



STREET USE APPLICATION

Event: LABOR DAY PARADE + LABOR TEMPLE COOP ASSOCIATION
 Sponsored by: FOX VALLEY AREA LABOR COUNCIL
 Responsible Person: MARK WESTPHAL
 Address: P.O. BOX 186
MENASHA, WI 54957
 Phone: 920-727-1790
 Email Address: SSWES@EARTHLINK.NET

Street Use Date: 9-3-12
 Start Time: 9:30 AM
 End Time: 11:30 AM
 Number of Units: 50
 (Parades)

Street Route: (Attach Map) _____
 Description of Use: SEE ATTACHED LETTER

Liability Insurance has been secured in the amount of \$ 1,000,000 with the City of Menasha named as the additional insured. This is primary insurance.
 Insurance Company: MAYER + ASSOCIATES Policy No. 00520-12705
 (Attached is a copy of the certificate of insurance and endorsement, each naming the City of Menasha as additional insured).

Date: 6-25-12 Applicant's Signature: Mark Westphal / Lawrence E. Hruska Treasurer L.T.C.A.

Permit Fee: Each application for a Street Use Permit shall be accompanied by a fee of \$25.00 along with a Special Event Fee of \$25. Please make checks payable to City of Menasha in the amount of \$50.00.

ppd \$50 cash

Note to events planning to use City Parks and/or greenspace: Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

TO BE COMPLETED BY CITY STAFF (Revised January 16, 2012)

Scheduled Park & Recreation Board Review Date: _____
 Not Required: Approved: _____ Denied: _____

Scheduled Common Council Review Date: 8-6-12
 Approved: _____ Denied: _____

APPROVAL:
 Police Dept. [Signature] Fire Dept. [Signature] Public Works Dept. MR City Attorney [Signature]



Fox Valley Area Labor Council AFL-CIO

P.O. Box 186
Menasha, Wisconsin 54952-0186
920-727-1790 Phone
920-727-1794 Fax
www.wi.aflcio.org/foxvalley



July, 2012

TO: Labor Day Parade Participants

The Fox Valley Area Labor Council is preparing for its 2012 observance of Labor Day.

This will be our **30th Annual Celebration**. One of the highlights of this event is the **Parade** through the Cities of Neenah and Menasha on **Monday, September 3, 2012**. Would you be interested in celebrating along with us by taking part in this year's Parade?

The Parade will begin in Menasha at Curtis Reed Square at 10:00 a.m. Please have your entry at the parking lot area of Germania Hall, 320 Chute Street, Menasha Wi., by 9:30 a.m. for line-up instructions.

The Parade will travel west down Main Street in Menasha. It will proceed to Tayco Street in Menasha and then head south, crossing both the Tayco Street and Washington Street Bridges. We will enter Neenah on Commercial Street and continue south. At Main Street in Downtown Neenah the Parade will turn right and head west to the intersection of Church Street and Main Street where the Parade will end.

Please join us in the Parade and help make our Labor Day a successful event. Enclosed is a Parade entry form. Please fill it out and return by August 27th, 2012 to:

Fox Valley Area Labor Council, P.O. Box 186, Menasha, WI 54952-0186 or
Fax back the form to us at 920-727-1794

Sincerely,

Mark Westphal, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/09/2012

PRODUCER Mayer & Associates 412 Broad Street Menasha, WI. 54952	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 AFFORDED BY THE POLICIES BELOW.	
INSURED Labor Temple Coop Association 157 S. Green Bay Rd. P.O. Box 127 Neenah, WI. 54956	INSURERS AFFORDING COVERAGE INSURER A: Badger Mutual Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC	00520-12705	02/13/2012	02/13/02013	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 500,000
		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) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below.				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Menasha is listed as Additional Insured.

CERTIFICATE HOLDER City of Menasha 140 Main St. Menasha, WI. 54952	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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