



*City Council Agenda Item*

|   |  |
|---|--|
| Date of Meeting:                                      | 4-18-22  |
| From/Name:  | Ray Hammons  |
| Department:   | Compliance / Managerial  |
| Item: (Exact wording as it will appear on the agenda) | Discussion and possible action on allowing Sam's Amusement Carnival<br>To set up and operate on 2380 Muskogee Ave. |
| Background:   |  |
| Funding/Cost:   | \$0  |
| Budgeted Item/Account:                                |  |
| Time Frame:   | 5-25-22 to 5-30-22   |
| Issue:  | none   |
| Recommendations:                                      | I recommend a do pass  |
| Action Needed:  |  |
| Public Notification:                                  | Sam's Amusement responsibility   |



(Blanket)  
Itinerant Vendor License

CITY OF TAHLEQUAH  
111 S. Cherokee Ave  
Tahlequah, OK 74464  
Phone: (918) 456-0651  
Fax: (918) 456-1213

All information on this form must be completed or application will be denied.

Date: 3-31-22

Event Date: 5-25-22 - 5-30-22

Address of Proposed Sale: 2380 MUSKOGEE AVE, TAHLEQUAH OK 74464

Current zoning of purposed business location: \_\_\_\_\_

Applicant: SAMS AMUSEMENTS + CARNIVALS INC. Phone Number: 651-338-6884

*Jodi Montgomery*

Address of Applicant: 13026 170th St. N.

City: Marine on St. Croix State: Mn Zip: 55047

Current State Sales Tax Number: \_\_\_\_\_

Itinerant: \_\_\_\_\_ Blanket:  1 Day: \_\_\_\_\_ 1 Week:  1 Month: \_\_\_\_\_ 6 Month: \_\_\_\_\_

Type of Business: CARNIVAL Warranty: \_\_\_\_\_

Signature of Property Owner: See Attached  
(Signifying permission to use property for proposed sale)

Applicant agrees to pay all state and city sales taxes due on all items which are subject to sales tax and recognizes that a copy of all applications will be provided to the local office of the Oklahoma Tax Commission.

This application has been  approved  denied

Applicant Signature

Clerk

Walmart

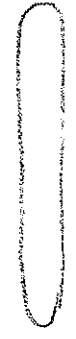
Walmart  
Parking

PARK - 26

Entrance

Walmart

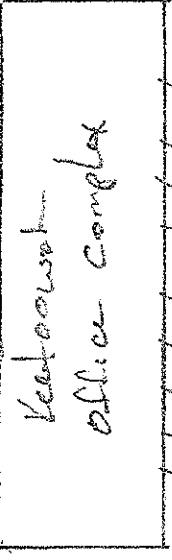
Parking



Entrance

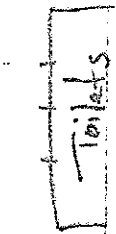
Carnival

Area



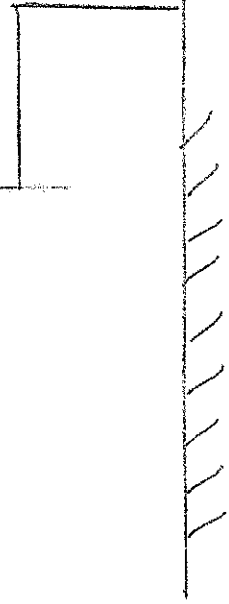
Entrance

Parking



Keatonville

Casino



Muchman Ave. 11.0

## Sam's Amusements (Plan for Tahlequah, OK)

### The last four spot Sam's Amusements played is:

Pioneer Days  
100 East Broadway  
Okemah, OK 74859

Elgin Car Show  
7892 US 277  
Elgin, OK 73538

Spring Fling  
2350 SE Washington Blvd  
Bartlesville, OK 74006

Plaza Latina  
1050 SE 44<sup>th</sup> St  
Oklahoma City, OK 73129

### List of games and prizes:

Balloons – Stuffed Animals  
Basketball (2) – Stuffed Animals, Stuffed Toys  
Bottle Up – Stuffed Animals  
Cork Gun – Stuffed Animals, Fidget Spinners  
Dozer – Figurines, Glass Mugs, Key Chains, Stuffed Animals  
Duck Pond – Blow up Toys  
Fishing Game – Rubber Balls, Small Prizes/Toys, Stuffed Animals  
Soccer – Stuffed Animals  
One Ball – Stuffed Animals  
Water Game – Stuffed Animals

### List of Rides:

### Hours of Operation:

|                    |                |                          |
|--------------------|----------------|--------------------------|
| Ballistic          | Merry Go Round | 5/25 Wednesday 6 – 10 PM |
| Bear Affair        | Pirate Ship    | 5/26 Thursday 6 – 10 PM  |
| Bumper Cars        | Rock Star      | 5/27 Friday 6 – 11 PM    |
| Ferris Wheel       | Round Up       | 5/28 Saturday 1 – 11 PM  |
| Fun Slide          | Silver Streak  | 5/29 Sunday 1 – 10 PM    |
| Funny Farm         | Sizzler        |                          |
| Go Gator           | Sky Fighter    |                          |
| Kiddie Cars        | Tilt A Whirl   |                          |
| Kiddie Motorcycles | Tornado        |                          |
| Kiddie Tractors    | Zipper         |                          |

Woody Anderson <wanderson@ukb-nsn.gov>

3/31/2022 2:20 PM

UKB Property Parking Lot Old Casino Property

To jodi montgomery <samsamusements@comcast.net>

Jodi

This email is a confirmation the UKB Corporate Board has approved a resolution to lease the parking lot at the Old Casino location next to Walmart's in Tahlequah, Oklahoma to Sam's Amusement. The approved dates are from May 25, 2022 to May 31, 2022. If you need any further information please contact me.

Woody Anderson  
Executive Director  
UKB Corporate Board  
Direct: (918) 871-2777  
Cell: (918) 910-1801



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/1/2022

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 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).

|   |  |
|---|--|
| <b>PRODUCER</b><br>McGowan Allied Specialty Insurance<br>140 Fountain Pkwy N, Suite 570<br>St Petersburg FL 33716               | <b>CONTACT NAME:</b> Shauna Martinez<br><b>PHONE (A/C, No, Ext):</b> 727-547-3052<br><b>FAX (A/C, No):</b><br><b>E-MAIL ADDRESS:</b> smartinez@mcgowanallied.com |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |
| <b>INSURED</b><br>Montgomery Leasing, Inc. and Sam's Amusements, Inc.<br>13026 170th St North<br>Marine On Saint Croix MN 55047 | <b>INSURER A:</b> T.H.E. Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b>              |

**COVERAGES**      **CERTIFICATE NUMBER:** 8092313      **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  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | CPP010002514  | 1/2/2022                | 1/2/2023                | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 0<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 10,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>\$ |
| A        | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY   |           |          | CPP010002514  | 1/2/2022                | 1/2/2023                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$   |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$  |
| A        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           | Y/N      | WCP0005051014 | 1/2/2022                | 1/2/2023                | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
PROOF OF INSURANCE

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>**PROOF OF INSURANCE** | <b>CANCELLATION</b><br><br>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<br>   |