



CITY OF SEABROOK
PARADE, CARNIVAL, SHOW, FESTIVAL,
SPECIAL OR COMMUNITY EVENT

Date of Application: March 6, 2016 Name of Applicant: Keels & Wheels Concours d'Elegance

Full Address of Applicant: Po Box 156 Seabrook, TX 77586

Day Time Phone 713-521-0105 Night time phone 713-256-8707

e-mail address: bfuller@4u.com

Name of Organization, Firm or Corporation on whose behalf this application is made:
LYC Concours Corp.

Address of Organization (if different from above):2511 NASA Parkway Suite 104

City Seabrook State TX Zip Code 77586

Phone Number of Organization (if different from above): ()

Is the organization recognized as a non-profit organization for tax purposes? Yes

Requested Date(s) and Times of the Event: April 23 – 24, 2016 10:00 – 5:00

Location of the Event: Lakewood Yacht Club

Will any portion of this event be held on city property? If so, where? No

Note: If you will hold the event in a city park or facility, you must also complete an additional application to use city facilities.

Give a brief description of the event: It is a nationally acclaimed classic car and vintage wooden boat show.

Estimated No. of Workers 350 Estimated No. of Attendees 15,000

Will the event be held in a parking area? No. If so, how many parking spaces will be temporarily lost? _____.

How many parking spaces are you providing for the event? 2000 _____

Will alcohol be served? No If so, you are required to pay an additional deposit if you wish to serve alcohol on city property. You must also contact the Texas Alcoholic Beverage Commission.

Will admission be charged for this event? Yes _____

Do you want to display temporary signs or banners to advertise this event? Yes

Number of signs for this event 30 Complete the sign permit application attached to the packet. **Please note that signs may only be displayed on private property, with the property owners' permission and with a city permit. Signs are not permitted in any street rights-of-way.**

If this event is a parade, please answer the following additional questions.

Proposed Route (Attach Map): _____

Estimated number and kind of animals to be used: _____

Estimated number of parade participants including, animals and riders, bicycle riders, animal-drawn vehicles, floats motor vehicles, motorized displays and marching units or organizations, such as bands, color-guards, and drill teams:

THIS SECTION NEEDS TO BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION.

This application has been reviewed by the Seabrook Police Chief or designee and the signature below verifies that adequate provisions for security have been made by the applicant.

Print name
Police Department Representative

Date Approved

Signature
Police Department Representative

Comments: _____

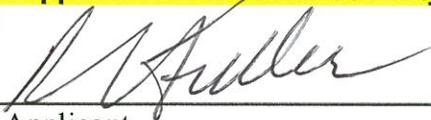
I have enclosed the following items as part of my application and have initialed each relevant item:

1. _____ completed applications form including approval by the Seabrook Police Department.
2. _____ If the event is to be held on city property, an additional application for the use of city facilities.
3. _____ Permit fee in the amount of \$ 50.00. (Non-profit organizations may substitute a letter of request to the City Council requesting a waiver of the permit fee.

- 4. _____ If event is a parade a deposit fee of _____ is included. Deposits are not waived.
- 5. _____ A certificate of insurance, naming the City of Seabrook as certificate holder. This insurance provides protection of not less than \$100,000 against liability for damages to property and protection of not less than \$100,000 for protection of injury to the death of one person and of not less than \$300,000 for protection against injury to death of two or more persons in a single accident or occurrence. (A sample certificate of insurance is enclosed.)
- 6. _____ For special events, a site plan is attached as required by the Code of the City of Seabrook, Section 4.07. (See attached excerpt.)
- 7. _____ For parades, a map showing the parade route is attached.

As applicant, I certify that all information contained in this application is true and correct to the best of my knowledge. I state that I am fully authorized to act and contract for any persons, organizations, firms or corporations on whose behalf this application is made. As applicant for the above organization, I do contract and agree that they will jointly and severally, indemnify and hold the City of Seabrook harmless against liability for any and all claims for damage to property or injury to or death of persons arising out of or resulting from the issuance of the permit or the conduct of the participants. As applicant, I understand that I may be held liable as principal in place of the organization for the cost of cleaning or repairing city property which may have sustained damage as a result of the special event. I understand that a special events permit may be issued for no more than five consecutive days. If the permit is granted, I, as representative, agree to adhere to all city ordinances regarding the special event.

