

Village of Bluffton Council Meeting Agenda

June 10, 2024 at 7:00 PM

**Held at Bluffton EMS Building, 115 E. Washington St.



Opening Ceremonies

Call to Order, Mayor Johnson presiding

Pledge of Allegiance



Minutes

Approval of the minutes for the Village Council meeting held on Tuesday, May 28th, 2024

Bills

Public Comment:

Committee Reports

Utilities Committee – May 30th

Insurance Committee – May 30th

Boards & Commissions

LEGISLATION

RESOLUTION NO. 14-2024

2nd Reading

A RESOLUTION OF THE VILLAGE OF BLUFFTON TO PLACE ON THE NOVEMBER 5, 2024 BALLOT THE ISSUE OF IMPOSING AN ADDITIONAL UNIFORM INCOME TAX AT A RATE OF ZERO POINT FOUR PERCENT (0.4%) FOR THE PURPOSE OF GENERATING REVENUE FOR THE CAPITAL NEEDS AND OPERATIONS OF THE SAFETY SERVICES DEPARTMENTS OF THE VILLAGE OF BLUFFTON, OHIO WHICH INCLUDE THE BLUFFTON E.M.S., BLUFFTON FIRE AND BLUFFTON POLICE DEPARTMENTS, PURSUANT TO O.R.C. 718.04

ORDINANCE NO. 04-2024

2nd Reading

AN ORDINANCE: TO INCREASE THE CURRENT INCOME TAX UPON THE INCOME OF ALL RESIDENTS OR THOSE PERSONS RECEIVING INCOME WITHIN THE VILLAGE OF BLUFFTON, OHIO WHICH IS TO BE COLLECTED ANNUALLY FOR TWENTY (20) YEARS AND IN ACCORDANCE WITH OHIO REVISED CODE 718.04. UPON THE PASSING OF SAID TWENTY (20) YEARS THIS TAX WILL NEED TO BE RENEWED. THIS ADDITIONAL INCOME SHALL BE MEASURED BY MUNICIPAL TAXABLE INCOME AT A RATE OF 0.4% ANNUALLY. THE PURPOSE OF THE INCOME TAX IS TO RAISE REVENUE FOR THE CAPITAL NEEDS AND OPERATIONS OF THE SAFETY SERVICES DEPARTMENTS OF THE VILLAGE OF BLUFFTON, OHIO WHICH INCLUDE THE BLUFFTON E.M.S., BLUFFTON FIRE AND BLUFFTON POLICE DEPARTMENTS. UPON PASSING OF SAID ORDINANCE THE TOTAL TAX RATE FOR THE VILLAGE OF BLUFFTON, OHIO SHALL BE 1.65% ANNUALLY.

Village Administration Report:

Mayor:

Safety Services Reports:

-EMS-

-Fire Dept.-

-Police Dept.-

Meeting Dates (meetings held at the Town Hall unless otherwise noted*)

- *Public Meeting – Monday, June 10th at 6:00 pm at EMS Building, 115 E. Washington St.*
- *Council Meeting – , Monday, June 10th at 7:00 pm at EMS Building, 115 E. Washington St.*
- *Public Meeting – Tuesday, June 18th at 7:00 pm at EMS Building, 115 E. Washington St.*
- Council Meeting – Monday, June 24th at 7:00 pm

Public Comment

Adjournment – Motion and Second

Village of Bluffton – Regular meeting May 28, 2024, at 7:00 p.m.

Mayor Johnson presiding. Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia present.

Cupples motioned, seconded by Kingsley, to approve the minutes from the regular council meeting held on April 22, 2024. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Cupples motioned, seconded by Sehlhorst, to approve the minutes from the regular council meeting held on May 13, 2024. Roll Call: Yes (5) Messrs: Cupples, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (1) Kingsley, motion approved.

