



# Special Event Application

4/22/2024

Standard

57-SE-2024

## Event Information

Event Name CARS AND COFFEE  
 Event Location 7105 E 1ST AV  
 Event URL FORTILLFOUR.COM  
 Event Description CAR DISPLAY OF FORTILLFOUR MEMBER'S VEHICLES FOR A MORNING OF CARS AND COFFEE.

## Event Dates

Event Dates (1)	Start Date	End Date	Participant Attendance	Other Attendance
	SAT 5/11/2024 7:00 AM	SAT 5/11/2024 10:00 AM	75	8

Setup Date SAT 5/11/2024 6:30 AM - 07:00 AM  
 Teardown Date SAT 5/11/2024 10:00 AM - 11:00 AM

## Applicant Information

Applicant FORTILLFOUR CAFE SCOTTSDALE  
 Applicant Address 7105 E 1ST AVE  
 Applicant City SCOTTSDALE, AZ 85251  
 Applicant Name NICO SAMARAS  
 Title OWNER  
 Phone (602) 300-5200 Email NICO@FORTILLFOUR.COM  
 On-Site Contact NICO SAMARAS  
 Title OWNER  
 Phone (602) 300-5200 Email NICO@FORTILLFOUR.COM  
 Applicant Experience SINCE OPENING IN 2015 WE HAVE SUCCESSFULLY HOSTED 4 EVENTS THAT REQUIRED OBTAINING APPROVAL FROM THE CITY OF SCOTTSDALE. THESE PAST EVENTS HAVE BEEN LARGER THAN THIS 5/11 EVENT WE ARE PROPOSING

## Prior Events

Has this event been produced before? NO

Is this an annual event? NO

Are there any changes from previous years? NO

## Event Elements

Elements RECREATIONAL  
 Description ATTENDEES OF OUR EVENT ARE LOOKING TO MEET WITH OTHER LIKE-MINDED INDIVIDUALS WHO SHARE IN A LOVE FOR CLASSIC CARS AND SPECIALTY COFFEE.

## Public Property Criteria

Are there any cross promotions or collaborations with local businesses to encourage sales or visibility? NO  
 WE WILL NOT BE WORKING WITH ANY OTHER BUSINESSES FOR THIS EVENT.



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Explain any anticipated regional, national, or international attendance.

WE ANTICIPATE THIS EVENT TO BE REGIONALLY ATTENDED BY LOCAL SCOTTSDALE RESIDENTS.

Is Scottsdale promoted in the special event marketing? NO

THIS EVENT WILL ONLY BE HELD IN SCOTTSDALE.

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

OUR EVENTS SUCH AS OURS UNDERSCORE THE BENEFIT OF LIVING IN SCOTTSDALE – A PLACE THAT SUPPORTS UNIQUE GATHERINGS AND SMALL BUSINESSES. IT'S ONLY HERE IN SCOTTSDALE THAT YOU CAN EXPERIENCE A FORTILLFOUR CARS AND COFFEE EVENT THAT CATERES TO THE COMMUNITY

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

### Event Equipment

Stages	NO	Tables, Chairs, Furniture	NO
Generators	NO	Inflatables	NO
Portable Bars	NO	Amplified Sound	NO
Speakers	NO	Temporary Restrooms	NO
Fencing	NO	BBQ Grills or Propane Use	NO
Lighting	NO	Tents/Canopies	NO

### Vendor Sales

Retail Merchandise	NO	Food And Non-Alcoholic Beverages	NO
Food Trucks	NO	Alcohol	NO
Services	NO		

### Signage Plan

On-Site Signs? NO

Off-Premise Signs? NO

Signage Plan Description:

### Parking Plan

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



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Valet service NO

Rider Provider NO

## Parking Plan Description

CARS WILL PARK ON MARSHALL WAY BETWEEN 1ST AVE AND MAIN ST, ON BOTH SIDES OF THE STREET. CARS WILL ALSO PARK IN OUR PRIVATE PARKING LOT BEHIND OUR CAFE (WHITE HOUSE SALON BOUTIQUES).

