



Special Event Application

5/17/2023

Simple

74-SE-2023

Event Information

Event Name 2023 CROC WALKS & GATORS AND GHOULS

Event Location 28011 N 78TH ST

Event URL PHOENIXHERP.COM

Event Description A FAMILY EVENT THAT IS DESIGNED TO PROVIDE A SAFE PLACE FOR SOME ANIMAL INTERACTIONS, LEARNING ABOUT WILDLIFE, CONSERVATION AND DESERT SAFETY. THIS IS A FAMILY FUN EVENT. THERE WILL BE ACTIVITIES SUCH AS FACE PAINTING AND GAMES AS WELL AS A PETTING ZOO, SNAKE FEEDING DEMONSTRATIONS AND EVEN CROCODILIAN FEEDINGS.

Event Dates

Event Dates (5)	Start Date	End Date	Participant Attendance	Other Attendance
	SAT 7/15/2023 5:30 PM	SAT 7/15/2023 8:00 PM	75	15
	FRI 8/18/2023 5:30 PM	FRI 8/18/2023 8:00 PM	75	15
	FRI 8/25/2023 5:30 PM	FRI 8/25/2023 8:00 PM	75	15
	SAT 10/21/2023 5:30 PM	SAT 10/21/2023 8:00 PM	75	15
	SAT 10/28/2023 5:30 PM	SAT 10/28/2023 8:00 PM	75	15

Setup Date SAT 7/15/2023 3:30 PM - 05:00 PM

Teardown Date SAT 7/15/2023 5:30 PM - 09:30 PM

Applicant Information

Applicant PHOENIX HERPETOLOGICAL SANCTUARY

Applicant Address 28011 N 78TH ST, STE 107 PMB 401

Applicant City SCOTTSDALE, AZ 85266

Applicant Name KATELYN GARCIA

Title EDUCATION AND OUTREACH DIRECTOR

Phone (602) 501-2930 Email KATELYN@PHOENIXHERP.COM

On-Site Contact KATELYN GARCIA

Title EDUCATION AND OUTREACH DIRECTOR

Phone (602) 501-2930 Email KATELYN@PHOENIXHERP.COM

Applicant Experience WE HAVE BEEN ORGANIZING THESE EVENTS FOR 10 YEARS. EACH YEAR HAS BEEN INCREDIBLY SUCCESSFUL AND OUR GUESTS HAD A WONDERFUL TIME.

Prior Events

Has this event been produced before? YES

Is this an annual event? YES Previous Years : 10

Are there any changes from previous years? NO

Event Elements



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Elements EDUCATIONAL

Description THE IMPORTANCE OF CONSERVATION AND COEXISTING WITH WILDLIFE. LEARNING TO CO-EXIST WITH OUR NATIVE SPECIES IS A CRITICAL MESSAGE FOR THE PRESERVATION OF OUR NATIVE SPECIES.

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? YES QTY: 2 TYPE: PORTABLE (A-FRAME- SITS ON TOP OF GROUND)

Off-Premise Signs? NO

Signage Plan Description:

WHERE TO ENTER.

Parking Plan

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

Parking Plan Description

WE HAVE A PARKING LOT. SEE ATTACHED. PARKING IS AT THE FRONT OF THE PROPERTY. STAFF AND VOLUNTEERS PARK IN THE BACK OF THE PROPERTY.

Entertainment - Amplification/Sound Plan

Entertainment



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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 YES Estimated Number : 1 Scottsdale Police : YES Other Agency : NO

Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby NO

Fire Apparatus/Personnel Standby Required 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 KATELYN GARCIA

Date 5/17/2023



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Title of Applicant EDUCATION AND OUTREACH DIRECTOR