Steiner motioned, seconded by Talavinia, to approve the bills as presented. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Sehlhorst motioned, seconded by Cupples, to approve a request to place an honorary Elbert Dubenion Drive sign on Bentley Road between W. Elm St. and the Bluffton University football parking lot entrance and to allow a future recognition display on Village right of way in that area. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Sehlhorst motioned, seconded by Cupples, to approve the closing of Vine St. on Saturday mornings at 7:00 a.m. until Sunday evenings at 5:00 p.m. for the months of June, July & August 2024 to allow use of Vine St. for regular social gatherings and events throughout the summer months. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Cupples motioned, seconded by Kingsley, to add the first readings of Resolution 14-2024 and Ordinance 04-2024 to the agenda under the reading of legislation. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

The Fiscal Officer gave the following readings:

1st Reading:

Resolution 12-2024 – A Resolution authorizing the Village of Bluffton to make application to the Ohio Department of Transportation, Office of Aviation, for an Ohio Airport Improvement Program Grant for the SFY 2025 and declaring an emergency. Sehlhorst motioned to suspend the rules, seconded by Cupples. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved. Talavinia motioned to adopt the Resolution, seconded by Kingsley. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Resolution 13-2024 – A Resolution authorizing the Village of Bluffton to make application to the Ohio Department of Transportation, Office of Aviation, for an Ohio Airport Improvement Program Grant for the SFY 2025 and declaring an emergency. Sehlhorst motioned to suspend the rules, seconded by Kingsley. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved. Cupples motioned to adopt the Resolution, seconded by Stahl. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Resolution 14-2024 – A Resolution of the Village of Bluffton to place on the November 5, 2024 ballot the issue of imposing an additional uniform income tax at a rate of zero point four percent (0.4%) for the purpose of generating revenue for the capital needs and operations of the Safety Services Departments of the Village of Bluffton, Ohio which include the Bluffton E.M.S., Bluffton Fire, and Bluffton Police Departments, pursuant to O.R.C. 718.04. Stahl motioned to adopt the Resolution, seconded by Talavinia. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Ordinance 04-2024 – An Ordinance to increase the current income tax upon the income of all residents or those persons receiving income within the Village of Bluffton, Ohio which is to be collected annually for twenty (20) years and in accordance with Ohio Revised Code 718.04. Upon the passing of said twenty (20) years this tax will need to be renewed. This additional income shall be measured by municipal taxable income at a rate of 0.4% annually. The purpose of the income tax is to raise revenue for the capital needs and operations of the Safety Services Departments of the Village of Bluffton, Ohio which include the Bluffton E.M.S., Bluffton Fire, and Bluffton Police Departments. Upon passing of said Ordinance the total tax rate for the Village of Bluffton, Ohio shall be 1.65% annually. Cupples motioned to adopt the Ordinance, seconded by Kingsley. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Sehlhorst motioned, seconded by Talavinia, to approve the special event request for Bluffton History Day on August 10, 2024. Various events will be happening downtown, including a re-enactment of firefighters testing the water pressure of Bluffton's first water plant in 1897. Main Street from Town Hall to Citizens National Bank and portions of Cherry/Church Street will be closed on August 10, 2024 from 9:00 am until 2:00 p.m. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Kingsley motioned, seconded by Cupples, to approve the special event request for Bluffton Fall Festival on Sept. 28, 2024. Garau St. and Harmon Road near the hospital will be closed from 10:00 am until 3:00 p.m. Roll Call: Yes (6) Messrs: Cupples, Kingsley, Sehlhorst, Stahl, Steiner, and Talavinia. No (0), Abstain (0), motion approved.

Cupples motioned to adjourn the meeting.

The following meetings/events were included on the agenda and/or scheduled during the meeting.

Utilities Committee on Thursday, May 30 at 4:00 p.m.

Insurance Committee on Thursday, May 30 at 4:30 p.m.

Village Council on Monday, June 10 at 7:00 p.m.