## Street Use

### Street or Alley Use

Street Closure : YES

Number of Lanes : 1

Direction : N

Street Name : MARSHALL WAY BETWEEN 1ST AVE AND MAIN ST.

Closure Dates : 5/11/2024 6:30:00 AM - 5/11/2024 11:00:00 AM

### Public Parking Use

Parking Closure : NO

### Sidewalk Use

Sidewalk Closure : NO

### Barricade Company

Company Name : BOB'S BARRICADES

Contact Name : JOSE SIFUENTES

Phone Number : (602) 272-3434

## Entertainment - Amplification/Sound Plan

### Entertainment

### Sound Monitoring

Time and type of outside sound and sound check times

Plan for sound monitoring, containment, and mitigation

## Police/Security

### Security Personnel

Inhouse Security NO

Hired Security NO

Off Duty Police NO

## Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby NO



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Fire Apparatus/Personnel Standby Required NO

## 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:

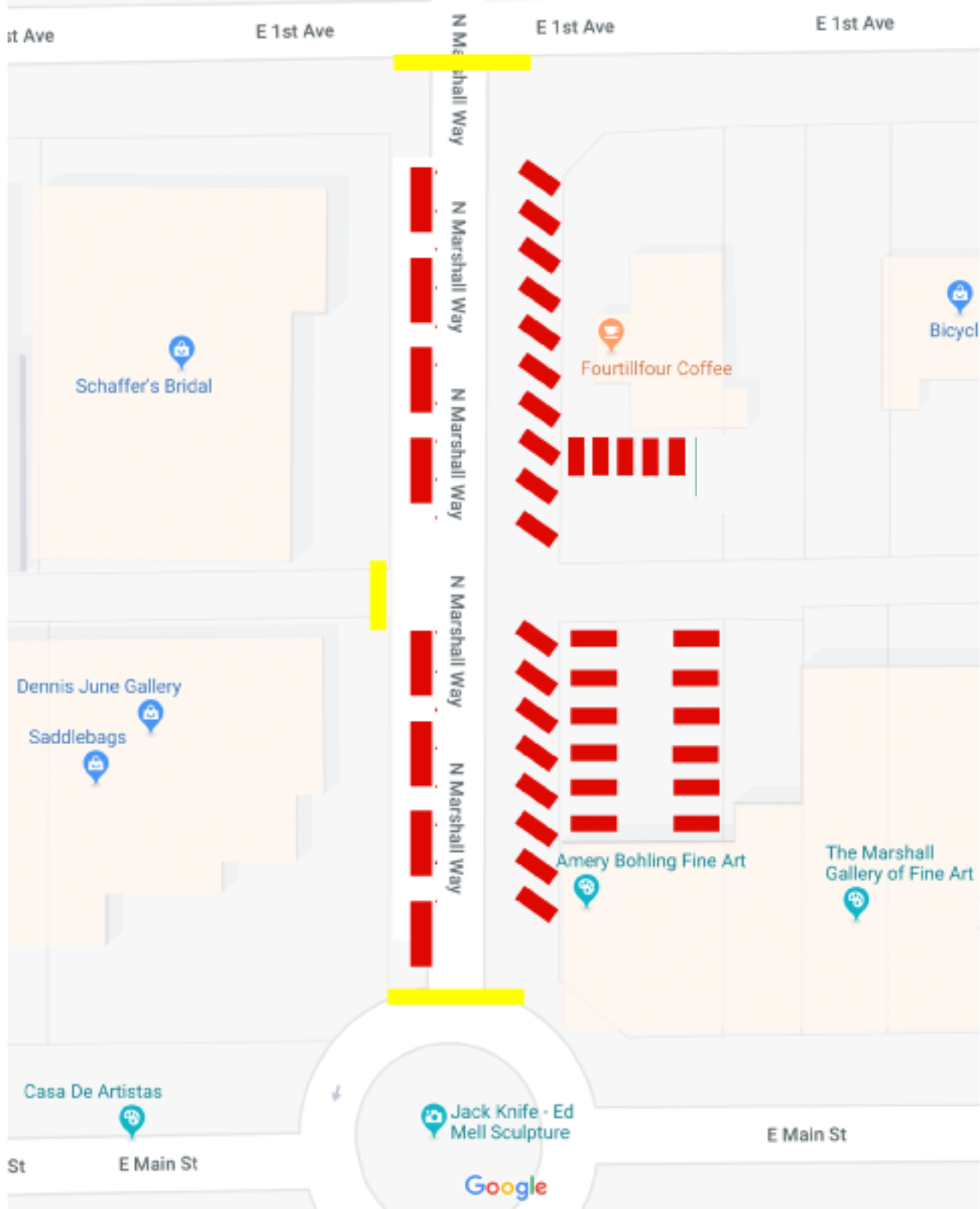
I am the permittee or an authorized agent of the permittee with authority to legally bind the permittee (an agent may sign only if the event is on private property) and agree to the conditions of this permit.

