

AGENDA

**NOTICE OF PUBLIC MEETING
WASHINGTON COUNTY COMMISSIONERS COURT
TUESDAY, APRIL 7, 2026 9:00 A.M.
WASHINGTON COUNTY COURTHOUSE
COMMISSIONERS COURT CHAMBERS #103
100 EAST MAIN STREET
BRENHAM, TEXAS**

SPECIAL SESSION AGENDA

1. Invocation, Al Prescott, St. Mary's. (Commissioner Bullock)
2. Pledge of Allegiance. (Commissioner Bullock)
3. Discussion and possible action on the approval of pending Washington County Expo Rental Regulations Contracts. (Harrison Williams, EXPO Director)
4. Discuss and recognize Washington County retirees and employees celebrating notable years of service for the first quarter. (Amber Skalka, HR Director)
5. Discuss and possibly act upon a price increase from MEC Logistics, LLC., Inc for the contract of Road Construction Materials awarded December 16th, 2025. (Wesley Stolz, County Engineer)
6. Discussion and possible action on the acceptance of a donation, pursuant to Texas Government Code § 81.032, from the Washington County Democratic Club in the amount of \$200 to Washington County 911 – Communications. (Raleigh Wellmann, Interim 911 Director)
7. Discussion and possible action on the approval of the 2026 Bluebonnet Festival Right of Way permit application. (Judge Durrenberger)
8. Discussion and possible action the approval of the 2026 Kenney Ride Right of Way permit application. (Judge Durrenberger)
9. Discussion and possible action on the approval of accounts payable. (Peggy Kramer, Treasurer)
10. Adjourn meeting.

Witness my hand this 31st day of March 2026.

John Durrenberger *by JMM*

John Durrenberger, County Judge

Came to my hand at 8:01 a.m. on the 31st day of March 2026 and executed at 8:01 a.m. on the 31st day of March, 2026 by posting a true copy on the bulletin board located on the first floor of the Washington County Courthouse and true copies at the main entrance doors of said courthouse, these being places convenient to the public in Brenham, Washington County, Texas.

Nicholas Prenzler

Nicholas Prenzler, County Clerk

AGENDA ITEM

#1

Invocation, Al Prescott, St. Mary's Commissioner Bullock)

AGENDA ITEM

#2

Pledge of Allegiance. (Commissioner Bullock)

AGENDA ITEM

#3

Discussion and possible action on the approval of pending Washington County Expo Rental Regulations Contracts. (Harrison Williams, EXPO Director)



Washington County Expo

"AT THE CENTER OF IT ALL"

March 30th, 2026

To: Judge John Durrenberger & Commissioners Court

There are (3) contracts this week:

REF#2861: Erica Lopez – 3rd Birthday Party– VIP BUILDING – November 2026

REF#2860: Biridiana Mendoza – 1st Communion Party – VIP BUILDING – April 2026

REF#2818: Texas Carnival Glass Club – Convention & Auction– EVENT CENTER – March 2027

Thank you,

Harrison Williams - Director
Washington County Expo

AGENDA ITEM

#4

Discuss and recognize Washington County retirees and employees celebrating notable years of service for the first quarter. (Amber Skalka, HR Director)

1st Quarter Retirees Recognition

David Blakey

2017 – 2026

Eddie Ocanas

2015 - 2026

Kevin Deramus

1994 - 2026

1st Quarter Service Award Recognition

25 years

Kimberly Kunkel

15 years

Elizabeth “Lisa” Garica

Jonathan Williams

10 years

Darren Kana

Joshua Parsons

Heather Snowden

5 years

Landen Goodale

Katilyn Deramus

AGENDA ITEM

#5

Discuss and possibly act upon a price increase from MEC Logistics, LLC., Inc for the contract of Road Construction Materials awarded December 16th, 2025. (Wesley Stolz, County Engineer)

Formal request for price increase

From homer salazar <homerasalazar@yahoo.com>

Date Fri 3/27/2026 4:03 PM

To Lexi Warden <lwarden@washingtoncountytexas.gov>; Tina Zarate <tzarate1031@gmail.com>

Hello I am forwarding the email from Brauntex. They are increasing the price of the grade 4 precoat by 3 dollars a ton. I would like to kindly ask if we can increase our rate by the same amount making it 96 per ton. We ask that you consider the request. We understand that until we get an answer we will continue to service at the agreed/Bid rate of 93. If and when the increase gets approved I understand that the increase would only be in effect after the date the court approves the increase. Thank you for your time and patience. Have a good weekend

Homer Salazar
512-665-2952

----- Forwarded Message -----

From: Rogelio Quintanilla <rogelio@brauntexmaterials.com>

To: Homer Salazar <homerasalazar@yahoo.com>

Sent: Thursday, March 26, 2026 at 09:42:55 AM CDT

Subject: RE: Bids

Hi Homer,

I don't have an updated copy of our pricelist; however, our Asphalt Products have increased by \$3.00 a ton.

Thank you,

Rogelio Quintanilla
Sales Department
Brauntex Materials
1504 Wald Rd, New Braunfels, Tx 78130
Office: 830.625.6276 EXT. 9721
Email: rogelio@brauntexmaterials.com

From: Homer Salazar <homerasalazar@yahoo.com>

Sent: Thursday, March 26, 2026 9:36 AM

To: Rogelio Quintanilla <rogelio@brauntexmaterials.com>

Subject: Re: Bids

Can you send me pr e sheet again please

Homer Salazar
(512)665-2952

AGENDA ITEM

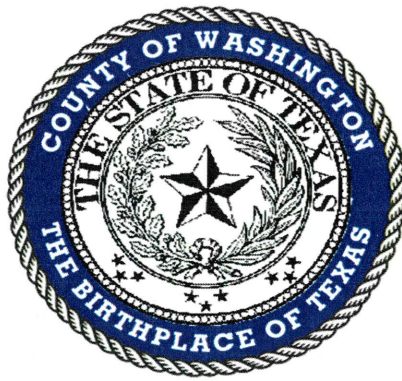
#6

**Discussion and possible action on the acceptance of a donation, pursuant to Texas Government Code § 81.032, from the Washington County Democratic Club in the amount of \$200 to Washington County 911 – Communications.
(Raleigh Wellmann, Interim 911 Director)**

AGENDA ITEM

#7

Discussion and possible action on the approval of the 2026 Bluebonnet Festival Right of Way permit application. (Judge Durrenberger)



WASHINGTON COUNTY
RIGHT-OF-WAY
PERMIT
REQUEST FORM

DATE: January 21, 2026

****If your event will have 25 or more entries (see definition on page 20) you must complete and submit a Right-of-Way application****

Organization Name: Chappell Hill Historical Society

Kind of Event: Trail Ride: _____ Bicycle Ride: _____ Bicycle Race: _____ Other: X _____

Address of organizer: 9220 Poplar St

City: Chappell Hill **State:** TX **Zip:** 77426

Representative/Promoter for organization:

Name: Liz Rigney **Title:** CHHS Board President

Address: 9220 Poplar St.

City: Chappell Hill **State:** TX **Zip:** 77426

Phone Number: 979-836-6033 **Cell:** 713-805-1923

Email: chstxmuseum@gmail.com or LRigney957@gmail.com

Individual(s) Name (partnerships must list all partners, additional pages shall be attached as needed to this page.

I
Contact Information

- 1. This SHALL be the person who is on SCENE with the event and in charge.**

Contact Person: Liz Rigney

Title: CHHS Board President

Address: 9220 Poplar St.

City: Chappell Hill **State:** TX **Zip:** 77426

Phone Number: 979-836-6033 **Cell:** 713-805-1923

Email: chhstxmuseum@gmail.com or LRigney957@gmail.com

Emergency Phone Number: _____

- 2. This SHALL be the BACKUP person on SCENE with the event and second in charge.**

Contact Person Juanita Phillips

Title: CHHS Festival Coordinator/Chair

Address: 9220 Poplar St.

City: Chappell Hill **State:** TX **Zip:** 77426

Phone Number: 979-836-6033 **Cell** 832-419-2108

Email j_phillips_2@yahoo.com

Emergency Phone Number: _____

II

Texas Mass Gatherings Act

Texas Mass Gatherings Act: will this event require a mass Gathering Permit as required by Texas Health and Safety Code, Title 9. Safety, Subtitle A. Public Safety, Chapter 751. Mass Gatherings?

Yes X No _____

Please contact the Washington County Emergency Management Coordinator for assistance.

If a permit is required, contact the Washington County Judge's office for a Mass Gathering Application which should be completed and attached.

III

Property Owners Information

1. Starting Point:

Property Owner: TXDOT (see paperwork for approval)_____

Address: FM 1155 From Providence St – FM 2447_____

City: Chappell Hill **State:** TX **Zip:** 77426

Phone Number: _____ **Cell #:** _____

Email: _____

Tax Appraisal R Number: n/a

2. Ending Point:

Property Owner: Chappell Hill Historical Society_____

Address: 9060 Poplar St_____

City: Chappell Hill **State:** TX **Zip:** 77426

Phone Number: 979-836-6033(museum office) **Cell #**979-203-1242(Vendor Phone)_____

Email: _chhstxmuseum@gmail.com_or_chappellhilltxfestivals@gmail.com_

Tax Appraisal R Number: R39182, R22090

3. GPS Coordinates of Starting/Ending Points:

Start:

: _FM 1155 from 30.1413224 North, -96.2574837 West TO

: _ 30.143197 North, -96.257151 West

End:

: Poplar Lot 30.141081 North

: _-96.255678 West

Note: As the property owner, I agree that any and all Law Enforcement personnel may enter my property at any time to enforce any and all provisions of this permit or for any other lawful entrance.

