

Agenda Item
October 15, 2019

Subject: Wind Riders Motorcycle Organization Travel Portion Right-of-Way
Solicitor's Application

Department: Finance

Jeff and Kristina L Taylor, dba Wind Riders Motorcycle Organization meets all of the requirements, including insurance, as stated in City Code Article X Section 16-132 for a Travel Portion of Right-of-Way Solicitor's permit.

Proposed dates: November 9, 2019 8:00 am – 5:00 pm

Location: Osage and Austin intersection

Proceeds will be used for needy families for Christmas.

RESOLUTION NO. 1544

A RESOLUTION OF THE CITY OF NEVADA, MISSOURI APPROVING A TRAVEL PORTION OF RIGHT-OF-WAY PERMIT FOR JEFF AND KRISTINA L TAYLOR, DBA WIND RIDERS MOTORCYCLE ORGANIZATION.

WHEREAS, Wind Riders Motorcycle Organization has submitted a Travel Portion of Right-of-Way Solicitor's Application;

WHEREAS, Solicitation will occur at the intersection of Osage and Austin Boulevard;

WHEREAS, The permit will be valid for November 9th, 2019 from 8:00 a.m. to 5:00 p.m.;

WHEREAS, The applicant has met all of the requirements in the Municipal Code X Section 16-132;

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Nevada, Missouri that the application for a Travel Portion of Right-of-Way Solicitor's Permit, is hereby approved.

PASSED, APPROVED AND ADOPTED, by the City Council of the City of Nevada, Missouri, this 15th day of October, 2019.

George Knox, Mayor

(seal)

ATTEST:

Johnna Williams, Deputy City Clerk

City of Nevada
Traveled Portion of Right-of-Away Solicitor's Application
110 S. Ash Nevada, Mo. 64772
Phone 417-448-5115 Fax 417-381-1938
www.nevadamo.gov

Company Name: Wind Riders Motorcycle Organization

Company Address: 124 E. Marvin Ave Walker, Mo. 64790

Phone: 417-296-0002 Fax: N/A

E-Mail: N/A

Local Address: Same as above

Local Phone: N/A Local Fax: N/A

Full Name of Applicant: Jeffery Wayne Taylor
(Manager/ contact person)

Applicant's Address: 124 E. Marvin Ave, Walker, Mo. 64790

Home Phone Same as Above

Number of solicitation events held in Nevada this year: This is the only one

Dates of past events held: Last November

Proposed solicitation location: Osage and Austin intersection
 Washington and Cherry intersection

Proposed date(s) and time(s) of solicitation: 10/09/19 8^{AM}-5 PM

Proceeds of solicitation will be used for Needy families for Christmas

DECLARATION OF REVENUE AND EXPENSES:

Previous Revenue Collected \$ 1,000

Current Expenses Estimated \$ 0

Previous Collection Expenses \$ 0

Current Revenue Expected \$ 1,000

Patrick Burdick 225 W. Joe Davis El Dorado Springs, Mo.

Tina Taylor 23137 E. EE Hwy. Walker, Mo.



Austin Martinez - 124 E Martin Ave. Walker MO 64790

[REDACTED]

Jake & Sam^{Tobbs} - 109 E Southern Ave Walker MO 64790

[REDACTED]

Colleen - 111 E Leslie Ave Walker MO 64790

Dean [REDACTED]

Joel - Wischart - 350 NW 40th Rd. Lamar MO 64759

[REDACTED]

Josh - Vunovich - 15164 E Quail Rd Nevada MO 64772

[REDACTED]

Andy - Miles - 1732 E. Oak Ft. Scott KS 66701

[REDACTED]

Patrick - Burdick - 225 W. Joe Davis EL Do MO 64744

[REDACTED]

David - Hargraves - 1006 N West St. Nevada MO 64772

[REDACTED]

Rachel Crauens - 1732 E Oak Fort-Scott KS 66701

[REDACTED]

Chris Dines - 111 N. 3rd St Walker MO 64790

[REDACTED]

Jessica Quinhuis - 111 N. 3rd St. Walker MO 64790

[REDACTED]

Dave Pratt - ~~1002~~ 1002 E 9th Lamar MO 64759

[REDACTED]

Jeff & Kristina - 124 E Marvin Ave Walker, MO 64790

[REDACTED]

Taylor

[REDACTED]

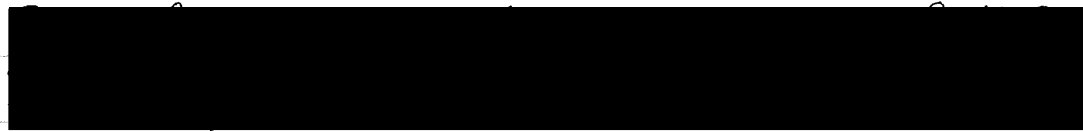
Jerrica Taylor - 511 E Marvin Walker, MO 64790



Jeff Mayhugh - 157 Jason St. Nevada MO 64772



Shannon Bates - 225 W Joe Davis El Do MO





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/11/2019

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 Danny L Robinson Po Box 84 Butler, MO 64730 (660) 679-4911 (083/188)	CONTACT NAME: Danny L Robinson PHONE A/C No. Ext.: (660) 679-4911 FAX A/C No.: (660) 679-4811 E-MAIL ADDRESS: drobinso@amfam.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: American Family Mutual Insurance Company, S.L.	
NAIC # 19275	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 <input type="checkbox"/>						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BODILY INJURY \$ \$
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			24-XM3700-02	11/14/2018	11/14/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	<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"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 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)
Additional insured: City of Nevada event 11/09/2019

CERTIFICATE HOLDER City of Nevada 110 S Ash St Nevada, MO 64772	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 Tamalene K Rapp
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