E Dynamite Blvd

E Dynamite Blvd

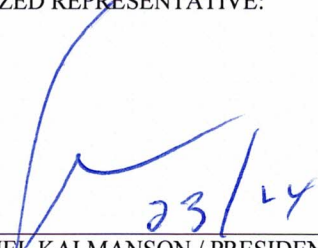
E Dynamite Blvd

N 78th St

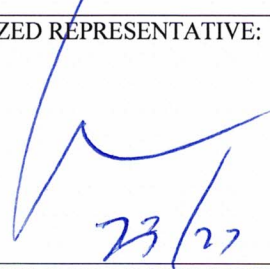


N 78th St

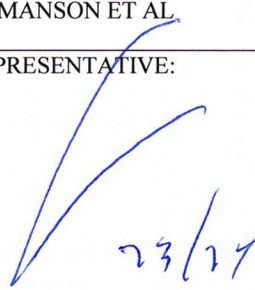
CERTIFICATE OF INSURANCE

PRODUCER: LESTER KALMANSON AGENCY, INC. &/OR MITCHEL KALMANSON P.O. BOX 940008 MAITLAND, FL 32794-0008 PH: (407) 645-5000 / FAX: (407) 645-2810 WWW.LKALMANSON.COM/ MITCHELK25@HOTMAIL.COM		DATE ISSUED: 03/09/2023 COMPANY: 100% CERTAIN UNDERWRITERS AT LLOYD'S / LONDON (CNP8)	
		POLICY NUMBER: CNP22683	
NAMED INSURED: PHOENIX HERPETOLOGICAL SOCIETY, INC C/O RUSSELL JOHNSON 20701 N. SCOTTSDALE RD. SUITE # 107 PMB 401 SCOTTSDALE, AZ 85255		EFFECTIVE DATE: 04/01/2023 (BOTH DAYS AT 12:01 A.M.)	EXPIRATION DATE: 04/01/2024 LOCAL STANDARD TIME)
COVERAGE INFORMATION			
THIS IS TO CERTIFY THAT THE POLICY(S) OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING ANY REQUIREMENT, TERM(S) OR CONDITION(S) OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE(S) MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND/OR CONDITIONS OF SUCH POLICIES. LIMITS OF LIABILITY SHOWN MAY HAVE BEEN REDUCED BY ANY PAID CLAIMS.			
TYPE OF INSURANCE:		LIMITS:	
<input checked="" type="checkbox"/> GENERAL LIABILITY		GENERAL (ANNUAL) AGGREGATE: \$1,000,000.00	
<input checked="" type="checkbox"/> CLAIMS MADE		LIMITED PRODUCTS AGGREGATE \$ -0-	
<input checked="" type="checkbox"/> MANUSCRIPT POLICY FORM		PERSONAL & ADV. INJURY: \$ -0-	
		EACH OCCURRENCE: \$1,000,000.00	
		FIRE DAMAGE (ANY ONE FIRE) \$ -0-	
RETRO DATE: 04/01/2016 (AT 12:01 A.M. LOCAL STANDARD TIME)			
*****PROOF OF INSURANCE*****			
CERTIFICATE ONLY VALID WITH ATTACHED ADDENDUM "A" WITH DESCRIPTION OF LIABILITY COVERAGE(S) AFFORDED			
EVENT DATE(S): VARIOUS THROUGHOUT POLICY PERIOD			
EVENT LOCATION: 28011 N. 78 TH STREET, SCOTTSDALE, AZ			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE(S) AFFORDED BY THE POLICY(S) LISTED. "LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"			
SHOULD ANY OF THE ABOVE DESCRIBED POLICY(S) BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>0</u> DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION(S) &/OR LIABILITY(S) OF ANY KIND UPON THE COMPANY, ITS AGENTS &/OR REPRESENTATIVES &/OR KALMANSON ET AL			
PROOF OF INSURANCE:		AUTHORIZED REPRESENTATIVE:	
PROOF OF INSURANCE ONLY		 X MITCHEL KALMANSON / PRESIDENT	

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<input checked="" type="checkbox"/> CLAIMS MADE		LIMITED PRODUCTS AGGREGATE \$ -0-	
<input checked="" type="checkbox"/> MANUSCRIPT POLICY FORM		PERSONAL & ADV. INJURY: \$ -0-	
		EACH OCCURRENCE: \$1,000,000.00	
		FIRE DAMAGE (ANY ONE FIRE) \$ -0-	
RETRO DATE: 04/01/2016 (AT 12:01 A.M. LOCAL STANDARD TIME)			
*****PROOF OF INSURANCE*****			
CERTIFICATE ONLY VALID WITH ATTACHED ADDENDUM "B" WITH DESCRIPTION OF LIABILITY COVERAGE(S) AFFORDED			
EVENT DATE(S): VARIOUS THROUGHOUT POLICY PERIOD			
EVENT LOCATION: 12269 N. 138 TH PLACE, SCOTTSDALE, AZ			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE(S) AFFORDED BY THE POLICY(S) LISTED. "LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"			
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PROOF OF INSURANCE:		AUTHORIZED REPRESENTATIVE:	
PROOF OF INSURANCE ONLY		 X <u>23/27</u> MITCHEL KALMANSON / PRESIDENT	

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CERTIFICATE ONLY VALID WITH ATTACHED ADDENDUM "C" WITH DESCRIPTION OF LIABILITY COVERAGE(S) AFFORDED			
EVENT DATE(S): VARIOUS THROUGHOUT POLICY PERIOD			
EVENT LOCATION: VARIOUS TRAVELING (USA) LOCATIONS ONLY			
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE(S) AFFORDED BY THE POLICY(S) LISTED. "LIMITS SHOWN ARE THOSE IN EFFECT AS OF POLICY INCEPTION"			
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PROOF OF INSURANCE: PROOF OF INSURANCE ONLY		AUTHORIZED REPRESENTATIVE: X  23/17 MITCHEL KALMANSON / PRESIDENT	