By: Liz Rigney
Print

Date: January 21, 2026

By: Liz Rigney
Signature

Title: President, CHHS

IV **Time and Route**

1. The event will have a start date of:

Month April Day 11th Year 2026 Time: 9:00 AM

2. The event will have an end date of:

Month April Day 12th Year 2026 Time: 5:00 PM

3. The planned route will affect these Washington County Roads, State of Texas Roads and US Highways at the approximate times stated below. It is noted that all entries must abide by all Local, State, and Federal laws. (including traffic laws)

Road Name	Time
Main St/FM 1155 from 290 – Chestnut St	7:00AM 4/10/26 – 6:00PM 4/12/26
Providence St	7:00AM 4/10/26 – 6:00PM 4/12/26
Church St	7:00AM 4/10/26 – 6:00PM 4/12/26
Sycamore St.	7:00AM 4/10/26 – 6:00PM 4/12/26
Poplar St.	7:00AM 4/10/26 – 6:00PM 4/12/26
HWY 290 (just traffic)	7:00AM 4/10/26 – 6:00PM 4/12/26
Cedar St	7:00AM 4/10/26 – 6:00PM 4/12/26

Applicant must attach (1) printed map that outlines the planned route.

V **Entries**

1. Estimated number of entries that will be involved must be listed below. If number of entries exceeds the estimate provided below, the event shall be terminated immediately.

We have just under 200 vendor booths. There are other land owners who rent booths. We do not have any control over those.

- a. Number of riders:** _____
- b. Number of animal drawn vehicles---must meet Texas Traffic Code to operate on a public roadway:** _____
- c. Number of vehicles---trucks** _____
 - trailers** _____
 - cars** _____
 - others (explain)** _____
 - others (explain)** _____

---others (explain)_____

---others (explain)_____

NOTE:

---No persons may ride in the bed of a pickup truck or trailer under the age of 18 years old.

---No person may ride in/on a trailer on a public roadway unless participating in a parade/hayride, as provided by Texas Transportation Code.

---ATV ie: 4 wheelers, side by sides, golf carts or any other type of off road vehicles are not allow on public roads unless they are in compliance with State Laws.

2. **Number of ATV's (in compliance with state law):** 5-6 ATV's, 3-5 Golf carts

VI

Participants/attendees

1. **Estimated number of participants, attendees, vendors, and staff that will be involved: see below. If number of participants/attendees, vendors, and staff exceeds the estimate provided above, the event shall be terminated immediately.**

2. **Please describe below how the number of participants/attendees, vendors, and staff will be controlled (as not to exceed the estimated number above).**

3.

Attendees: 20 – 30K over the course of the weekend, not all at once.

Vendors: approximately 150 – 160 on CHHS controlled properties

Staff: 1 employee, 9 board members (Susan Chisolm, Ashley Jezierski, Linda Cook, Jim Locke, Steve Treviño, Todd Burch, Liz Rigney, Mary Tom Middlebrooks and Bob Davis), 7-10 officers from the Workzone Traffic Control, LLC., members, EMS staff, and about 40 volunteers.

Access to the festival is controlled by the amount of available parking. It prevents too many people overwhelming facilities. Workzone, LLC is used to reduce traffic and provide night security, prevent pedestrian injuries and maintain a safe environment. We also install safety event fencing to separate vehicular and pedestrian traffic. Please see attached traffic control plan. The road is closed at 8am Saturday, and there is a plan in place to securely clear FM1155 of vendors after 5PM on Sunday.

VII

Activity Agenda

1. A description of the planned activity is as follows:

This is primarily a fundraising event to fund CHHS, a 501 c 3 non-profit organization that preserves local history, arts, architecture, and culture. The activities consist of hundreds of vendors (some on, some off, CHHS owned or permitted property) who sell everything from home décor, to clothing, to hand-made arts and crafts items. There will be live music both Saturday and Sunday from bands that donate their time to help us raise our annual operating budget. There are a few children's activities hosted on both our and other landowners' properties. Ours have stringent insurance requirements (see attached information.)

There is a food court with food and beverages (alcoholic and non-alcoholic), which also have stringent rules for permitting and insurance.

2. Will this be private or public event? Private _____ Public X

3. Will live band/bands be provided: Yes X No _____

If yes, attach the band names and contact information to this page.

4. Will a DJ/DJ's be provided: Yes _____ No X

If yes, attach the DJ/DJ's names and contact information to this page.

5. Will this event have any amplified sound Yes X No _____

(a) If a Right-of-Way permit is approved, the applicant must cooperate with the Washington County Sheriff's Office and other County personnel to monitor noise levels. Unreasonable noise may result in a violation of §42.01, Penal Code, Disorderly Conduct.

(b) Amplified sound in the County Right-of-Way is prohibited after 10:00 P.M.

(b) Start time for music on each day of the event: 9 AM

(c) End time for music on each day of the event: 530PM

Note: If more space is needed, attach to this page.

5. Is there to be a charge (admission, registration fee, meal fee, etc.) to participants or Attendees?

It is \$10 to park, but no entry fee

Yes X

No _____

If yes, describe below:

We charge vendors a fee to rent booth space. \$350 per 10x10 space. Visitors pay \$10 to park, and are responsible for purchasing their own food and beverages from our vendors. We do not charge an entrance fee.

6. Will there be publicity encouraging attendance or advertising for this event:

YES X NO _____

- a. If yes, attach twelve (12) copies of all the publicity ie; flyers,documents, posters, Facebook pages, website, etc. prior to the date of this Permit Request Form
- b. If different/revised publicity ie; flyers,documents, posters, Facebook pages, website or the likes is distributed/used/published after the date of this Permit Request Form is submitted, it must be PRESENTED TO Washington County. The changes must be sent to the Administrator at the place below.

County Official: _____.

Mail: _____

Phone #: _____

Cell #: _____

E-mail: _____

VIII Concessions

Will Concessions be available during this event? YES X NO _____

1. Food: _____ YES X NO _____

a. provided with entry fee (giveaway) YES _____ NO X

b. available to purchase YES X NO _____

2. Non-alcoholic beverages: _____ YES X NO _____

- a. Provided with entry fee (giveaway) YES ___ NO X
- b. Available to purchase YES X NO ___

3. Alcoholic beverages: ----- YES X NO ___

- a. Provided with entry fee (giveaway) YES ___ NO X
- b. Available to purchase YES X NO ___
- c. Will minors (under 21 years) be attending this event YES X NO ___

If yes, Explain how you will prohibit minors from obtaining/ consuming alcohol.
CHHS Strictly follows TABC rules for alcohol sales and we check IDs - we train our volunteers, and several CHHS board members directly oversee beer sales and assist in the booths.

If you answered yes to # 3, attached to this page a copy of your TABC Permit.

**4. Concessionaire (Name) See from our Mass Gathering Permit
 Our food vendors are:**

Our food vendors are:

- | | |
|----------------------------|---------------|
| Ice Cream Creations & More | Mr. G's |
| Chappell Hill Sausage | GG's Lemonade |
| Lolli & Pop's Soda Shoppe | |
| Lemondoodle | |
| Chick-fil-a | |
| No Clue Cookers | |
| Brannigan's LLC | |
| Old Tyme Kettle Korn | |
| Chick-fil-a | |
| Roasted Corn | |
| Sharky's Sno | |

Please see attached Food vendor information, including packets that describe our policies regarding food vendors carrying appropriate insurance and health certificates. Most vendors submit their certificates upon site check in. All of them have been with us for multiple festivals and reliably take care of all requirements.

- a. Provide the above information for ALL concessionaires and attach to this page.
- b. All food concessionaires must have a current STATE Food Establishment Permit

issued by Texas Department of State Health Services. A Copy of the current inspection permit issued by Texas Department of State Health Services must be attached to this page.

IX

Emergency Action Plan

Please provide an Emergency Action Plan (EAP) below. Describe your plan if a life-threatening emergency should occur. This plan must list a "given location" for reporting, or a meeting place to report an incident, emergency, or make complaints. This must include the entire time the event is occurring. Additional sheets can be attached to this page.

EMS is roaming and in constant communication with Festival Co-Chairs. EMS is overseen by a County Medical Director, We have several Sheriff Deputies who provide traffic control and night security as well as volunteers that assist with traffic and maintain contact with DPS regarding HWY 290 safety. We have 10-15 volunteers in the Main Street Parking lot that can assist with Exit Traffic in the parking lot. We have 5-10 Board Members/Volunteers that stand ready to assist with any emergency.

X

Traffic Escorts

1. I hereby acknowledge Washington County may require traffic escorts at our event. If traffic escorts are needed, it will be my responsibility to provide those traffic escorts (traffic escorts as defined by this form are off duty peace officers certified by the State of Texas). The Washington County Sheriff Office (WCSO) will determine the number of paid traffic escorts required for this event based on the estimated attendance/entries. Traffic escorts must be approved by the Washington County Sheriff Office before the event.

a. Number of Traffic Escorts as determined by WCSO: _____

Traffic Escort Entity: Washington County Sheriff's Department

Address: _____

Contact person: _____ Title _____

Phone #: _____ Cell phone #: _____

E-mail: _____

b. Head of Traffic Escort who will be on scene:

Name of Person: _____ Title _____

Address: _____

Phone #: _____

Cell phone #: _____

E-mail: _____

A copy of the above mentioned contract must be attached to this page.

c. Approved by Washington County Sheriff Office:

By: _____ Date: _____
Print

By: _____ Title: _____
Signature

XI

Coggins Papers

All equine must have current Coggins tests before they will be allowed to participate at the event. The Coggins papers will be checked by the Texas Animal Health Commission.

Please see Texas Administrative Code, Section 49.1 for more information.

XII

Applicant
Acknowledgement

I have reviewed this Washington County Right-of-Way Permit Request Form and I agree that I will abide by all the terms and conditions should this Permit Request Form be approved by the Washington County Commissioners Court.