MAYOR

FISCAL OFFICER

RESOLUTION NO. 14-2024

A RESOLUTION OF THE VILLAGE OF BLUFFTON TO PLACE ON THE NOVEMBER 5, 2024 BALLOT THE ISSUE OF IMPOSING AN ADDITIONAL UNIFORM INCOME TAX AT A RATE OF ZERO POINT FOUR PERCENT (0.4%) FOR THE PURPOSE OF GENERATING REVENUE FOR THE CAPITAL NEEDS AND OPERATIONS OF THE SAFETY SERVICES DEPARTMENTS OF THE VILLAGE OF BLUFFTON, OHIO WHICH INCLUDE THE BLUFFTON E.M.S., BLUFFTON FIRE AND BLUFFTON POLICE DEPARTMENTS, PURSUANT TO O.R.C. 718.04

WHEREAS, the Village of Bluffton currently provides Safety Services through a full-time Police Department along with Volunteer Emergency Medical Services (EMS) and Fire Departments, and;

WHEREAS, the Village of Bluffton currently has an income tax rate of one point two-five percent (1.25%), and;

WHEREAS, the Village of Bluffton current income tax rate generates insufficient revenue to support the capital and operational needs of its Safety Services Departments and;

WHEREAS, the Village of Bluffton pursuant to the Ohio Revised Code Section 718.04 does wish to place the issue on the November 5, 2024 ballot of imposing an additional uniform income tax at a rate of zero point four percent (0.4%) for the purpose of generating revenue for the capital and operational needs of the Village of Bluffton Safety Services Departments.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE

VILLAGE OF Bluffton, OHIO:

Section 1: That an additional income tax shall be levied upon the income of all the residents or those persons receiving income from within the Village of Bluffton, Ohio.

Section 2: That this tax shall be collected annually and in accordance with ORC 718.04.

Section 3: That this tax shall be effective January 1, 2025 and collected for the next twenty (20) years.

Section 4: That this tax shall be measured by the Municipal Taxable Income at a Rate of zero point four percent (0.4%) annually, increasing the total tax in the Village of Bluffton, Ohio to 1.65% annually.

Section 5: That the purpose of said tax is to provide revenue for the capital needs and operations of the Safety Services Departments of the Village of Bluffton, Ohio.

Section 6. That the Village of Bluffton directs the Board of Elections of Allen County and Board of Elections of Hancock County to conduct the election in which the question of whether this proposed income tax shall be put before the voters.

Section 7: That the Village of Bluffton shall file a copy of this resolution and proposed ordinance to the Board of Elections of Allen County and Board of Elections of Hancock County for their approval no less than ninety (90) days before the November 5, 2024 election.

Section 8: That if a majority of those voting on this issue in the November 5, 2024 election approve, the proposed ordinance shall be passed.

Section 9: That it is found and determined that all formal actions of the Council concerning and relating to the adoption of this resolution were adopted in the open meeting of this Council and that all deliberation of this Council and of any of its committees that resulted in such formal action were in meetings open to the public in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

Passed and Adopted the _____ day of _____, 20__, by the governing board of the Village of Bluffton, Ohio by the following vote:

Ayes: _____ Noes: _____ Abstain: _____

Attest:

MAYOR RICHARD JOHNSON

Approved as to Form:

VILLAGE SOLICITOR

ORDINANCE NO. 04-2024

AN ORDINANCE: TO INCREASE THE CURRENT INCOME TAX UPON THE INCOME OF ALL RESIDENTS OR THOSE PERSONS RECEIVING INCOME WITHIN THE VILLAGE OF BLUFFTON, OHIO WHICH IS TO BE COLLECTED ANNUALLY FOR TWENTY (20) YEARS AND IN ACCORDANCE WITH OHIO REVISED CODE 718.04. UPON THE PASSING OF SAID TWENTY (20) YEARS THIS TAX WILL NEED TO BE RENEWED. THIS ADDITIONAL INCOME SHALL BE MEASURED BY MUNICIPAL TAXABLE INCOME AT A RATE OF 0.4% ANNUALLY. THE PURPOSE OF THE INCOME TAX IS TO RAISE REVENUE FOR THE CAPITAL NEEDS AND OPERATIONS OF THE SAFETY SERVICES DEPARTMENTS OF THE VILLAGE OF BLUFFTON, OHIO WHICH INCLUDE THE BLUFFTON E.M.S., BLUFFTON FIRE AND BLUFFTON POLICE DEPARTMENTS. UPON PASSING OF SAID ORDINANCE THE TOTAL TAX RATE FOR THE VILLAGE OF BLUFFTON, OHIO SHALL BE 1.65% ANNUALLY.