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


Printed Name NICO SAMARAS

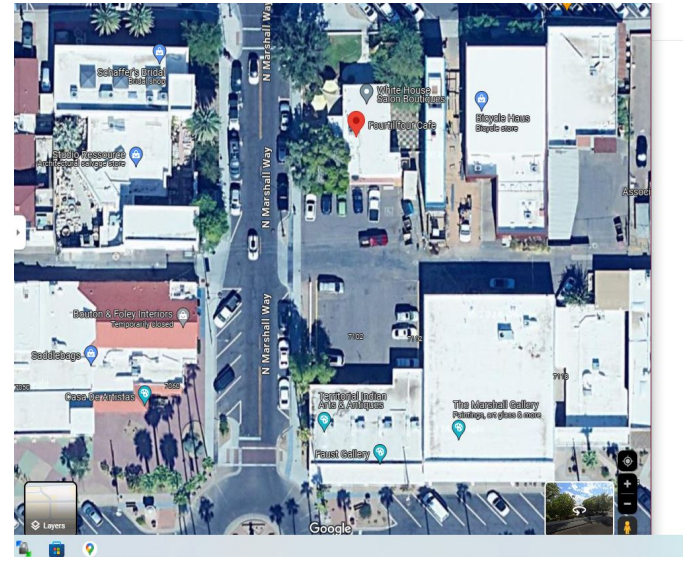
Date 4/22/2024

Title of Applicant OWNER



 Road Closure

 Cars – Marshall Way has been measured for the 16' distance needed for emergency vehicles.



# Special Event Notice

## Neighborhood Input



### EVENT NOTIFICATION & NEIGHBORHOOD INPUT

Event Name: CAR & Coffee Event Location: 7105 E 1st Ave  
 Event Dates: Saturday, May 11, 2024 Event Hours: 10:30 AM - 9:30 AM  
 Street Closures: Marshall Way btwn 1st + Main St.  
 Day/Time Closed: 10:30 AM - 10:00 AM Day/Time Reopened: 10:00 AM

We are thrilled to be guests in your neighborhood and it's important to us that we are communicating clearly with you, the neighbors, to determine if there are any comments or concerns related to the event and/or proposed street closure. I have provided a copy of the site plan and details of the street closure explaining the proposed Special Event. If you have any comments or concerns related to the event, please note in the applicable column. If you prefer to contact the City's Events Administrator directly, contact Cheryl Sumners at 480-312-7834 or [csumners@scottsdaleaz.gov](mailto:csumners@scottsdaleaz.gov).