YES NO _____

I hereby acknowledge that all information on this Permit Request Form is true and that I will follow all the rules and regulations as set out in this Permit Request Form and any and all local, state, and federal laws and I further hereby acknowledge that if I provided incorrect information on any documents requested, this request will be denied and the Permit Request Form is terminated, and no money will be refunded.

YES NO _____

I also understand that any and all permits, required forms, and any/all approvals must be submitted along with this application and approved by Washington County Commissioner Court at least 90 days prior to the date of the event.

YES NO

I also understand that as the requestor and promoter of this event, we accept all liability as it relates to any property damage or injuries that occur during this event.

YES NO

I acknowledge that I understand that if any criminal activities occur at my event or if I am in violation of this permit at any time, the permit can be revoked, and the event will be immediately terminated by any Texas Peace Officer and everyone will be required to vacate the event and there will be no refund of any money.

YES NO

XIII

Section Headings

Headings and titles at the beginning of the provisions of this Right-of-Way Permit Request Form have been included only to make it easier and more convenient to locate the subject matter covered by that part, section or subsection and shall not be used in interpreting or construing this Right-of-Way Permit Request Form.

XIV

Governing Law

The validity and interpretation of any of the terms and provisions of this Permit Request Form or of the rights and duties of the parties hereunder shall be governed by the laws of the State of Texas. The venue for any cause of action arising out of this Permit Request Form and/or the permit shall be in Washington County, Texas.

XV

Severability

In the event that any one or more of the provisions contained in this Permit Request Form shall be held, for any reason, to be invalid, illegal, or unenforceable in any respect, by a Court of competent jurisdiction, such invalidity, illegality, or enforceability shall not affect any other provision of this Permit Request Form and this Permit Request Form shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

XVI

Gender and Number

Words of any gender in this Permit Request Form shall be construed to include any other gender; and words in either number shall be construed to include the other, unless the context in this Permit Request Form clearly requires otherwise.

XVII

Permit Fee

A fee of \$100.00 will be collected and deposited in Washington County's account before any work will be performed in conjunction with the approval of this Permit Request Form. This fee is non-refundable.

a. Date paid: _____

b. Received by: _____

XVIII

Amendment/Modification

Any amendment or modification to the terms of this Permit Request Form or any Exhibit attached hereto shall be in writing, shall be dated subsequent to the date of this Permit Request Form, shall be approved by the Washington County Commissioners Court and shall be signed by each party to this Permit Request Form. No officer, agent, employee or representative of Applicant has any authority to amend or modify the terms of this Permit Request Form or any Exhibit attached hereto, unless expressly granted that authority by the Washington County Commissioners Court.

XIX

Administrator

Washington County Commissioner Court in session on the _____ day of _____, 20__ has appointed Washington County Office of Emergency Management as the Administrator for this type of permit.

All correspondence pertaining to this Permit Request Form shall be directed to:

Department: Washington County Office of Emergency Management

Mail: 1305 E. Blue Bell Rd., Brenham, TX 77833



Commission Expiration: 3/15/27

Representative/Individuals

By: Juanita Phillips
Print

Date: June 10, 2025

* By: Juanita Phillips Title: Festival Chairperson
Signature

Mailing Address: 9220 Poplar St.

City Chappell Hill State Texas Zip 77426

Phone #: 979-836-6033 Cell phone #: 832-419-2108

E-mail: j_phillips 2@yahoo.com

NOTARY REQUIRED

I Juanita Phillips do hereby solemnly swear, under penalty of perjury, that all information
Print Claimant Name
provided herein is true and correct.

Juanita Phillips
Signature of Claimant

Sworn to and Subscribed before me Stephanie Ddughdhnemini, Notary Public in and for the State of Texas

this 19th day of February, 2026 (year).

Stephanie Ddughdhnemini



Commission Expiration: 3/15/27

* **By signing this request form, we agree to comply with the restrictions set out in this permit and all laws of the State of Texas.**

XXI
Signatures
of
Officials

Approved By;

WASHINGTON COUNTY SHERIFFS OFFICE

WASHINGTON COUNTY SHERIFFS OFFICE

By: TREY HOLLEWAY Date: 04/02/2026

Trey Holleway
Print

By: _____
Signature

Title: SHERIFF Phone #: 979.277.625

E-mail: tholleway@washingtoncountytexas.gov

Acknowledged By;

WASHINGTON COUNTY OFFICE OF EMERGENCY MANAGEMENT

By: _____ Date: _____
Print

By: _____
Signature

Title: _____ Phone #: _____

E-mail: _____

Acknowledged By;

WASHINGTON COUNTY EMS

By: Taylor Leonard **Date:** 4/1/2026

Print

By:  _____
Signature

Title: EMS Director **Phone #:** 806-759-6375

E-mail: Tleonard@washingtoncountytexas.gov

Acknowledged By;

WASHINGTON COUNTY ROAD and BRIDGE DEPARTMENT

By: Wesley Stolz, PE **Date:** 04/02/2026

Print

By:  _____
Signature

Title: County Engineer **Phone #:** 9792776275

E-mail: _____

Acknowledged By;

WASHINGTON COUNTY 911

By: Interim Director - Raleigh Wellmann **Date:** 04/01/26

Print

By:  _____
Signature

Title: _____ **Phone #:** _____

E-mail: _____

Approved By;

WASHINGTON COUNTY RIGHT-OF-WAY ADMINISTRATOR

By: _____ **Date:** _____
Print

By: _____
Signature

Title: _____ **Phone #:** _____

E-mail: _____

XXII

Washington County

Commissioner Court

Action

On this the _____ day of _____ 20_____ the Washington County
Commissioner Court hereby voted to:

_____ **Approve this permit request**

_____ **Deny this permit request**

This is a request for a Right-of-Way Permit. This action is recorded in the minutes of the meeting of the same date as this action.

X _____

County Judge

Exhibit A

Definitions

- 1. Animal and Animal-Drawn Vehicles as defined by Texas Transportation Code 542.003 as follows:
A person riding an animal on a roadway or operating a vehicle drawn by an animal on a roadway has the rights and duties applicable to the operator of a vehicle under this subtitle, except a right or duty that by its nature cannot apply to a person riding an animal or operating a vehicle drawn by an animal.**
- 2. Bicycle is defined as any bicycle, unicycle, tricycle, skate board, roller skates or any form of human or mechanical power vehicle.**
- 3. Bicycle Ride/Race is defined as the same as event.**
- 4. Entry/Entries is defined as any wagon, cart, buggy, trailer, animal, bicycle, vehicle or any wheeled device. All entries must meet and obey all local, state and federal laws, including but not limited to person or persons participating in, attending, watching, working for the event.**
- 5. Entry Fee is defined as a gate fee, admission fee, entrance fee, admission charge.**
- 6. Event is defined as a thing that happens, a planned or unplanned public or social occasion which has a gathering of people for the purpose of but not limited to a trail ride, parade, camp out, bicycle ride, bicycle race or rally, ceremony, party, recreational gathering, meet, adventure, competition, contest, occasion, celebration, or get together.**
- 7. Permit Request Form is defined as an Event Request Form.**
- 8. Person is defined as an individual, group of individuals, firm, corporation, partnership, or association.**
- 9. Participants is defined as the same as attendee, partygoer, observer, watcher, viewer, gaper, spectator, or participant.**
- 10. Promote is defined as to organize, manage, finance, or hold an event.**
- 11. Promoter is defined as a person who promotes, finances, oversees, manage, control, supervise, direct, or organize an event and/or a mass gathering.**
- 12. Ride is defined as the same as event.**
- 13. Race is defined as the same as event.**

- 14. Security Personnel as defined by this form is off duty peace officers certified by the State of Texas.**
- 15. Traffic as defined by Texas Transportation Code #541.301 are pedestrians, ridden or herded animals, and conveyances, including vehicles and streetcars, singly or together while using a highway for the purposes of travel.**
- 16. Traffic Escort as defined by this form is off duty peace officers certified by the State of Texas.**
- 17. Trail Ride is defined as a function where two or (2) or more are gather together to ride animals such as horses.**
- 18. Vehicle is defined as any device or form of a device with a wheel or wheels that will move under its own power, and/or assisted by any form of auxiliary power can be animal, human, or natural (such as, but not limited to solar, wind), or any other form of mechanical power.**
- 19. WSCO is defined as the Washington County Sheriff Office**

Chappell Hill Historical Society

BLUEBONNET Festival

Music Performances by
To be announced

Saturday, April 11, 2026 9am-6pm
Sunday, April 12, 2026 10am-5pm

Save - the - Date

Downtown Chappell Hill, Texas

For more information

chappellhilltxfestivals@gmail.com

979-451-1543



THERE IS NO VEHICLE TRAFFIC ON CLOSED STREETS AT ANY TIME BETWEEN 9AM P.M. AND 5PM SUN. UNLESS NOTIFIED BY LAW ENFORCEMENT AND/OR FESTIVAL STAFF.

