



Sidewalk Use Application

The undersigned hereby makes application for a Sidewalk Use Permit in the City of Leavenworth, Kansas under the provisions of the Cody of Ordinances, Chapter 42 Streets, Sidewalks and Other Public Places

1 - 3 Days \$15.00 4 Days - 3 Months \$40.00 3 Months - 1 Year \$100.00

BUSINESS INFORMATION:

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Email: _____

Address of premise to be permitted: _____

Sidewalk Use Start Date: _____ End Date: _____

APPLICANT INFORMATION:

Applicant Name: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

Applicant Phone: _____ Email: _____

APPLICATION MUST INCLUDE THE FOLLOWING:

A certificate of liability insurance issued by a company authorized to do business in the state providing \$1,000,000.00 per occurrence for bodily injury or property and \$2,000,000.00 aggregate coverage. In the description of operations section shall include the following: "Sidewalk/Public Way Use" and "City of Leavenworth, its assigned, officers and affiliates are additional insured on a primary and non-contributory basis." The policy shall further include a provision that notice of change or cancellation shall be given to the city.

Office Use Only

____ Date
____ Received By
____ Insurance
____ Account Number
____ License Number
____ Bill Number
____ City Manager Approval

By signing, I agree to comply with the City of Leavenworth Ordinances, Rules, or Regulations that govern the license and that all information provided is true and correct. I understand that it is unlawful for any person to use the streets, alleys and other public places, including sidewalks and parking areas, for display, storage and sale of merchandise of any kind, or for exhibitions or advertising or other purposes other than customary traffic and common use of such public places, without first procuring a permit therefore. Further, I additionally acknowledge that once my permit expires I am to clear the sidewalk.

Applicant Signature: _____ Date: _____

Fees paid are not prorated, refundable or transferable

Office of the City Clerk • 913-682-9201 • City of Leavenworth • 100 N. 5th Street • Leavenworth, Kansas 66048



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/11/2019

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 Agent	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Insurance Company	
INSURED Named Insured	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: Sidewalk Use

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	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			Policy #			EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						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	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	HIRED AUTOS							\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DEED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			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)

Sidewalk/Public Way Use. City of Leavenworth, its assigned, officers and affiliates are additional insured on a primary and non-contributory basis. 30 day notice of cancellation will be provided.

CERTIFICATE HOLDER**CANCELLATION**

<p>City of Leavenworth 100 N 5th Street Leavenworth, KS 66048</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.