



CITY COUNCIL Agenda Item #18-306(a)

Date: October 10, 2018

Consent X Discussion _____

SUBJECT: Street Closure Permit Application, Rally for Life, 1/26/19

SUBMITTING DEPARTMENT: City Manager's Office

RECOMMENDED ACTION: Approve application from Vermont Right to Life for the rolling closure of half of Main Street from City Hall and half of State Street to the State House for the annual Rally for Life on Saturday, January 26th from 11:00 – 11:45 AM.

STRATEGIC OUTCOME/INITIATIVE: Inclusive, Equitable and Welcoming Community

PRIOR ACTION: N/A

EXPENDITURE REQUIRED: N/A

SOURCE OF FUNDS: N/A

LEGAL REQUIREMENTS: Requests for street closures requires Council approval.

BACKGROUND INFORMATION: This is an annual event.

SUPPORTING DOCUMENTS: Street Closure Application

INTERESTED PARTIES: Applicant; Residents; Fire; Police and Public Works

CITY MANAGER'S APPROVAL:

A handwritten signature in black ink, appearing to read "W. Hoffman".

1. Event Sponsor

Name: Vermont Right to Life	Email: vrle@vrle.net
Address: PO Box 1079, Montpelier, VT 05454	
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2. Event Details

Name of Event: Rally for Life	
General description of the event (1 to 3 sentences): Pro-life participants gather behind City Hall to march to the steps of the State House	
Date of Event: January 26, 2019	Start and End Time of Event: 11:00am to 11:45am
Street(s) to be Closed - Please attach a sketch of the event layout. we ask for just half of street from Main Street behind City to State Street to State House	
Time Street will close (recommend up to an hour before event): not needed event takes place inside the SH	Time Street will reopen (recommend 30 minutes after the event ends):
Number of Staff/Volunteers on site for Event: 10	
Number of people expected at event: 250 - 300	Number of vendors and/or entertainers who will participate: 0
Name of General liability insurance carrier - Please attach proof of insurance. (General liability insurance for Special Events in the downtown area must be obtained by the Event Sponsor.) see attached!	

3. Community Support

<p>Is this a reoccurring event in Montpelier?</p> <p>Yes</p>	<p>If no, do you have experience elsewhere with such events? Please explain.</p>
<p>How does this event benefit the public (as outlined in the Street Closure Policy)?</p> <p>It provides an opportunity to hear an alternative point of view!</p>	

4. Public Safety and Public Health

<p>Please describe any discussions or arrangements that the Event Sponsor has made with public safety or public works professionals in Montpelier.</p> <p>The police usually have two officers in cars to keep things moving along and keeping traffic to one lane</p>
<p>What arrangements have been made for food, water, and toilet facilities (if applicable)?</p> <p>N/A</p>
<p>What arrangements have been made to assure that litter will be cleaned up and disposed of and that trash and recycling containers will be provided?</p> <p>N/A</p>
<p>If additional law enforcement officials will be hired for your event, please list:</p> <p>N/A</p>
<p>Please note any other unique aspects of this event:</p> <p>it is peaceful, orderly & very short</p>
<p>Will noise levels or hours exceed the city's noise ordinance? If so, will this event require a request for variance from the noise ordinance?</p> <p>No</p>



Special Event / Street Closure Permit Application

5. Accessibility

As this event will take place on public property, I, as the Event Sponsor, attest that this event and all related programming and facilities meet the Americans with Disabilities Act accessibility requirements. These requirements are available at the City's website.

Mary Beerwith Mary Beerwith 1/26/18
Signature Printed Name Date

6. Signature

I, the undersigned, certify that the information provided above is valid and I will abide by any additional provisions note by Officials below. I acknowledge that I have read and understand the Montpelier Street Closure policy and that I am responsible for compliance with all requirements contained in that policy. I also agree to be onsite for the duration of the above mentioned street closure.