CHURCH

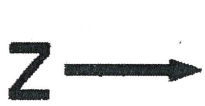
REVIEWED BY TDD01:
 SIGNED: _____
 DATED: _____

TRAFFIC PLAN
 TEMPORARY CLOSURE
 FM 1155

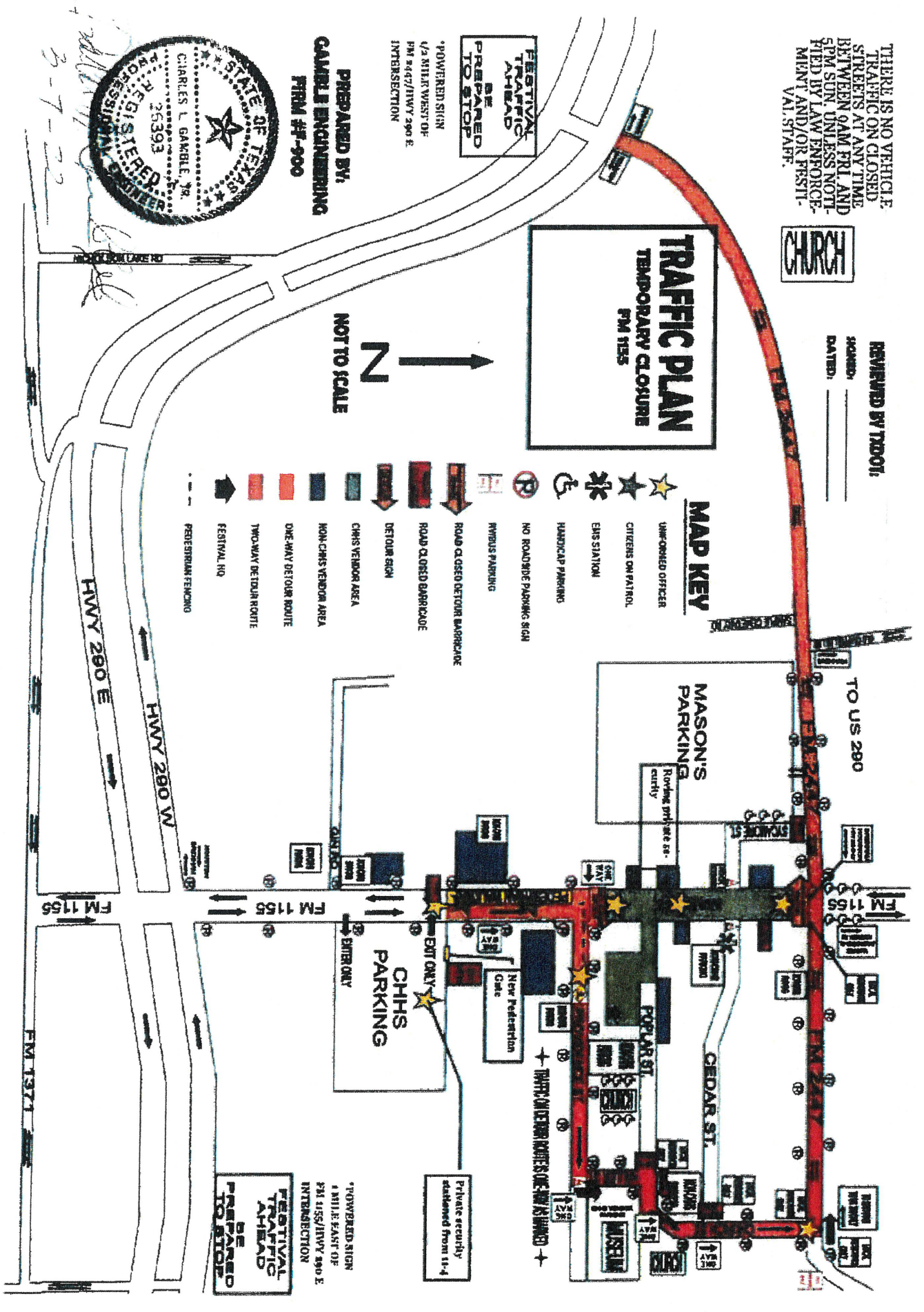
PREPARED BY:
CAMELL ENGINEERING
 FIRM #4-900



*POWERED SIGN
 1/2 MILE WEST OF
 FM 1155/HWY 290 E
 INTERSECTION



- MAD KEY**
- ★ UNARMED OFFICER
 - ★ CITIZENS ON PATROL
 - ★ EMS STATION
 - ♿ HANDICAP PARKING
 - Ⓟ NO ROADSIDE PARKING SIGN
 - ♻️ WRECK PARSING
 - ➡ ROAD CLOSED DETOUR BARRICADE
 - ➡ ROAD CLOSED BARRICADE
 - ➡ DETOUR SIGN
 - ➡ CHHS VENDOR AREA
 - ➡ NON-CHHS VENDOR AREA
 - ➡ ONE-WAY DETOUR ROUTE
 - ➡ TWO-WAY DETOUR ROUTE
 - ➡ FESTIVAL RD
 - ➡ PROHIBITION ZONING



*POWERED SIGN
 1 MILE EAST OF
 FM 1155/HWY 290 E
 INTERSECTION

Private security
 stationed from 11-4

3-7-22

Chappell Hill Historical Society
Bluebonnet Festival 2026
April 11th and 12th, 2026
ENTERTAINMENT AGREEMENT

Dear Artist,

Thank you for your consideration in performing during the 2026 Bluebonnet Festival, April 11th and 12th, 2026
The Society's Guidelines and Policies concerning festival entertainment are:

- The Chappell Hill Historical Society does **NOT** pay an Artist to appear or perform.
- The Artist does **NOT** pay the Chappell Hill Historical Society to appear or perform.
- The Artist may sell their CDs or cassettes to the public during the festival.
- The Artist may take donations by placing an instrument case or jar on the street.
- The Artist may pass out promotional cards or fliers.
- The Artist may negotiate bookings during the festival.
- The Artist may, upon the Society's approval of, secure a sponsor and display a sponsor sign at the stage area.
- The Chappell Hill Historical Society is not responsible for providing electrical hook-ups. The Society will, however, work with the Artist to help locate local businesses/residents who are willing to supply electricity with or without a fee. The Artist is responsible for paying any electrical hook-up fee.
- The Artist is responsible for providing his/her own instruments and sound equipment.
- The Chappell Hill Historical Society will secure performance locations located on festival grounds.
- The Chappell Hill Historical Society will schedule the dates and times of performances, working with input from the Artist.
- Other (as discussed with the Artist):

Below is the day, time and location where you will be performing:

<u>Saturday, April 11th, 2026</u>	<u>415-600</u>	<u>Poplar Lot Stage</u>
DAY	START-END TIME	LOCATION

GENERAL RELEASE:

The undersigned does hereby and forever discharge the Chappell Hill Historical Society of and from all manner of actions, suits, damages, claims, and demands whatsoever in law or equity, from any loss or damage to the undersigned's property, while in the possession, supervision, or auspices of the Chappell Hill Historical Society, its agents, representatives, or employees.

Please return a signed and dated agreement to the Society. By signing this form, the Artist agrees to abide by all rules set forth in reference to the 2026 Bluebonnet Festival and in this agreement.

Business Name Scott Grieger

Name of Contact Scott Grieger

Address 24402 Goodwin Dr

City Katy ST TX Zip 77493

Phone 832-535-8291 E-mail sgrieger90@gmail.com

[Signature] 3/8/2026
Artist's Signature Date

Stephanie Ddughdhnemimnier 2/5/2026
Society's Representative Date

Chappell Hill Historical Society
Bluebonnet Festival 2026
April 11th and 12th, 2026
ENTERTAINMENT AGREEMENT

Dear Artist,

Thank you for your consideration in performing during the 2026 Bluebonnet Festival, April 11th and 12th, 2026
The Society's Guidelines and Policies concerning festival entertainment are:

- The Chappell Hill Historical Society does **NOT** pay an Artist to appear or perform.
- The Artist does **NOT** pay the Chappell Hill Historical Society to appear or perform.
- The Artist may sell their CDs or cassettes to the public during the festival.
- The Artist may take donations by placing an instrument case or jar on the street.
- The Artist may pass out promotional cards or fliers.
- The Artist may negotiate bookings during the festival.
- The Artist may, upon the Society's approval of, secure a sponsor and display a sponsor sign at the stage area.
- The Chappell Hill Historical Society is not responsible for providing electrical hook-ups. The Society will, however, work with the Artist to help locate local businesses/residents who are willing to supply electricity with or without a fee. The Artist is responsible for paying any electrical hook-up fee.
- The Artist is responsible for providing his/her own instruments and sound equipment.
- The Chappell Hill Historical Society will secure performance locations located on festival grounds.
- The Chappell Hill Historical Society will schedule the dates and times of performances, working with input from the Artist.
- Other (as discussed with the Artist):

Below is the day, time and location where you will be performing:

<u>Saturday, April 11th, 2026</u>	<u>215-400</u>	<u>Poplar Lot Stage</u>
DAY	START-END TIME	LOCATION

GENERAL RELEASE:

The undersigned does hereby and forever discharge the Chappell Hill Historical Society of and from all manner of actions, suits, damages, claims, and demands whatsoever in law or equity, from any loss or damage to the undersigned's property, while in the possession, supervision, or auspices of the Chappell Hill Historical Society, its agents, representatives, or employees.

Please return a signed and dated agreement to the Society. By signing this form, the Artist agrees to abide by all rules set forth in reference to the 2026 Bluebonnet Festival and in this agreement.

Business Name Chicken Texas

Name of Contact Dennis Blankenship

Address 11423 Northam Dr

City Tomball ST TX Zip 77375

Phone 7138553342 E-mail me@commonspy.com

DtChicken 02/07/2026
Artist's Signature Date

Stephanie Ddughdhnemimmier 2/5/2026
Society's Representative Date

Chappell Hill Historical Society
Bluebonnet Festival 2026
April 11th and 12th, 2026
ENTERTAINMENT AGREEMENT

Dear Artist,

Thank you for your consideration in performing during the 2026 Bluebonnet Festival, April 11th and 12th, 2026
 The Society's Guidelines and Policies concerning festival entertainment are:

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- The Artist does **NOT** pay the Chappell Hill Historical Society to appear or perform.
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- The Artist may take donations by placing an instrument case or jar on the street.
- The Artist may pass out promotional cards or fliers.
- The Artist may negotiate bookings during the festival.
- The Artist may, upon the Society's approval of, secure a sponsor and display a sponsor sign at the stage area.
- The Chappell Hill Historical Society is not responsible for providing electrical hook-ups. The Society will, however, work with the Artist to help locate local businesses/residents who are willing to supply electricity with or without a fee. The Artist is responsible for paying any electrical hook-up fee.
- The Artist is responsible for providing his/her own instruments and sound equipment.
- The Chappell Hill Historical Society will secure performance locations located on festival grounds.
- The Chappell Hill Historical Society will schedule the dates and times of performances, working with input from the Artist.
- Other (as discussed with the Artist):

Below is the day, time and location where you will be performing:

<u>Saturday, April 11th, 2026</u>	<u>1130-200</u>	<u>Poplar Lot Stage</u>
<small>DAY</small>	<small>START-END TIME</small>	<small>LOCATION</small>

GENERAL RELEASE:

The undersigned does hereby and forever discharge the Chappell Hill Historical Society of and from all manner of actions, suits, damages, claims, and demands whatsoever in law or equity, from any loss or damage to the undersigned's property, while in the possession, supervision, or auspices of the Chappell Hill Historical Society, its agents, representatives, or employees.

