

Agenda
Special Meeting
Public Safety & Welfare Committee

625-52nd St, Kenosha, WI, Room 202
Monday, June 13, 2016
6:55pm

Chairperson:	Rocco J. LaMacchia, Sr	Vice Chairperson:	Jack Rose
Aldersperson:	Jan Michalski	Aldersperson:	Eric Haugaard
Aldersperson:	Keith W. Rosenberg		

Call to Order
Roll Call
Citizen Comments

1. Application for Carmichael & Associates, Inc., for a Carnival License on July 1-4, 2016 in City of Kenosha Marina Site at 5901 3rd Avenue. *(District 2)* **PUBLIC HEARING**

ALDERPERSONS' COMMENTS

IF YOU ARE DISABLED AND NEED ASSISTANCE, PLEASE CALL 653-4050 BY NOON BEFORE THIS MEETING TO MAKE ARRANGEMENTS FOR REASONABLE ON-SITE ACCOMMODATIONS.



SHELLY BILLINGSLEY, MBA, PE
Director of Public Works

June 15, 2016

To: Rocco L. LaMacchia, Sr., Chairman,
Public Safety & Welfare Committee

From: Shelly Billingsley, MBA, PE
Director of Public Works

Shelly Billingsley 6-15-16

Subject: Application for Carmichael & Associates, Inc., for a Carnival License on July 1-4,
2016 in City of Kenosha Marina Site at 5901 3rd Avenue. (*District 2*)

BACKGROUND INFORMATION

Staff received this application request from Carmichael & Associates, Inc., for a Carnival License on July 1-4, 2016 in the Marina Parking Lot on 3rd Avenue and 58th Street. There have been no issues in previous years regarding this Carnival.

RECOMMENDATION

Staff recommends approval.

SB:dm



FILED 6/10
INITIALS ymn
ADVERSE/NO ADV
PS&W 6/20 SM
CC/Mayor 6/20

CARNIVAL LICENSE
Type: 124 Fee: \$50.00/Event

Date(s): July 1-4 Hours: Fri 5pm-11pm Sat + Sun + Mon 12pm-11pm

(Chapter 12.03- City of Kenosha, Code of General Ordinances) Applications shall be approved by the Common Council, following review by the Committee on Public Safety & Welfare. See below for approval by Mayor.

1. Corporation/Organization: Carmichael & Associates, Inc
Happenings Magazine
2. Mailing Address: 1420 63rd St. Kenosha WI 53143
3. Location of Carnival: Parking lot directly East of Madrigano Shores District# 3rd Ave & 58th St. 2
4. Individual in Charge of Event: Frank Carmichael
5. Phone: 262-564-8800 Email: Reanna@happeningsmag.com
(correspondence will be via email if address is given)

READ CAREFULLY BEFORE SIGNING:
A condition of such license shall be the furnishing of a Certificate of Insurance, containing a provision that the City Clerk shall be notified twenty (20) days in advance of the effective date of any termination or cancellation thereof, which Certificate shall indicate that there is, in full force and effect, a policy of public liability insurance and motor vehicle liability insurance for each motor vehicle used in conjunction with the licensed activity, issued by an insurance company licensed to do business in the State of Wisconsin, in the amount of Two Million (\$2,000,000.00) Dollars protecting against claims involving death and personal injury, and One Hundred Thousand (\$100,000.00) Dollars protecting against claims involving property damage.

I (we) hereby agree to comply with all laws, rules and regulations of the State of Wisconsin and the City of Kenosha. Furthermore, I (we) understand that the Mayor, Building Inspector, Health Administrator, or Fire Chief may suspend operations for 24 hours pending an investigation of any unsafe condition.

Applicant's Signature: [Handwritten Signature] Date: 6/10/16
(Individual/Agent of Corporation)

Approval by the Mayor in the event that there is not a Common Council meeting from the time an application is submitted and prior to the event after consultation with the alderman of the district in which the carnival is to operate.

Mayor: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: KL

DATE (MM/DD/YYYY)

06/02/2016

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 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).

