

Antoinette McVeigh

From: noreply@civicplus.com
Sent: Saturday, March 5, 2022 2:22 PM
To: Antoinette McVeigh
Subject: Online Form Submittal: Mobile Vending Units and Transient Merchants

Follow Up Flag: Follow up
Flag Status: Flagged

Mobile Vending Units and Transient Merchants

Name of Business	Kona Ice of Peaks and Valleys
First Name	Karl
Last Name	Vogelbacher
Phone Number	970-531-7170
Email Address	konaicepeaksandvalleys@gmail.com
Mailing Address	PO Box 263
City	Tabernash
State	CO
Zip Code	80478

Project Address	throughout the Town of Fraser
Owner of Property	multiples
Owner's Phone Number	multiples
Do you have permission to use the property?	yes
Written Consent from Property Owner	<u>sales location agreement.docx</u>
Description of business activity that will take place	-curbside delivery of our Kona Ice 9shaved ice with flavors) throughout the town -set up at Town Parks and fishing ponds -attending festivals and special events during the summer

season
-set up in front of local business owners with prior written
permission from business owner

Minor Site Plan (Site Drawing) [kona at OLS.jpg](#)

Colorado Sales Tax Number 38234812

CO Dept Health and Environment Retail License to Operate a Retail Food Establishment (if applicable) [Retail Food License 2022.jpg](#)

Trash/Recycling Plan we will take all of our trash with us when we leave

Parking Plan using existing parking spaces

Cost \$20
Payment can be made with cash, check or credit card.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/30/2021

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 Northern Kentucky Insurance PO Box 357 Hebron KY 41048		CONTACT NAME: Amie Turner PHONE (A/C, No, Ext): (859) 586-8580 E-MAIL ADDRESS: amie@cornerstoneinsllc.com FAX (A/C, No): (859) 586-8616	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Great American Insurance Company of New York	NAIC # 722515
INSURED Vogelbacher Enterprise LLC, DBA: Kona Ice of Peaks & Valley PO Box 263 Tabernash CO 80478		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2020-2021

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:	Y		SPP2550580	09/02/2020	09/02/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input checked="" type="checkbox"/> 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			CAP2550581	09/02/2020	09/02/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				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 Town of Fraser is listed as an additional insured with regards to the operations of the named insured.

CERTIFICATE HOLDER**CANCELLATION**

Town of Fraser P.O. Box 370 Fraser CO 80442	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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