Please return a signed and dated agreement to the Society. By signing this form, the Artist agrees to abide by all rules set forth in reference to the 2026 Bluebonnet Festival and in this agreement.

Business Name Suzanne's Band

Name of Contact Mia Suzanne Walker

Address 23501 Cinco Ranch Blvd. M120-344

City Katy ST TX Zip 77494

Phone 832-465-0015 E-mail Suzannesband@gmail.com

Mia S. Walker 2-5-26
 Artist's Signature Date

Stephanie Ddughdhnemimmier 2/5/2026
 Society's Representative Date

Texas Department of Transportation (TxDOT) CERTIFICATE OF INSURANCE

Prior to the beginning of work, the Contractor shall obtain the minimum insurance and endorsements specified. Only the TxDOT certificate of insurance form is acceptable as proof of insurance for department contracts. Agents should complete the form providing all requested information then either fax or mail this form directly to the address listed on the back of this form. Copies of endorsements listed below are not required as attachments to this certificate.

Insured: Chappell Hill Historical Society

Street/Mailing Address: 9220 Poplar Street

City/State/Zip: Chappell Hill, TX 77426

Phone Number: Area Code (979) 836-6033

WORKERS' COMPENSATION INSURANCE COVERAGE:

Endorsed with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: Hartford Fire Insurance Company			Carrier Phone #: 410-547-3293	
Address: One Hartford Plaza			City, State, Zip: Hartford, CT 06155	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability:
Workers' Compensation	30WBCCL9259	4/29/2025	4/29/2026	Not Less Than: Statutory – Texas

COMPREHENSIVE GENERAL LIABILITY INSURANCE:

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: Massachusetts Bay Insurance			Carrier Phone #: 410-547-3293	
Address: 440 Lincoln Street			City, State, Zip: Worcester, MA 06155	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Comprehensive General Liability Insurance Bodily Injury Property Damage OR Commercial General Liability Insurance	Z D Q D 2 5 7 3 4 4	5/14/2025-	5/14/2026	Not Less Than: \$ 500,000 each occurrence \$ 100,000 each occurrence \$ 100,000 for aggregate OR \$ 600,000 combined single limit

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE:

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: Massachusetts Bay Insurance Company			Carrier Phone #: 410-547-3293	
Address: 440 Lincoln Street			City, State, Zip: Worcester, MA 06155	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Comprehensive Automobile Liability Insurance OR Texas Business Automobile Policy Bodily Injury Property Damage	ZDQD257344	5/14/2025	5/14/2026	Not Less Than: \$ 250,000 each person \$ 500,000 each occurrence \$ 100,000 each occurrence

UMBRELLA POLICY (if applicable):

Carrier Name: Hanover Insurance Company			Carrier Phone #: 410-547-3293	
Address: 440 Lincoln Street			City, State, Zip: Worcester, MA 01653	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Umbrella Policy	UHQD258325	5/15/2025	5/15/2026	1,000,000

Agency Name

Address

City, State Zip Code

Maury Donnelly & Parr

10150 York Road Suite 420

Cockeysville, MD 21030

Area Code (410) 547-3293
Authorized Agent's Phone Number


Authorized Agent Original Signature

3/7/2025
Date

This Certificate of Insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by the above insurance policies issued by the named insurance company. Cancellation of the insurance policies shall not be made until THIRTY DAYS AFTER the agent or the insurance company has sent written notice by certified mail to the contractor and the Texas Department of Transportation.

THIS IS TO CERTIFY to the Texas Department of Transportation acting on behalf of the State of Texas that the insurance policies named meet all the requirements stipulated and such policies are in full force and effect. If this form is sent by facsimile machine (fax), the sender adopts the document received by TxDOT as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under sections 552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

Agreement No. _____

STATE OF TEXAS §

COUNTY OF Washington §

**AGREEMENT FOR THE TEMPORARY CLOSURE
OF STATE RIGHT OF WAY**

THIS AGREEMENT is made by and between the State of Texas, acting by and through the Texas Department of Transportation, hereinafter called the "State," and Chappell Hill Historical Society hereinafter called the "Requestor."

WITNESSETH

WHEREAS, the State owns and operates a system of highways for public use and benefit, including FM 1155, in Washington County; and

WHEREAS, the Requestor has requested the temporary closure of FM 1155 for the purposes of 2026 Bluebonnet Festival, from April 10th to 12th, 2026 as described in the attached "Exhibit A," hereinafter identified as the "Event;" and

WHEREAS, the Event will be outside any incorporated area; and

WHEREAS, the Requestor establishes that the Event will serve a public purpose; and

WHEREAS, the State, in recognition of the public purpose of the Event, wishes to cooperate with the Requestor so long as the safety and convenience of the traveling public is ensured and that the closure of the State's right of way will be performed within the State's requirements; and

WHEREAS, 43 TAC, Section 22.12, establishes the rules and procedures for the temporary closure of a segment of the State highway system; and

WHEREAS, this agreement has been developed in accordance with the rules and procedures of 43 TAC, Section 22.12;

NOW, THEREFORE, in consideration of the premises and of the mutual covenants and agreements of the parties hereto to be by them respectively kept and performed as hereinafter set forth, it is agreed as follows:

AGREEMENT

Article 1. CONTRACT PERIOD

This agreement becomes effective upon final execution by the State and shall terminate upon completion of the Event or unless terminated or modified as hereinafter provided.

Article 2. EVENT DESCRIPTION

The physical description of the limits of the Event, including county names and highway numbers, the number of lanes the highway has and the number of lanes to be used, the proposed schedule of start and stop times and dates at each location, a brief description of the proposed activities involved, approximate number of people attending the Event, number and type of animals and equipment, planned physical modifications of any man-made or natural features in or adjacent to the right of way involved shall be attached hereto along with a location map and identified as "Exhibit B."

Article 3. OPERATIONS OF THE EVENT

- A. The Requestor shall assume all costs for the operations associated with the Event, to include but not limited to, plan development, materials, labor, public notification, providing protective barriers and barricades, protection of highway traffic and highway facilities, and all traffic control and temporary signing.
- B. The Requestor shall submit to the State for review and approval the construction plans, if construction or modifications to the State's right of way is required, the traffic control and signing plans, traffic enforcement plans, and all other plans deemed necessary by the State. The State may require that any traffic control plans of sufficient complexity be signed, sealed and dated by a registered professional engineer. The traffic control plan shall be in accordance with the latest edition of the Texas Manual on Uniform Traffic Control Devices. All temporary traffic control devices used on state highway right of way must be included in the State's Compliant Work Zone Traffic Control Devices List. The State reserves the right to inspect the implementation of the traffic control plan and if it is found to be inadequate, the Requestor will bring the traffic control into compliance with the originally submitted plan, upon written notice from the State noting the required changes, prior to the event. The State may request changes to the traffic control plan in order to ensure public safety due to changing or unforeseen circumstances regarding the closure.
- C. The Requestor will ensure that the appropriate law enforcement agency has reviewed the traffic control for the closures and that the agency has deemed them to be adequate. If the law enforcement agency is unsure as to the adequacy of the traffic control, it will contact the State for consultation no less than 10 workdays prior to the closure.
- D. The Requestor will complete all revisions to the traffic control plan as requested by the State within the required timeframe or that the agreement will be terminated upon written notice from the State to the Requestor. The Requestor hereby agrees that any failure to cooperate with the State may constitute reckless endangerment of the public and that the Texas Department of Public Safety may be notified of the situation as soon as possible for the appropriate action, and failing to follow the traffic control plan or State instructions may result in a denial of future use of the right of way for three years.
- E. The Requestor will not initiate closure prior to 24 hours before the scheduled Event and all barriers and barricades will be removed and the highway reopened to traffic within 24 hours after the completion of the Event.

Agreement No. _____

- F. The Requestor will provide adequate enforcement personnel to prevent vehicles from stopping and parking along the main lanes of highway right of way and otherwise prevent interference with the main lane traffic by both vehicles and pedestrians. The Requestor will prepare a traffic enforcement plan, to be approved by the State in writing at least 48 hours prior to the scheduled Event. Additionally, the Requestor shall provide to the State a letter of certification from the law enforcement agency that will be providing traffic control for the Event, certifying that they agree with the enforcement plan and will be able to meet its requirements.
- G. The Requestor hereby assures the State that there will be appropriate passage allowance for emergency vehicle travel and adequate access for abutting property owners during construction and closure of the highway facility. These allowances and accesses will be included in the Requestor's traffic control plan.
- H. The Requestor will avoid or minimize damage, and will, at its own expense, restore or repair damage occurring outside the State's right of way and restore or repair the State's right of way, including but not limited to roadway and drainage structures, overhead signs, signs, pavement markings, traffic signals, power poles, pavement, etc., to a condition equal to that existing before the closure, and, to the extent practicable, restore the natural and cultural environment in accordance with federal and state law, including landscape and historical features.

