

November 1, 2022

Dear Applicant:

Enclosed you will find an application for a 2023 Decorating Permit for the St. Cloud River's Edge Convention Center. The application, Certificate of Compliance-Minnesota Workers Compensation, and Certificate of Insurance are due back to River's Edge on or before December 31, 2022. The Certificate of Insurance must cover the permit period and be in an amount not less than \$2,000,000, naming the City of St. Cloud as an additional insured and as a certificate holder. Please reference the enclosed sample Certificate of Insurance.

The license fee for a 2023 Decorating Permit remains at \$200.00, if received on or before December 31, 2022. If received January 31, 2023 or after, the license fee for a 2023 Decorating Permit is \$400.00.

The decorating commission fee for 2023 remains at 5 percent. If your business owes decorating commissions for the year 2022, your 2023 application will not be approved until these are paid in full.

Prepared invoices for the 5 percent decorating commission will no longer be sent to you. Each decorator will be responsible for mailing a copy of the decorating invoice, along with a check in the amount representing the 5 percent commission for each event decorated at the River's Edge. The 5 percent decorating commission excludes sales tax and gratuity. All other associated fees and charges are to be included as part of the 5 percent commission.

If you have any questions, please feel free to contact me.

Sincerely,

Bill Dunsmoor
Building Manager

BD:ae
Enclosures



APPLICATION FOR DECORATING PERMIT

License Period: January 1, 2023 through December 31, 2023

Company Name: _____

Applicant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Fax Number: _____

MN Tax ID Number: _____

Contact Person: _____

Contact Telephone: _____

Website Address: _____

(Posted on River's Edge Website and on Decorators List)

E-Mail Address (for River's Edge Use) _____

LICENSE FEE: \$200.00 (Application submitted prior to 12/31/22)
\$400.00 (Application submitted after 01/31/23)

Submit to River's Edge: Application for Decorating Permit, License Fee, Certificate of Compliance for Minnesota Workers Compensation, and Certificate of Insurance.

(OFFICE USE)

Amount Paid: _____ Check #/CC _____ Date Paid: _____

Approved by Manager: _____ Date _____

PARKING PERMIT NUMBERS ASSIGNED: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2022

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 Sample Insurance Agency 123 Sesame Street Sample, MN 11111	CONTACT NAME: Insurance Agency PHONE (A/C No. Ext.): 111-111-1111 FAX (A/C No.): 111-111-1111 E-MAIL ADDRESS: Insurance Company@yes.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Your Business Name</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Your Business Name		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER F:														
INSURED Your Business Name Your Business Address Your City, State Zipcode														

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.

RISK LTR	TYPE OF INSURANCE	ADOL	SUBR	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					Policy Number	01/01/2022	01/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ \$
	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"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$								COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								\$ 100,000 \$ 100,000 \$ 500,000

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of St. Cloud is listed as an additional insured.

CERTIFICATE HOLDER City of St Cloud 400 2nd Street South St. Cloud, MN 56301-3899	CANCELLATION <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 Insurance Agent Signature
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