



**Regular Council Meeting**

**A G E N D A**

**October 12, 2021**

**7:00 p.m.**

**Administrative**

Approval of Minutes  
Report of Town Manager  
Appearances before Council  
Council Comments  
Report of Council Committees  
Revisions to Agenda

**Public Hearings**

**Consent Agenda**

1-PW-6-1-1-10-12 Request to Close Street – Annual Community Christmas Tree Lighting  
in Centertown

**Old Business**

**New Business**

2-CC-15-1-1-10-12 Update on Activities - Central Virginia Planning District Commission

3-CC-15-1-1-10-12 Introduction – Superintendent of Bedford County Public Schools

Citizens may watch the meeting in real time via the Town of Bedford Live  
Stream website: <https://www.bedfordva.gov/1356/Live-Stream>

**TOWN OF BEDFORD, VIRGINIA  
TOWN COUNCIL  
ACTION FORM**

**ITEM:** Request to Close Street – Annual Community Christmas Tree Lighting in Centertown

**DATE OF COUNCIL MEETING:** October 12, 2021

**DATE:** October 4, 2021

**PRESENTATION:**

Mr. Jonathan Hayden is hosting the Annual Community Christmas Tree Lighting in Centertown on Saturday, December 4, 2021, from 1:30 p.m. to 6:00 p.m. The event will have live music, arts and craft vendors, food and kid activities. Mr. Hayden is requesting the following road closure:

South Bridge Street to be closed from 1:30 p.m. until 6:00 p.m.

Mr. Hayden will notify the Fire Department, Bedford County Fire and Rescue and Police Department of the street closing.

**ACTION REQUESTED:**

Town Council is requested to close the above street for the Annual Community Christmas Tree Lighting in Centertown on Saturday, December 4, 2021, from 1:30 p.m. to 6:00 p.m.

		YES	NO	OTHER		<u>ROUTING</u>
DATE: _____	BLACK	( )	( )	( )	TOWN ATTY.	( ) I.T. ( )
	HAILEY	( )	( )	( )	COMM. DEV.	( ) POLICE ( )
APPROVED ( )	HARTWICK	( )	( )	( )	ELECTRIC	( ) PUBLIC SERV. ( )
DENIED ( )	JOHANNESSEN	( )	( )	( )	ENGINEERING	( ) OTHER _____ ( )
DEFERRED TO:	RUSH	( )	( )	( )	FINANCE	( )
_____	SHOEN	( )	( )	( )	FIRE DEPT.	( )
	STANLEY	( )	( )	( )	H.R.	( )

Town Council-

I am writing you to request permission for a road closure on Saturday, December 4, 2021.

The closure would be for "South Bridge Street" from the times of 1:30pm-6:00pm.

On this date I will host the Annual Community Christmas Tree Lighting. This event will have Live Music, Arts & Craft vendors, Food & Kid activities.

We ask you to come out and support this festive gathering.

Thanks,  
Jonathan Hayden

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## Temporary Road Closure Permit and Town Property/Facility Use Application Instructions

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A Temporary Road Closure and Town Property/Facility Use Permit is required for all outdoor special events that require the closure of a public road as part of the event.

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For a Temporary Road Closure and Property/Facility Use Permit, please submit the following to the Town of Bedford at least 30 days prior to the event:

- A completed application form
  - A Facility use agreement
  - A map or site plan of the location and event (may be hand drawn)
  - A copy of an ABC license if alcohol will be served
  - Health Department permit if required for food service
  - If inflatables or mechanical rides are being used a building permit is required
  - Tent(s) may require a building permit depending on size or arrangement
  - Attach a cover letter describing your event
  - Payment for permit (\$100)
  - If the event will be held on public (Town) property, a certificate of insurance listing the Town as a certificate holder (not as additional insured)
- 

### Potential Conditions of Temporary Road Closure Permits

After event, return site to its original condition

Leave sufficient room on sidewalk for pedestrian traffic

Make sure any tent is securely fastened and safe

*Electrical service:* For any use that requires electrical service, a safety inspection by the Town's Building Inspector must be completed prior to the start of the event.

*Food Service:* Must be inspected and approved by the Health Department prior to the event.

*Inflatable or Mechanical rides:* Must be inspected and approved prior to the event.

**Temporary Road Closure Permit/Facility Use Application**

Accepted by: DWL  
Date Rcvd: 10-1-21

**Contact Information**

Name: Jonathan Hayden  
Company: WJ Showtime  
Address: 1015 Windy Ridge Drive

Phone: 540-425-4675  
Email: \_\_\_\_\_  
City, Zip: Bedford 24523

**Application Information**

Description of Event: Lighting of the tree

Dates and Times of Event: 3:00pm - 6:00pm 12-4-21

**Special Conditions (check all that apply)**

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Festival | <input type="checkbox"/> Inflatables       | <input type="checkbox"/> Signs/Banners              | <input checked="" type="checkbox"/> Use of Sidewalk |
| <input checked="" type="checkbox"/> Food     | <input type="checkbox"/> Mechanical Rides  | <input checked="" type="checkbox"/> Amplified Sound | <input checked="" type="checkbox"/> Tents           |
| <input type="checkbox"/> Alcohol             | <input type="checkbox"/> Town Parking lots | <input checked="" type="checkbox"/> Closing Streets | <input type="checkbox"/> Run/5K                     |

**INDEMNITY:** Applicant agrees to defend and indemnify the Town, its officers, agents and employees from all claims of every kind including all costs of defense arising out of, or which would not have occurred but for Applicant's use of the facilities licensed herein. Applicant accepts the facilities (and equipment, if applicable) in "as is" condition. Applicants shall be responsible for proper conduct of any and all persons attending the Event. By my signature on this form, I hereby confirm that the information provided above is accurate.