Mary Beerwith Mary Beerwith 1/26/18
Signature Printed Name Date



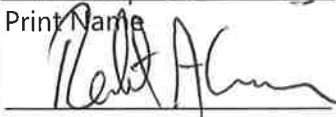
Notice Documentation

Name of Event: <u>Rally for Life</u>	
Date of Event: <u>1/26/19</u>	Start and End Time of Event: <u>11:00am - 11:45am</u>
Street(s) to be Closed: <u>some of Main and some of State</u>	
Time Street will close (recommend up to an hour before event): <u>not necessary</u>	Time Street will reopen (recommend 30 minutes after the event ends): <u>not necessary</u>
Date of City Council Meeting to consider permit request:	
Describe Efforts made to notify residents and businesses along the street to be closed. Notification must include both the date/time of the proposed event and the date/time of the City Council meeting where the street closure will be considered.	

please feel free to contact me with any questions - after the walk to the state house participants will enter house chambers for announcements and to hear a guest speaker. all facilities meet the ADA requirements.

FOR OFFICIAL USE ONLY

The following parties have reviewed and approved:

POLICE	
<p>Reviewed by:</p> <p><u>Anthony J. Facos</u> Print Name</p> <p> Signature</p> <p><u>08/27/2018</u> Date</p>	<p><input type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input checked="" type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p style="margin-left: 20px;">- Patrol to escort (run) at march and control traffic at State & Main Streets.</p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
PUBLIC WORKS	
<p>Reviewed by:</p> <p><u>Thomas McArdle</u> Print Name</p> <p> Signature</p> <p><u>8/24/18</u> Date</p>	<p><input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>
FIRE DEPARTMENT	
<p>Reviewed by:</p> <p><u>Robert Gowans</u> Print Name</p> <p> Signature</p> <p><u>8.29.18</u> Date</p>	<p><input type="checkbox"/> Reviewed – recommend approval with no conditions</p> <p><input checked="" type="checkbox"/> Reviewed – recommend approval with conditions:</p> <p style="margin-left: 20px;">Maintain Emergency Vehicle Access</p> <p><input type="checkbox"/> Reviewed – do not recommend approval</p>



Special Event / Street Closure Permit Application

MONTPELIER ALIVE	
Reviewed by: <u> Dan Groberg </u> Print Name <u> DS </u> Signature <u> 8/24/18 </u> Date	<input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval
OTHER	
Reviewed by: _____ Print Name _____ Signature _____ Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval

This permit request was reviewed at the _____ City Council meeting.
 (MONTH/DAY/YEAR)

This permit request was: APPROVED _____ DENIED _____

**COMMERCIAL LINES POLICY - COMMON POLICY DECLARATIONS
NAUTILUS INSURANCE COMPANY**

An Arizona Corporation

Transaction Type: Renewal

Policy No. NN959162

Renewal of Policy # NN825897
 Rewrite of Policy # _____
 Cross Ref. Policy # _____
 NIC Quote # _____

Inspection Ordered:
 Yes No

The company issuing this policy has not been licensed by the state of Vermont and the rates charged have not been approved by the Commissioner of Financial Regulation. Any default on the part of the insurer is not covered by the Vermont Insurance Guaranty Association.

Named Insured and Mailing Address

(No., Street, Town or City, County, State, Zip Code)
 Vermont Right to Life Committee, Inc.
 PO Box 1079
 Montpelier VT 05601

Agent and Mailing Address

Agency No. 04400 00

(No., Street, Town or City, County, State, Zip Code)
 New England Excess Exchange, Ltd.
 PO Box 650
 Barre, VT 05641

NO FLAT CANCELLATION

Policy Period: From 07/15/2018 to 07/15/2019 at 12:01 A.M. Standard Time at your mailing address shown above.

Business Description: Non Profit Advocacy Organization

Tax State VT

Form of Business: Individual Partnership Joint Venture Trust Limited Liability Company (LLC)
 Organization, including a Corporation (but not including a Partnership, Joint Venture or LLC)

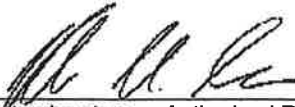
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,
 WE WILL PROVIDE YOU THE INSURANCE STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.		PREMIUM
Commercial General Liability Coverage Part		\$ 750.00
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
		\$ _____
Tax & Fee Schedule	TOTAL ADVANCE PREMIUM	\$ 750.00
	Minimum & Deposit	
Service Fee	85.00	\$ 107.50
S/L Tax	22.50	
	TOTAL TAXES & FEES	
	TOTAL	\$ 857.50

Form(s) and Endorsement(s) made a part of this policy at time of issue:
Refer to Schedule of Forms and Endorsements.

New England Excess Exchange, LTD.

Countersigned: Barre, VT
 07/05/2018 Rita SM

By 
 Countersignature or Authorized Representative, whichever is applicable

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.
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