Article 4. OWNERSHIP OF DOCUMENTS

Upon completion or termination of this agreement, all documents prepared by the Requestor will remain the property of the Requestor. All data prepared under this agreement shall be made available to the State without restriction or limitation on their future use.

Article 5. TERMINATION

- A. This agreement may be terminated by any of the following conditions:
 - (1) By mutual written agreement and consent of both parties.
 - (2) By the State upon determination that use of the State's right of way is not feasible or is not in the best interest of the State and the traveling public.
 - (3) By either party, upon the failure of the other party to fulfill the obligation as set forth herein.
 - (4) By satisfactory completion of all services and obligations as set forth herein
- B. The termination of this agreement shall extinguish all rights, duties, obligations and liabilities of the State and Requestor under this agreement. If the potential termination of this agreement is due to the failure of the Requestor to fulfill its contractual obligations as set forth herein, the State will notify the Requestor that possible breach of contract has occurred. The Requestor must remedy the breach as outlined by the State within ten (10) days from receipt of the State's notification. In the event the Requestor does not remedy the breach to the satisfaction of the State, the Requestor shall be liable to the State for the costs of remedying the breach and any additional costs occasioned by the State.

Agreement No. _____

Article 6. DISPUTES

Should disputes arise as to the parties' responsibilities or additional work under this agreement, the State's decision shall be final and binding.

Article 7. RESPONSIBILITIES OF THE PARTIES

The State and the Requestor agree that neither party is an agent, servant, or employee of the other party and each party agrees it is responsible for its individual acts and deeds as well as the acts and deeds of its contractors, employees, representatives, and agents.

Article 8. INSURANCE

Prior to beginning any work upon the State's right of way, the Requestor and/or its contractors shall furnish to the State a completed "Certificate of Insurance" (TxDOT Form 1560, latest edition) and shall maintain the insurance in full force and effect during the period that the Requestor and/or its contractors are encroaching upon the State's right of way.

Article 9. AMENDMENTS

Any changes in the time frame, character, agreement provisions or obligations of the parties hereto shall be enacted by written amendment executed by both the Requestor and the State.

Article 10. COMPLIANCE WITH LAWS

The Requestor shall comply with all applicable federal, state and local environmental laws, regulations, ordinances, and any conditions or restrictions required by the State to protect the natural environment and cultural resources of the State's right of way.

Article 11. LEGAL CONSTRUCTION

In case one or more of the provisions contained in this agreement shall for any reason be held invalid, illegal, or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provisions hereof and this agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

Article 12. NOTICES

All notices to either party by the other required under this agreement shall be delivered personally or sent by certified U.S. mail, postage prepaid, addressed to such party at the following respective addresses:

Requestor:	State:
<u>Chappell Hill Historical Society</u>	Texas Department of Transportation
<u>Stephanie Ddughdhnemimnier</u>	<u>Chad Bohne, P.E.,</u>
<u>9220 Poplar St.</u>	<u>2951 N. Earl Rudder Frwy.</u>
<u>Chappell Hill, TX 77426</u>	<u>Bryan, TX 77803-5190</u>

Agreement No. _____

All notices shall be deemed given on the date so delivered or so deposited in the mail, unless otherwise provided herein. Either party hereto may change the above address by sending written notice of such change to the other in the manner provided herein.

Article 13. SOLE AGREEMENT

This agreement constitutes the sole and only agreement between the parties hereto and supersedes any prior understandings or written or oral agreements respecting the within subject matter.

Each party is signing this agreement on the date stated beside that party's signature.

CHAPPELL HILL HISTORICAL SOCIETY (Requestor Name)

By Stephanie Ddughdhnemimnier Date 1/22/26
Company Official

Typed or Printed Name and Title Stephanie Ddughdhnemimnier
CHHS Museum Director

THE STATE OF TEXAS

Executed for the Executive Director and approved for the Texas Transportation Commission for the purpose and effect of activating and/or carrying out the orders, established policies or work programs heretofore approved and authorized by the Texas Transportation Commission.

By Chad Bohne Date 2/7/2026
60E5537715D2451 District Engineer

EXHIBIT A

2026 Bluebonnet Festival

The purpose of the **Bluebonnet Festival** is to raise funds to restore and maintain the historical properties in Chappell Hill owned by the Chappell Hill Historical Society, a non-profit organization.

FM 1155 will be blocked off on the North at the corner of FM 2447 and FM 1155, and at the corner of Providence Street and FM 1155 on the South. The hours are from 9:00 a.m. on Friday, April 10, 2026, until 5:30 p.m. on Sunday, April 12, 2026. Uniformed officers from Work Zone Traffic Control will control traffic at the barricades.

The festival will be located on the closed portion of Main Street (FM1155) and will consist of arts and crafts booths and entertainment. Food and drink will be available at food booths. It is anticipated that about 20,000 people will visit the **Bluebonnet Festival** over the two days.

EXHIBIT B
2026 BLUEBONNET FESTIVAL
TRAFFIC CONTROL PLAN

Place and Dates:

Chappell Hill, Texas
Friday, April 10, 2026, through Sunday, April 12, 2026

Times:

Friday, April 10, 2026 through Sunday, April 12, 2026 9:00 a.m. to 5:00 p.m.

Objectives:

- 1) To provide for the safe and unrestricted flow of vehicular traffic on US 290 and around the **2026 Bluebonnet Festival** during, before and after the event.
- 2) To provide (weather permitting) adequate parking for all visitors, workers, and residents.
- 3) To provide for the safety of visitors and workers attending the **2026 Bluebonnet Festival**. Concentrations of visitors will be on the closed section of Main Street where arts and crafts booths will be located.
- 4) To provide Pedestrian Safety Lanes between parking lots and the festival area.

Plan:

- 1) Festival traffic West bound from Houston area will be directed by electric highway sign to the right lane to enter festival area from US 290 at intersection with FM 1155.
- 2) Festival traffic East bound from Brenham on US 290 will be directed by electric highway sign to the left lane to enter FM 2447 to festival and parking.
- 3) Vehicular traffic will be prohibited on FM 1155 (Main Street – two lanes) From Providence Street on the South to FM 2447 (Chestnut Street) on the North during the period of **9:00 a.m. April 10, 2026, to 5:00 p.m., April 12, 2026.**
- 4) North bound Traffic will be detoured around the closed section of FM 1155 via Providence, Church and Chestnut Streets. No parking will be allowed on detour streets.
- 5) South bound traffic on FM 1155 will be detoured on FM 2447 East to Houston via Routt Road to US 290; West to US 290 to Brenham. South bound traffic will not be detoured on the North bound detour route through town.
- 6) Weather permitting, adequate off-street parking will be provided for visitors, workers and residents with controlled entrance and exits at Chappell Hill Historical Society parking lots to assure traffic flow is not blocked.
- 7) WorkZone Traffic Control, LLC will direct traffic at barricades and at Chappell Hill Historical Society parking lot only.
- 8) EMS and First Responder personnel will be on site during festival hours.
- 9) Open access for fire trucks and emergency vehicles will be maintained on all streets within the closed off area.
- 10) See enclosed map for details

Agreement No. _____

Please direct any correspondence to:

Stephanie Ddughdhnemimnier
CHHS Museum Director
979-836-6033

Chappell Hill Historical Society
9220 Poplar Street
Chappell Hill, TX 77426
979-836-6033
chhstxmuseum@gmail.com

THERE IS NO VEHICLE TRAFFIC ON CLOSED STREETS AT ANY TIME BETWEEN 9AM FRI AND 5PM SUN UNLESS NOTIFIED BY LAW ENFORCEMENT AND/OR FESTIVAL STAFF.