NOW, THEREFORE, BE IT ORDAINED BY THE COUNCIL OF THE VILLAGE OF BLUFFTON, OHIO:

- Section 1: That an additional income tax shall be levied upon the income of all the residents or those persons receiving income from within the Village of Bluffton, Ohio.
- Section 2: That this tax shall be collected annually and in accordance with ORC 718.04.
- Section 3: That this tax shall be collected for the next twenty (20) years upon the passing of which the tax will need renewed.
- Section 4: That this tax shall be measured by the Municipal Taxable Income at a Rate of 0.4% annually, increasing the total tax in the Village of Bluffton, Ohio to 1.65% annually.
- Section 5: That the purpose of said tax is to raise revenue for the capital needs and operations of the Safety Services Departments of the Village of Bluffton, Ohio
- Section 6: That this Ordinance shall be enforceable and go into effect beginning on January 1, 2025, upon approval of the majority of those voting on the issue during the November 5, 2024 election.

Passed and Adopted this _____ day of _____, 20____, by the Council of the Village of Bluffton, Ohio by the following vote:

Ayes: _____ No's: _____ Abstain: _____

Attest:

Kevin Nickel
Village Fiscal Officer

Richard Johnson
Mayor

Approved as to Form:

Elliott T. Werth
Village Solicitor



VILLAGE OF BLUFFTON
 154 N. MAIN STREET, P.O. BOX 63 BLUFFTON, OHIO 45817-0063
 419-358-2066

APPLICATION FOR SPECIAL EVENTS

EVENT NAME: Food Truck Day DATE(S) OF EVENT: 6/1, 6/2, 7/2, 7/12, 7/13
 APPLICANT: Coral Lamb CONTACT PERSON: Coral Lamb
 APPLICANT'S ADDRESS: 405 County Line Rd, Apt. 1, Bluffton CONTACT'S PHONE: 517-271-8492
 E-MAIL ADDRESS (OPTIONAL): Coralnate@yahoo.com
 LOCATION OF EVENT: Bluffton Pool
 TIME(S) FOR EVENT: 12-6pm, except 7/12, 7/13 will be 8-6
 DESCRIPTION OF EVENT: Setting up food trucks - QT Kay's Kitchen and The Main Squeeze

SERVICES REQUESTED FROM VILLAGE: Must provide map of plans and any other information required as necessary.

TRAFFIC CONTROL: _____ NUMBER OF OFFICERS REQUESTED: _____
 Number of officers required to cover security will be determined on a case by case basis upon consultation with the Chief of Police

ROAD CLOSURE: _____

SECURITY: _____ NUMBER OF OFFICERS REQUESTED: _____
 Number of officers required to cover security will be determined on a case by case basis upon consultation with the Chief of Police

EMS SERVICES: _____ FIRE DEPT. SERVICES: _____

WATER SERVICE: _____ OTHER SERVICES: _____

ALCOHOL SERVED: YES _____ NO * Applicant is responsible for obtaining the proper alcohol permit from the Division of Liquor Control prior to the event.