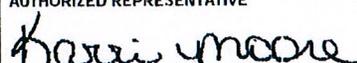
PRODUCER Trottier Insurance Group 5320 Green Bay Rd Kenosha, WI 53144 Carrie Stenholz, LUTCF		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: CARMICH	
INSURED Carmichael & Associates, Inc. dba Happenings Magazine 1420 63rd Street Kenosha, WI 53143		INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mutual Insurance INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 15350	

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 SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		0218511	04/28/2016	04/28/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			0218511	04/28/2016	04/28/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ WAIVED			0218511	04/28/2016	04/28/2017	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
								\$
A	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	0287142	04/28/2016	04/28/2017	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
			N/A				E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Regarding: Celebrate America 7/2/2016 - 7/4/2016 Rainbow Valley Rides.
The City of Kenosha is named as additional insured.

CERTIFICATE HOLDER City Of Kenosha 625 52nd Street Kenosha, WI 53140		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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.
ADDITIONAL INSURED – NOT OTHERWISE CLASSIFIED

This endorsement modifies insurance provided under the following:

**BUSINESSOWNERS COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE PART**

SCHEDULE

Name of Person or Organization (Additional Insured):

City Of Kenosha
625 52nd St
Kenosha, WI 53140-3480

WHO IS AN INSURED is amended to include as an insured the person or organization shown in the Schedule as an additional insured, but only with respect to liability incurred solely as a result of some act or omission of the named insured.

It is further understood and agreed that the designation of the entity named as an additional insured does not increase or alter the limit of liability, nor the scope of coverage of this policy.

The coverage granted to the additional insured under this endorsement shall be excess over any other valid and collectible insurance, whether contingent, excess or primary.

This endorsement provides no coverage to the additional insured for its liability arising out of the claimed negligence, statutory liability or fault of the additional insured.

As a condition of coverage, the additional insured shall be obligated to tender the defense and indemnity of every claim or suit to all other insurers that may provide coverage to the additional insured, whether on a contingent, excess or primary basis.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EARLIER NOTICE OF CANCELLATION AND/OR NONRENEWAL

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART

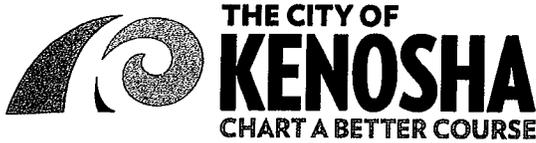
Notice of Cancellation and/or Nonrenewal to other Person(s) or Organization(s)

SCHEDULE

Name of Person(s) or Organization(s): City of Kenosha 625 52nd St Kenosha, WI, 53140-3480		
Notice of Cancellation Other Than Nonpayment	Number of Days Notice	<u>30</u>
Notice of Cancellation Nonpayment of Premium	Number of Days Notice	<u>10</u>
Notice of Nonrenewal	Number of Days Notice	<u>60</u>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

As indicated in the Schedule above, we will mail or deliver written Notice of Cancellation for a statutorily permitted reason and/or Notice of Nonrenewal to the person(s) or organization(s) shown.

Unless a specified number of Days Notice is shown above, the Notice of Cancellation and/or Notice of Nonrenewal does not apply.



June 15, 2016

Carichael & Associates Inc.
Attn: Frank Carmichael
1420 63rd St
Kenosha, WI 53143

RE: Carnival License for July 1-4, 2016

Dear Mr. Carmichael:

Your request for a Carnival License from July 1-4, 2016 at the Marina Parking Lot on 3rd Avenue and 58th Street will be reviewed by the Public Safety & Welfare Committee. The meeting is scheduled for:

Monday, June 20, 2016
6:55 p.m.
Room 202
Kenosha Municipal Building, 625-52nd Street

You and/or your representative are required to appear.

If you have any questions, you may contact me at 262-653-4065 or dmiles@kenosha.org.

Sincerely,

Diane S. Miles
Secretary of the Public Safety & Welfare Committee

cc: Public Safety & Welfare Committee
Shelly Billingsley, Acting Director of Public Work – w/a
Via Email – reanna@happeningsmag.com