REVIEWED BY TDDOT:
 NUMBER: _____
 DATED: _____

CHURCH

TRAFFIC PLAN
TEMPORARY CLOSURE
 FM 1155

PREPARED BY:
GAMBLE ENGINEERING
 FIRM # 900

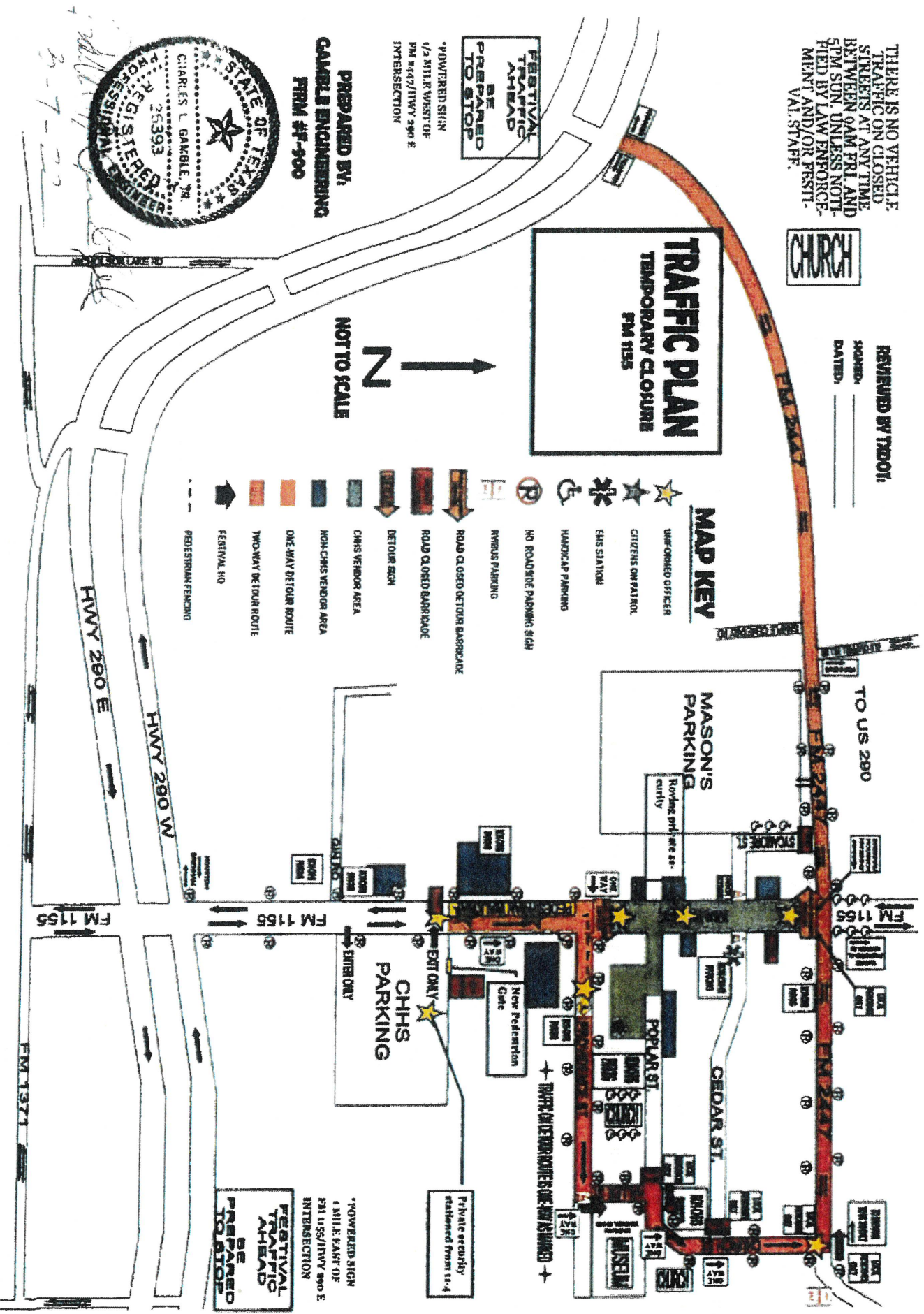


*POWERED SIGN
 1/2 MILE WEST OF
 FM 1447/HWY 290 E
 INTERSECTION

FESTIVAL TRAFFIC AHEAD BE PREPARED TO STOP



- MAP KEY**
- ★ UNIFORMED OFFICER
 - ★ CITIZENS ON PATROL
 - ★ EMS STATION
 - ♿ HANDICAP PARKING
 - Ⓟ NO ROADSIDE PARKING SIGN
 - 🚐 AMBUS PARKING
 - 🚧 ROAD CLOSED DETOUR BARRICADE
 - 🚧 ROAD CLOSED BARRICADE
 - ➡ DETOUR SIGN
 - 🚚 CHHS VENDOR AREA
 - 🚚 NON-CHHS VENDOR AREA
 - ➡ ONE-WAY DETOUR ROUTE
 - ➡ TWO-WAY DETOUR ROUTE
 - ➡ FESTIVAL HW
 - ➡ PEDESTRIAN FENCING



*POWERED SIGN
 1/2 MILE EAST OF
 FM 1155/HWY 290 E
 INTERSECTION

Private security stationed from 11-4

FESTIVAL TRAFFIC AHEAD BE PREPARED TO STOP

TxDOT Form 1560 (Rev 04/2002) Previous editions of this form may not be used.
Page 1 of 2

Texas Department of Transportation (TxDOT) CERTIFICATE OF INSURANCE

Prior to the beginning of work, the Contractor shall obtain the minimum insurance and endorsements specified. Only the TxDOT certificate of insurance form is acceptable as proof of insurance for department contracts. Agents should complete the form providing all requested information then either fax or mail this form directly to the address listed on the back of this form. Copies of endorsements listed below are not required as attachments to this certificate.

Insured: Chappell Hill Historical Society

Street/Mailing Address: 9220 Poplar Street

City/State/Zip: Chappell Hill, TX 77426

Phone Number: Area Code (979) 836-6033

WORKERS' COMPENSATION INSURANCE COVERAGE:

Endorsed with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: Hartford Fire Insurance Company			Carrier Phone #: 410-547-3293	
Address: One Hartford Plaza			City, State, Zip: Hartford, CT 06155	
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability:
Workers' Compensation	30WBCCL9259	4/29/2025	4/29/2026	Not Less Than: Statutory – Texas

COMPREHENSIVE GENERAL LIABILITY INSURANCE:

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: Massachusetts Bay Insurance			Carrier Phone #: 410-547-3293	
Address: 440 Lincoln Street			City, State, Zip: Worcester, MA 06155	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Comprehensive General Liability Insurance Bodily Injury Property Damage OR Commercial General Liability Insurance	Z D Q D 2 5 7 3 4 4	5/14/2025-	5/14/2026	Not Less Than: \$ 500,000 each occurrence \$ 100,000 each occurrence \$ 100,000 for aggregate OR \$ 600,000 combined single limit

COMPREHENSIVE AUTOMOBILE LIABILITY INSURANCE:

Endorsed with TxDOT as Additional Insured and with a Waiver of Subrogation in favor of TxDOT.

Carrier Name: Massachusetts Bay Insurance Company			Carrier Phone #: 410-547-3293	
Address: 440 Lincoln Street			City, State, Zip: Worcester, MA 06155	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Comprehensive Automobile Liability Insurance OR Texas Business Automobile Policy Bodily Injury Property Damage	ZDQD257344	5/14/2025	5/14/2026	Not Less Than: \$ 250,000 each person \$ 500,000 each occurrence \$ 100,000 each occurrence

UMBRELLA POLICY (if applicable):

Carrier Name: Hanover Insurance Company			Carrier Phone #: 410-547-3293	
Address: 440 Lincoln Street			City, State, Zip: Worcester, MA 01653	
Type of Insurance:	Policy Number:	Effective Date:	Expiration Date:	Limits of Liability:
Umbrella Policy	UHQD258325	5/15/2025	5/15/2026	1,000,000

Agency Name	Address	City, State Zip Code
Maury Donnelly & Parr	10150 York Road Suite 420	Cockeysville, MD 21030

Area Code (410) 547-3293
Authorized Agent's Phone Number


Authorized Agent Original Signature

3/7/2025
Date

This Certificate of Insurance neither affirmatively nor negatively amends, extends, or alters the coverage afforded by the above insurance policies issued by the named insurance company. Cancellation of the insurance policies shall not be made until THIRTY DAYS AFTER the agent or the insurance company has sent written notice by certified mail to the contractor and the Texas Department of Transportation.

THIS IS TO CERTIFY to the Texas Department of Transportation acting on behalf of the State of Texas that the insurance policies named meet all the requirements stipulated and such policies are in full force and effect. If this form is sent by facsimile machine (fax), the sender adopts the document received by TxDOT as a duplicate original and adopts the signature produced by the receiving fax machine as the sender's original signature.

The Texas Department of Transportation maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under sections 552.021 and 552.023 of the Texas Government Code, you also are entitled to receive and review the information. Under section 559.004 of the Government Code, you are also entitled to have us correct information about you that is incorrect.

Re: Chappell Hill Historical Society Scarecrow Festival

Saturday, April 11th & Sunday, April 12th, 2026

January 22nd, 2026

As the Sheriff of Washington County, Texas, I fully support the efforts of the Chappell Hill Historical Society as they host this year's Bluebonnet Festival. This is an ongoing festival that supports not only the historical properties in Chappell Hill that are owned and maintained by the Chappell Hill Historical Society but also the efforts of the town as a whole, which brings in numerous visitors to this county and gives a boost to the economy. I also support the closing of the roads, FM 1155/Main Street, Poplar Street, Cedar Street and Church Street. If you have any questions, please feel free to contact me at your earliest convenience.



Washington County Sheriff

02/03/2026

Date

Certificate Of Completion

Envelope Id: 5F930C28-6FE3-44DE-9438-6EE961C7B7AE
 Subject: Complete with Docusign: BBF 2026 TxDOT Permit 02052026.pdf
 Source Envelope:
 Document Pages: 11 Signatures: 1
 Certificate Pages: 1 Initials: 0
 AutoNav: Enabled
 EnvelopeId Stamping: Enabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed
 Envelope Originator:
 Dawn Matejowsky
 125 E. 11th Street
 Austin, TX 78701
 Dawn.Matejowsky@txdot.gov
 IP Address: 204.64.21.232

Record Tracking

Status: Original
 2/6/2026 1:38:07 PM
 Security Appliance Status: Connected
 Storage Appliance Status: Connected

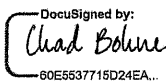
Holder: Dawn Matejowsky
 Dawn.Matejowsky@txdot.gov
 Pool: StateLocal
 Pool: Texas Department of Transportation

Location: DocuSign
 Location: Docusign

Signer Events

Chad Bohne
 chad.bohne@txdot.gov
 District Engineer
 Texas Department of Transportation
 Security Level: Email, Account Authentication (Optional), Login with SSO

Signature

DocuSigned by:

 60E5537715D24EA...

Signature Adoption: Pre-selected Style
 Using IP Address: 204.64.21.250

Timestamp

Sent: 2/6/2026 1:41:03 PM
 Viewed: 2/7/2026 6:53:30 AM
 Signed: 2/7/2026 6:53:51 AM

Electronic Record and Signature Disclosure:
 Not Offered via Docusign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/6/2026 1:41:03 PM
Certified Delivered	Security Checked	2/7/2026 6:53:30 AM
Signing Complete	Security Checked	2/7/2026 6:53:51 AM
Completed	Security Checked	2/7/2026 6:53:51 AM
Payment Events	Status	Timestamps



- [Basic Details](#)
- [Address](#)
- [Entity Information](#)
- [Additional Info](#)
- [Contact Details](#)
- [Business Info](#)
- [Violations Details](#)

Basic Details

License ID	200191735	Legacy License Type	NT - Nonprofit Entity Temporary Event Permit (NT)
License Status	Active	Renewal Date	N/A
Original Issue Date	03/16/2026	Expiration Date	4/12/2026

DSHS/HHSC

Retail Food Program Online Payment

Amount Paid: 52.00
Authorization Number: 2018853265
Batch Trace Number 537RG1720276PRD
Payment Date: 13-Mar-26 11.04 AM
Payor Name: BEBAS PFRESH SALSA LLC

Your application summary will be emailed to the email address provided.