EVENT'S INSURER: Next Ins. * Village must be listed as Additional Insured

ATTACH CERTIFICATE OF INSURANCE TO APPLICATION

PLEASE LIST VENDORS, SERVICES, CONTRACTORS, ETC. INVOLVED WITH EVENT:	
NAME OF VENDOR	TYPE OF SERVICE PROVIDED
<u>QT Kay's Kitchen</u>	<u>Food Truck</u>
<u>The Main Squeeze</u>	<u>Food Tent</u>

* FOOD VENDORS ARE RESPONSIBLE FOR OBTAINING ANY NECESSARY HEALTH DEPARTMENT PERMITS

I understand that the granting of this permit for the special event creates no agreement or guarantee, express or implied, to any person or entity for any liability whatsoever connected with this special event. Any liability is the sole responsibility of the person or organization responsible for the special event. By signing this application, I acknowledge that all statements made herein are true and correct and that I have the authority to bind the organization that I represent.

APPLICANT'S SIGNATURE: Coral Lamb DATE: 6-5-29-24

APPROVED
 MAYOR'S SIGNATURE: _____ DATE: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/29/2024

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 have ADDITIONAL INSURED provisions or 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 Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	CONTACT NAME: PHONE (A/C, No, Ext): (855) 222-5919 FAX (A/C, No): E-MAIL ADDRESS: support@nextinsurance.com	
	INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Next Insurance US Company 16285 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED The Main Squeeze 405 County Line Rd Apt 1 Bluffton, OH 45817		

COVERAGES **CERTIFICATE NUMBER:** 806851351 **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 INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	X	NXTLXL9DL-00-GL	04/09/2024	04/09/2025	EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000.00 MED EXP (Any one person) \$15,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMP/OP AGG \$2,000,000.00 \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<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"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER 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)
The Certificate Holder is The Village of Bluffton. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER The Village of Bluffton 154 N Main St Bluffton, OH 45817	LIVE CERTIFICATE  Click or scan to view	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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VILLAGE OF BLUFFTON

154 N. MAIN STREET, P.O. BOX 63 BLUFFTON, OHIO 45817-0063
419-358-2066

APPLICATION FOR SPECIAL EVENTS

EVENT NAME: <u>Food Trucks @ Bluffton Pool</u>	DATE(S) OF EVENT: <u>6/1/24</u>
APPLICANT: <u>QT Kays Kitchen</u>	CONTACT PERSON: <u>Quinta Thornton</u>
APPLICANT'S ADDRESS: <u>2394 N Thayer Rd Unit 4582</u>	CONTACT'S PHONE: <u>305-906-2241</u>
E-MAIL ADDRESS (OPTIONAL): <u>QTKAYSKitchen@gmail.com</u>	
LOCATION OF EVENT: <u>Bluffton Pool Parking lot</u>	
TIME(S) FOR EVENT: <u>12-6pm (set up @ 11am)</u>	
DESCRIPTION OF EVENT: <u>Food Truck Serving lunch @ the Pool</u>	

SERVICES REQUESTED FROM VILLAGE: Must provide map of plans and any other information required as necessary.

TRAFFIC CONTROL: 0 NUMBER OF OFFICERS REQUESTED: _____
 Number of officers required to cover security will be determined on a case by case basis upon consultation with the Chief of Police

ROAD CLOSURE: 0

SECURITY: 0 NUMBER OF OFFICERS REQUESTED: _____
 Number of officers required to cover security will be determined on a case by case basis upon consultation with the Chief of Police

EMS SERVICES: 0 FIRE DEPT. SERVICES: _____

WATER SERVICE: 0 OTHER SERVICES: _____

ALCOHOL SERVED: YES _____ NO x * Applicant is responsible for obtaining the proper alcohol permit from the Division of Liquor Control prior to the event.

EVENT'S INSURER: Auto Owners Insurance * Village must be listed as Additional Insured

ATTACH CERTIFICATE OF INSURANCE TO APPLICATION

PLEASE LIST VENDORS, SERVICES, CONTRACTORS, ETC. INVOLVED WITH EVENT:	
NAME OF VENDOR	TYPE OF SERVICE PROVIDED
<u>QT Kays Kitchen</u>	_____
<u>The Main Event</u>	_____
_____	_____
_____	_____
_____	_____

* FOOD VENDORS ARE RESPONSIBLE FOR OBTAINING ANY NECESSARY HEALTH DEPARTMENT PERMITS

I understand that the granting of this permit for the special event creates no agreement or guarantee, express or implied, to any person or entity for any liability whatsoever connected with this special event. Any liability is the sole responsibility of the person or organization responsible for the special event. By signing this application, I acknowledge that all statements made herein are true and correct and that I have the authority to bind the organization that I represent.