Please read before filling out: I hereby declare that I am an authorized representative of the listed business and have been informed by the event applicant/designee of the event details, including proposed street closures. By marking "No" for concerns, I am relaying that I have no significant concerns about the event. By marking "Yes" for concerns, I am relaying that I have concerns with the event and/or street closure and will state the reason(s) why in the comment box.

DATE	PRINTED NAME	TITLE (Owner, Manager, etc.)	EMAIL	BUSINESS NAME & ADDRESS	DID YOU RECEIVE A COPY OF THE SITE PLAN?	CONCERNS?
4/17	Amy Bohling	owner	amery@amerybohling.com	ABFA 7100 E Main St., St A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS/CONCERNS:						
4/17	Todd Joseph	owner	toddjoseph1@mac.com	Saddlebags 3940 N. Marshall Way	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMENTS/CONCERNS:						
	<del>Brent</del> Brent Reifon Hagedorn	manager	<del>operations@</del> operations@ Schaffers.com	Schaffers 3944 N. Marshall Way	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMENTS/CONCERNS:						
4/17	AMY JOHANNSEN	OWNER	AMY@STUDIORESOURCE.com	Studio Resource 3940 N. Marshall Way	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMENTS/CONCERNS:						

10am

# Special Event Notice

Neighborhood Input



## EVENT NOTIFICATION & NEIGHBORHOOD INPUT

Event Name: Four till four Event Location: 7105 E. 1st Ave  
 Event Dates: 5/14/24 Event Hours: 6:30 AM - 10:30 AM  
 Street Closures: Marshallway + 1st Main  
 Day/Time Closed: 6:30 AM - 10:00 AM Day/Time Reopened: 10am

We are thrilled to be guests in your neighborhood and it's important to us that we are communicating clearly with you, the neighbors, to determine if there are any comments or concerns related to the event and/or proposed street closure. I have provided a copy of the site plan and details of the street closure explaining the proposed Special Event. If you have any comments or concerns related to the event, please note in the applicable column. If you prefer to contact the City's Events Administrator directly, contact Cheryl Sumners at 480-312-7834 or [csumners@scottsdaleaz.gov](mailto:csumners@scottsdaleaz.gov).

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DATE	PRINTED NAME	TITLE (Owner, Manager, etc.)	EMAIL	BUSINESS NAME & ADDRESS	DID YOU RECEIVE A COPY OF THE SITE PLAN?	CONCERNS?
	<u>Antonio Mora</u>	<u>owner</u>		<u>Casade Aristos</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMENTS/CONCERNS:						
	<u>Cyndi Carstens</u>			<u>Carstens Art Gallery</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMENTS/CONCERNS:						
	<u>removed</u>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMENTS/CONCERNS:						
	<u>Alston Neal</u>	<u>owner</u>		<u>Territorial Indian Arts + Antiques</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COMMENTS/CONCERNS:						

480-423-1777

n/a Alston said Cyndi/  
Carstens was notified/  
ok w/ event.

Casade Aristos  
Carstens  
Territorial Indian Arts



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2024

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> East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		<b>CONTACT NAME:</b> Will Maddux <b>PHONE (A/C. No. Ext):</b> (530) 477-6521 <b>E-MAIL ADDRESS:</b> info@theeventhelper.com <b>FAX (A/C. No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A :</b> Evanston Insurance Company	<b>NAIC #</b> 35378
<b>INSURED</b> Fourtillfour c/o Nico Samaras 7105 E 1st Ave Scottsdale AZ 85251		<b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

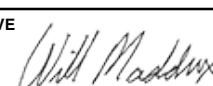
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Host Liquor Liability Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	3DS5475-M3676567	05/11/2024 12:01 AM	05/12/2024 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Deductible \$ 1,000
	<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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	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)

Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 90, Event Type: Auto Show - Auto Static(Parked) Only.

**CERTIFICATE HOLDER****CANCELLATION**

TOURISM & EVENTS CITY OF SCOTTSDALE 7506 E Indian School Rd 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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