I understand that if I am applying to use a city park, community house or other city facility to hold this event, additional applications and fees will be required. I also understand that all required applications, accompanying documents and fees must be submitted to the City Secretary's Office at least 30 days prior to the date of the event, and that the event may not be held without approval of the Seabrook City Council. I have read and have agreed to the above conditions.



Signature of Applicant

Robert L. Fuller

Printed Name of Applicant

3/7/14

Date Submitted

FOR OFFICE USE ONLY

Reviewed by City Secretary _____ Date _____

If applicable: Fire Marshal notified _____ Building Official Notified _____ City Mgr _____

This application has been reviewed by the Seabrook City Council on _____
and has been APPROVED DENIED.

The following conditions are placed upon this event: _____

Sign Permit CITY OF SEABROOK

Applicant to complete all numbered spaces. Incomplete applications will not be processed.

Site Address			
1	2511 NASA Pkwy #104	77586	713 5210105
Sign Owner			
2	Mail Address	Zip	Phone
Contractor/ Installer			
3	Robert Fuller	Zip	Phone
Type of Sign			
4	Bandit		
Describe purpose of sign (ie. election, special event, etc.)			
5	PARKING DIRECTIONS		
SAME SIGN OF VARYING SIZES 18x20 to 2' x 3' 4x8 BANULE			
Project Value		Approved by	

Issuance of this permit all allows for on-site inspections during the time of construction until the time of the final inspection.

DESCRIPTION OF SIGN

Total Height		TYPE OF LIGHTING	
Total square feet of faces of one face:		Internal Diffused	<input type="checkbox"/>
Total square feet of all faces:		Indirect	<input type="checkbox"/>
Minimum clearance beneath sign:		Neon	<input type="checkbox"/>
TYPE OF SIGN (please check all that apply)		Directly Lighted	<input type="checkbox"/>
Freestanding	<input type="checkbox"/>	MATERIALS	
Roof mounted	<input type="checkbox"/>	Foundation:	<input type="checkbox"/>
Building mounted	<input type="checkbox"/>	Sign Board:	<input type="checkbox"/>
Shopping Center ID sign	<input type="checkbox"/>	Support Structure:	<input type="checkbox"/>
Permanent	<input type="checkbox"/>	Face Material	<input type="checkbox"/>
Temporary	<input type="checkbox"/>	*Signs in right-of-ways and easements are prohibited and will be removed at the owner's expense*	
Conventional	<input type="checkbox"/>		
Spectacular	<input type="checkbox"/>		

* Please attach drawings of sign specifications for permanent signs *

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of the laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of this permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or performance of construction.

Signature of contractor or Authorized Agent	Date	Signature of Owner (if owner is builder)	Date
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/14/15

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 K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME: SMALL COMMERCIAL UNIT PHONE (A/C, No. Ext): 877-783-1161 FAX (A/C, No): 260-459-5870 E-MAIL ADDRESS: SCU@KANDKINSURANCE.COM
INSURER(S) AFFORDING COVERAGE	
INSURED LYC CONCOURS CORPORATION D/B/A KEELS & WHEELS CONCOURS D' ELEGANC PO BOX 156 SEABROOK, TX 77586	INSURER A: NATIONWIDE MUTUAL INSURANCE CO NAIC # 23787 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** 1828758 **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. NC=NOT COVERED

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 <u>Owners & Contractors</u> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		Y	FWC0027241100	12:01AM 3/09/16	12:01AM 3/09/17	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) NC PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE 5000000 PRODUCTS-COMP/OP AGG 5000000 Part lgl Liab NC
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			FWC0027241100	12:01AM 3/09/16	12:01AM 3/09/17	COMBINED SINGLE LIMIT (Ea Accident) 1000000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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	Y/N <input type="checkbox"/>	N/A				PER-STATUE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

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

THE CERTIFICATE HOLDER IS ADDED AS AN ADDITIONAL INSURED, BUT ONLY FOR LIABILITY CAUSED, IN WHOLE OR IN PART, BY THE ACTS OR OMISSIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER CITY OF SEABROOK SEABROOK, TX	CANCELLATION 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 SEABROOK

***** R E P R I N T R E C E I P T*****

REC#: 00656762 3/09/2016 4:21 PM
OPER: 006 TERM: 006
REF#: 12449

TRAN: 3.0000 LICENSES & PERMITS
KEELS AND WHEELS SPECIAL
PERMIT
LICENSES & PERMITS/ 50.00CR

TENDERED: 50.00 CHECK
APPLIED: 50.00-

CHANGE: 0.00