APPLICANT'S SIGNATURE: [Signature] DATE: 5/29/24

APPROVED

MAYOR'S SIGNATURE: _____ DATE: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/29/2024

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 have **ADDITIONAL INSURED** provisions or 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 Stolly Insurance Group 1730 Allentown Rd PO Box 5067 Lima OH 45802	CONTACT NAME: Rhonda McKinley PHONE (A/C No. Ext): (419) 227-2570 E-MAIL ADDRESS: rhonda.mckinley@stolly.com	FAX (A/C No.): (419) 227-8743
	INSURER(S) AFFORDING COVERAGE	
INSURED Quinton Thornton 2394 N Thayer Rd Lima OH 45801-8766	INSURER A: Auto Owners	NAIC # 18988
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 24-25**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	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			05148604	03/18/2024	03/18/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Premises/Operations \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER**CANCELLATION**

Village of Bluffton
 154 North Main St.
 PO BOX 63
 Bluffton OH 45817

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



VILLAGE OF BLUFFTON

154 N. MAIN STREET, P.O. BOX 63 BLUFFTON, OHIO 45817-0063
419-358-2066

APPLICATION FOR SPECIAL EVENTS

EVENT NAME: Dom Memorial Bike & Jeep Ride DATE(S) OF EVENT: 8-10-24
 APPLICANT: Ricki Francis CONTACT PERSON: Ricki Francis
 APPLICANT'S ADDRESS: 304 N. Main St. Mt. Cory CONTACT'S PHONE: 419-722-5499
 E-MAIL ADDRESS (OPTIONAL): rickifrancis@hotmail.com
 LOCATION OF EVENT: Elm St, From Main St. to Vance St
 TIME(S) FOR EVENT: 9:30AM - NOON
 DESCRIPTION OF EVENT: Bike & Jeep Run

SERVICES REQUESTED FROM VILLAGE: Must provide map of plans and any other information required as necessary.

TRAFFIC CONTROL: NUMBER OF OFFICERS REQUESTED: YES
 Number of officers required to cover security will be determined on a case by case basis upon consultation with the Chief of Police
 ROAD CLOSURE:
 SECURITY: _____ NUMBER OF OFFICERS REQUESTED: _____
 Number of officers required to cover security will be determined on a case by case basis upon consultation with the Chief of Police
 EMS SERVICES: _____ FIRE DEPT. SERVICES: _____
 WATER SERVICE: _____ OTHER SERVICES: _____

ALCOHOL SERVED: YES _____ NO * Applicant is responsible for obtaining the proper alcohol permit from the Division of Liquor Control prior to the event.

EVENT'S INSURER: _____ * Village must be listed as Additional Insured

ATTACH CERTIFICATE OF INSURANCE TO APPLICATION

PLEASE LIST VENDORS, SERVICES, CONTRACTORS, ETC. INVOLVED WITH EVENT:

NAME OF VENDOR	TYPE OF SERVICE PROVIDED

* FOOD VENDORS ARE RESPONSIBLE FOR OBTAINING ANY NECESSARY HEALTH DEPARTMENT PERMITS

I understand that the granting of this permit for the special event creates no agreement or guarantee, express or implied, to any person or entity for any liability whatsoever connected with this special event. Any liability is the sole responsibility of the person or organization responsible for the special event. By signing this application, I acknowledge that all statements made herein are true and correct and that I have the authority to bind the organization that I represent.

APPLICANT'S SIGNATURE: Ricki Francis DATE: 8-10-24

APPROVED

MAYOR'S SIGNATURE: _____ DATE: _____