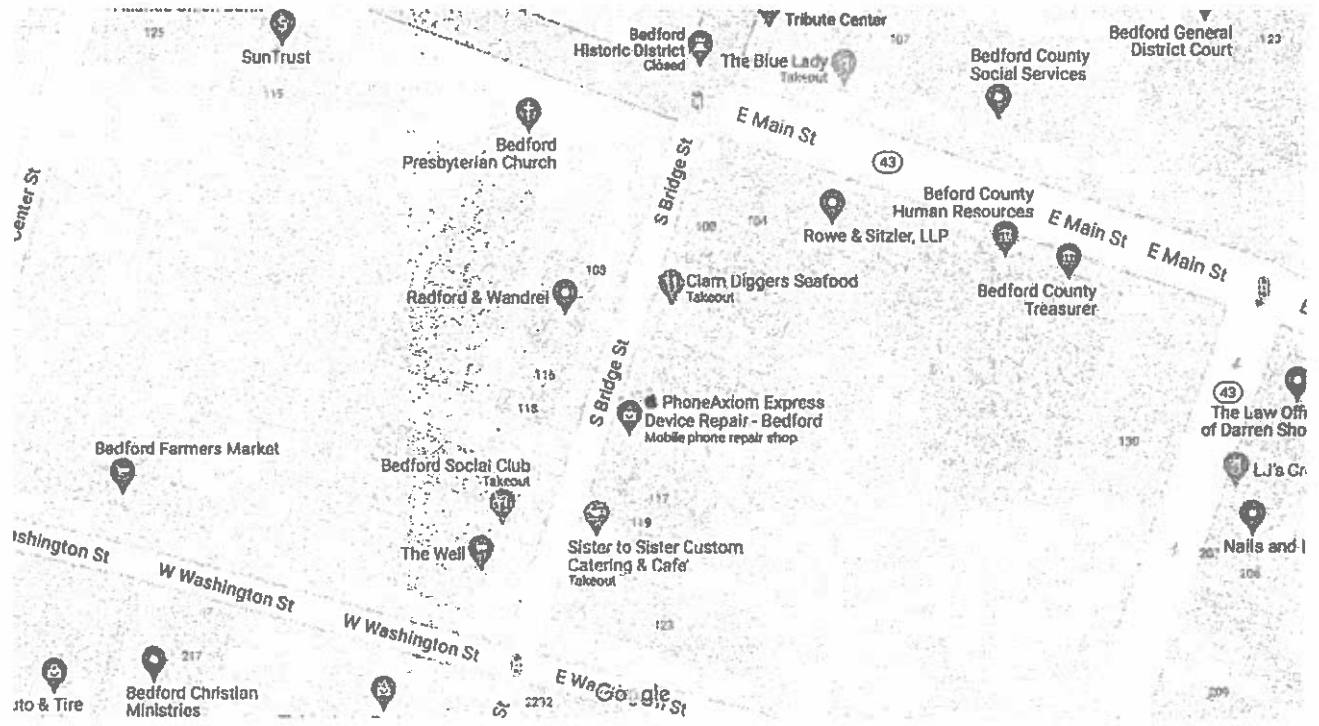
Applicant's Signature: [Signature] Date: 9-13-21

Return completed application to Town of Bedford Public Works, 702 Orange St Bedford, VA. For more information call 540.587.6081.

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Public Works | <input type="checkbox"/> Building Inspections |
| <input type="checkbox"/> Police Dept. | <input type="checkbox"/> Admin                |
| <input type="checkbox"/> Fire Dept.   | <input type="checkbox"/> Health Dept.         |

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Comments:	







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/27/2021

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).

<b>PRODUCER</b>		<b>CONTACT NAME:</b> Libi Orman	
Easley Hedrick Insurance		<b>PHONE (A/C, No, Ext):</b> 540-586-3025	<b>FAX (A/C, No):</b>
1525 Longwood Ave Ste B		<b>E-MAIL ADDRESS:</b> certificates@easleyhedrick.com	
Bedford VA 24523		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> UNITED STATES LIAB INS CO	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
<b>INSURED</b>		<b>INSURER F:</b>	
DJ Showtime			
1013 WINDY RIDGE DR			
BEDFORD VA 24523			
		<b>NAIC #</b> 25895	

**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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSD) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		HBP1561203D	01/25/2021	01/25/2022	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					MED EXP (Any one person) \$ 5,000
	<b>AUTOMOBILE LIABILITY</b>					PERSONAL & ADV INJURY \$
	<input type="checkbox"/> ANY AUTO					GENERAL AGGREGATE \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				BODILY INJURY (Per person) \$
	DED RETENTION \$					BODILY INJURY (Per accident) \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					PROPERTY DAMAGE (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				\$
						EACH OCCURRENCE \$
						AGGREGATE \$
						\$
						PER STATUTE OTHER
						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**

Town of Bedford	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Center Town Park S Bridge St & W Main St Bedford VA 24523	
	<b>AUTHORIZED REPRESENTATIVE</b> Lana Crews

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