial General Liability Insurance coverage is required for all events with minimum limits of \$1,000,000 Each Occurrence, \$2,000,000 Products & Completed Operations Aggregates, \$2,000,000 General Aggregate. Liquor Liability Insurance of \$1,000,000 to \$5,000,000 Per Occurrence is required for any event where liquor is being served.

All Insurance must endorse the City of Scottsdale as an Additional Insured. A separate insurance addendum with additional insurance requirements may be added to this application and become part of this contract.

I have a race event and have submitted a copy of the participant waiver that includes waiving liability against the city of Scottsdale and holding the city of Scottsdale harmless? NO

I have included a copy of the insurance certificate showing appropriate limits and coverages as required and naming City of Scottsdale as additional insured? NO

## Application Authorization

**WARRANTY:** Applicant warrants that the information provided in this application is true and accurate to the best of Applicant's knowledge and belief.

**INDEMNIFICATION:** To the fullest extent allowed by law, the Applicant agrees to defend, indemnify and hold harmless the City, its officers, officials, representatives, agents, employees and volunteers from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, the cost of appellate proceedings, and all claim adjusting and handling expenses, arising from or related to any acts or omissions of the permit holder or its agents, contractors and subcontractors related to the Special Event including any claims, damages, or losses resulting from the City's or its employees' or agents' negligence.

The Applicant's signature below authorizes a City representative to inspect a special event on City or private property at any time, including setup.

**AUTHORITY:** For special events on public property, the Applicant warrants:




I am the permittee or an authorized agent of the permittee with authority to legally bind the permittee (an agent may sign only if the event is on private property) and agree to the conditions of this permit.

Signature of Applicant - must be the same person listed on application.

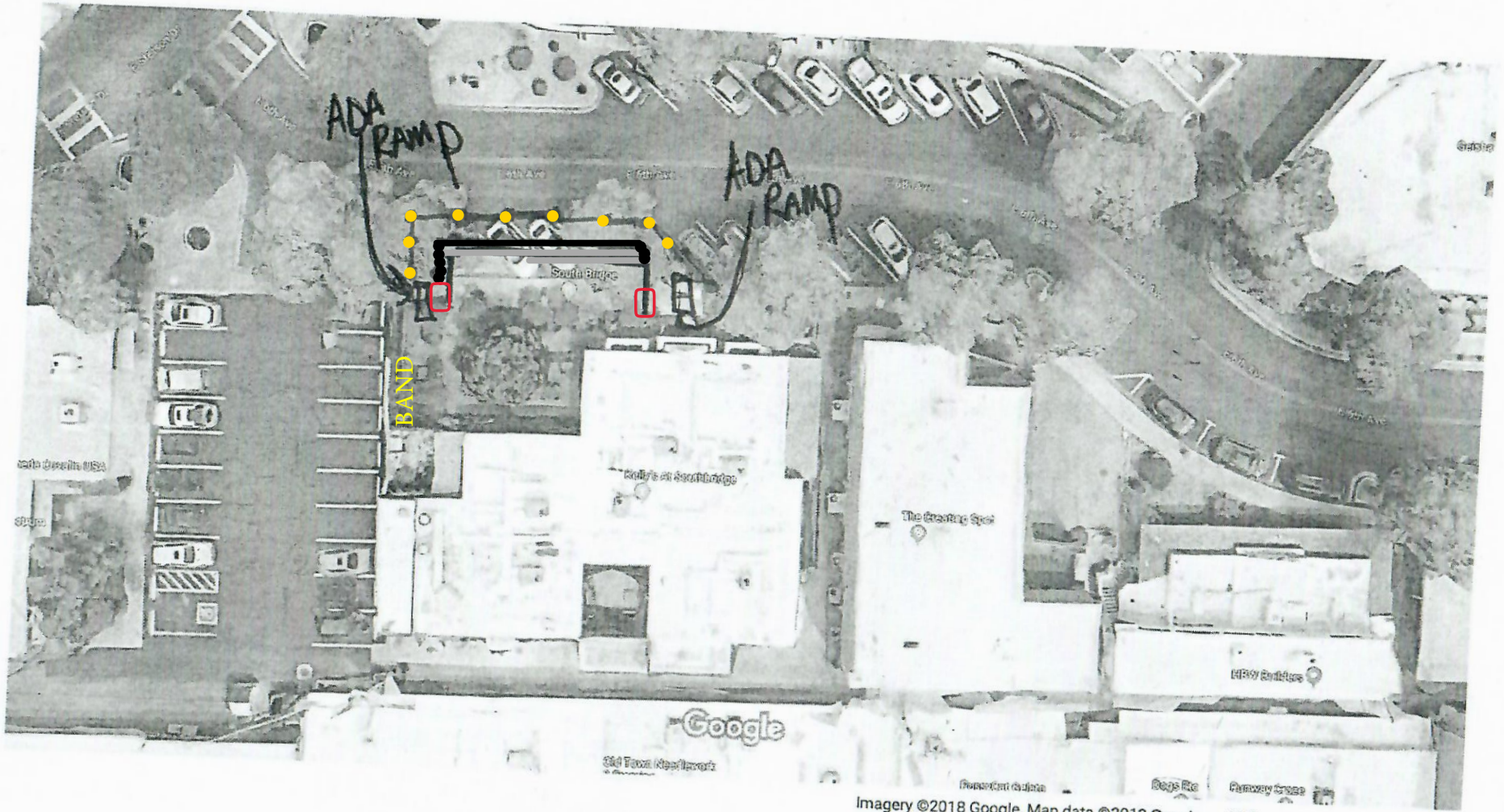
Printed Name ERIK STEPHANSEN

Date 3/1/2022

Title of Applicant GENERAL MANAGER

-  - WATER FILLED BARICADES
-  - FENCE 6' Chain Link
-  Emergency Exit

Google Maps





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/11/2022

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>  <b>GOBLE &amp; ASSOCIATES</b> <b>PH: (480) 838-2707</b> <b>P. O. BOX 41390</b> <b>MESA, AZ 85274-1390</b>		<b>CONTACT NAME</b> HAROLD GOBLE <b>PHONE (A/C, No, Ext):</b> (480) 838-2707 <b>FAX (A/C, No):</b> (480) 755-7625 <b>E-MAIL ADDRESS:</b> GOBLEINS@COX.NET	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: TRISURA SPECIALTY INSURANCE COMPANY	NAIC # 16188
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

**COVERAGES**      **CERTIFICATE NUMBER:** 100067      **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	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> <b>LIQUOR LIABILITY</b> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: <b>ASSAULT - BATTERY</b>	X		OSU1001163-01	04/02/2021	04/02/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ EXCLUDED PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				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)

REF: ST PATTY'S DAY EVENT AT KELLY'S SOUTH BRIDGE, LLC

ADDITIONAL INSURED: THE CITY OF SCOTTSDALE

**CERTIFICATE HOLDER**      **CANCELLATION**

CITY OF SCOTTSDALE TOURISM & EVENTS DEPT. 7447 E. INDIAN SCHOOL RD., STE 301 SCOTTSDALE, AZ 85251	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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