Application Number	Description	Applicant Name	Fee Trace Number
2302-17731	Initial SINGLE Temporary Event Food Permit	BEBAS PFRESH SALSA LLC	52.00 537RG1720276P

5:12

5G 100

◀ Gmail



License Number: [1012033](#)

Current Date: 03/13/2026 05:05 AM

Name:	DANA BUSA
License Type:	Temp Food
License Status:	Current
Expiry Date:	04/12/2026
Effective Rank Date:	03/12/2026
Modifier(s):	Retail Temporary Single Event

Addresses

Mailing Address

Address

DANA BUSA
NAVASOTA , TX
GRIMES
77868
US



TX-001 (04/09)

INSURED COPY -- Page 7

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Renewal of Number NEW Policy No. L226009198-0

Named Insured and Mailing Address (No., Street, Town or City, County, State, Zip Code) *

Dana Busa
DBA: Little Red Barn Lemonade
3935 Highway 105 E
Navasota

Policy Period*: From 08/09/2025 to 08/09/2026 at 12:01 A.M. Standard Time at your mailing address shown above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE table with columns for limit type and amount. Includes: Each Occurrence Limit (\$300,000), Damages To Premises Rented To You Limit (\$100,000), Medical Expense Limit (\$5,000), Personal and Advertising Injury Limit (\$300,000), General Aggregate Limit (\$300,000), Products / Completed Operations Aggregate Limit (\$300,000).

RETROACTIVE DATE (CG 00 02 ONLY)
Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here: (Enter Date or "None" if no Retroactive Date applies)

DESCRIPTION OF BUSINESS AND LOCATION OF PREMISES
Form of Business:
[] Individual [] Joint Venture [] Partnership [] Organization (Other than Partnership or Joint Venture) Business
Description*:
Lemonade Stand

Location of All Premises You Own, Rent or Occupy:
3935 Highway 105 E Navasota TX 77868

PREMIUM table with columns: Classification, Code No., Premium Basis, Territory, Pr/Co, Rate, All Other, Advance Premium Pr/Co, All Other. Includes a row for Restaurants and a summary row for Extension Subtotal and Total/Minimum Premium.

FORMS AND ENDORSEMENTS applying to this Coverage part and made part of this policy at time of issue: SEE SCHEDULE OF FORMS AND ENDORSEMENTS

Countersigned: * By [Signature] Authorized Representative

* Entry optional if shown in Common Policy Declarations.
* Form s and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.
THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.

ATLANTIC CASUALTY INSURANCE COMPANY

CLAIM REPORTING

In the event you need to report a claim or loss to Atlantic Casualty Insurance Company, we ask that you notify us as soon as practical using one of the following methods:

THIS SIDE UP

MONEY ORDER RECEIPT - NON NEGOTIABLE

LOAD THIS DIRECTION, THIS SIDE UP

We've improved our exchange rate to Mexico. Take advantage of this rate and send more Pesos for your dollars from this location. Send money to any Western Union Location Today!

ACT 621702 LOC 000644 TO 021726 \$52.00 521011 AND NO CENTS
Payable to: Texas Dept. of State Health

RETAIN THIS MONEY ORDER RECEIPT. IT MUST BE INCLUDED WITH ALL REFUND REQUESTS. BE SURE TO READ IMPORTANT INFORMATION BELOW AND ON BACK. For your own records, it is recommended that you make a photocopy of the completed Money Order before providing it to the receiver.
PURCHASE AGREEMENT: You the purchaser agree that Western Union Financial Services Inc. (WUFSI) need not stop payment on, or replace, or refund a lost or stolen WUFSI Money Order unless (1) you fill in the face of the Money Order at the time of purchase, and (2) you report the loss or theft to Western Union Financial Services Inc. in writing immediately, and (3) you provide WUFSI with this original Money Order receipt issued by Western Union Financial Services Inc., Denver, Colorado. For customer service, call 1-800-999-9560.

* 19815367160 *





License Number: 1011971 Current Date: 03/02/2026 01:17 PM

Name:	MARY CHAVARRIA
License Type:	Temp Food
License Status:	Current
Expiry Date:	03/06/2028
Effective Rank Date:	03/02/2026

Addresses

Mailing Address

Address

MARY CHAVARRIA DBA GGS LEMONADE
BRENHAM , TX
WASHINGTON
77833
US

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Retailers: A seller may NOT accept a copy of this permit in lieu of a properly completed exemption or resale certificate. A certificate is necessary to document why tax is not collected on a sale.

You must obtain a new permit if there is a change of ownership, location, or business location name.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

NATALIE TSUI

THE COOKIE NOOKIE BAKERY
 3421 SKYLINE VILLAGE TRL
 HOUSTON
 HARRIS COUNTY

TX 77057-7043

Type of permit
SALES AND USE TAX

Taxpayer number
 3-20934-8875-0

Location number
 00001

First business date of location
 01/01/2024

NAICS: 454110 Electronic Shopping and Mail-Order Houses

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

CITY: HOUSTON

EFF: 01/01/2024

TRANSIT: HOUSTON MTA

EFF: 01/01/2024

Glenn Hegar
Glenn Hegar
 Comptroller of Public Accounts

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business. For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.

If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555.

Detach here and prominently display your permit only. Retain the portion below for your records.

Is the Information Printed on this Permit Correct?

The information printed on your permit is public information. It must be accurate and current. If there is an error, make corrections on the form below. Enter the correct information for incorrect items only. Detach the form and mail it to:

Comptroller of Public Accounts
 111 E. 17th Street
 Austin, TX 78774-0100

More helpful information about your permit is on the back of this document.

Texas Sales and Use Tax Permit Corrections Form

Taxpayer name shown on the permit NATALIE TSUI		If you need to make changes to your local sales tax authorities or to the NAICS code printed on your permit, see information on the back of this form.	
Taxpayer number shown on the permit 32093488750	Location number shown on the permit 00001		
Correct business location name •			
Correct business location (no P.O. Box or directions accepted) •			
City	State	ZIP code	County
Correct taxpayer name •		Daytime phone (Area code and number)	
Correct mailing address •			
City	State	ZIP code	Federal Employer Identification Number

If you are **no longer in business**, enter the date of your last business transaction. _____

sign here Taxpayer or authorized agent

Date



000000411



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/05/2025

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 Pro Insur, Inc dba Campbell Risk Management 9595 Whitley Drive, Suite 204 Indianapolis, IN 46240	CONTACT NAME: Larry Spiker ext 203 PHONE (A/C No, Ext): 317-848-9075 FAX (A/C No): 317-848-9093 E-MAIL ADDRESS: LSPIKER@CAMPBELLRISK.COM INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: HANOVER INSURANCE GROUP 22292 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :
INSURED The Cookie Nookie Bakery LLC DBA Cookie Nookie 3421 Skyline Village Trl Houston Texas 77057	

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 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	AAV12738 LHW D481967	12/05/2025	12/05/2026	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
	EACH OCCURRENCE	\$ 1,000,000																			
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MED EXP (Any one person)	\$ 5,000																				
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GENERAL AGGREGATE	\$ 2,000,000																				
PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
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							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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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 \$							<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
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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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>PER STATUTE</td><td style="text-align: right;">\$</td></tr> <tr><td>OTHER</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	PER STATUTE	\$	OTHER	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
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)
 Those usual to the Insured's operation. Blanket additional Insured applies per coverage form 421-2015 06 15. Certificate holder, if any, is hereby an additional insured.

CERTIFICATE HOLDER Evidence of Insurance	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 <i>John C. Campbell</i>
--	---

DSHS/HMSC

Application Summary

Application summary notes

12/23/25, 12:11 AM

Page 1 of 2

Application Detail

License Type: Temp Food
Application: Initial SINGLE Temporary Event Food Permit
Application Date: 12/23/2025 (mm/dd/yyyy)

Organization Detail

Organization Name: THE COOKIE NOOKIE BAKERY LLC
Organization Type: LLC

Addresses

Main Address

Address: 3421 SKYLINE VILLAGE TRL
HARRIS
HOUSTON, TX
77057
United States

Physical Loc

Name: The Cookie Nookie Bakery LLC
Address: 3421 SKYLINE VILLAGE TRL
HARRIS
HOUSTON, TX
77057
United States

Phone Number: 832-534-2251

Mailing Address

Name: Tsui, Natalie
Address: 3421 SKYLINE VILLAGE TRL
HARRIS
HOUSTON, TX
77057
United States

Phone Number: 832-534-2251

License Attributes Selected

Additional Attributes (please check all that apply)

Retail Temporary Single Event

Initial Online Questions

Event Information:	Chappell Hill Bluebonnet Festival
Is the event inside the City Limits?	N
Are you applying because you were notified via inspection that you currently hold the wrong type of license or permit?	N
Please enter the County the Event is in:	Washington
App Contact Nme:	Natalie Tsui

Event Dates

Event Start Date:	04/11/2026 (mm/dd/yyyy)
Event End Date:	04/12/2026 (mm/dd/yyyy)

Fees

Total Amount Due:	\$52.00
-------------------	----------------



Chappell Hill Tx Festivals <chappellhilltxfestivals@gmail.com>

BBF 2026 Health Permits, Insurance, Etc.

Sarah Fletcher <sarah@wildflyermead.com>

Fri, Feb 27, 2026 at 12:47 PM

To: Chappell Hill Tx Festivals <chappellhilltxfestivals@gmail.com>

Hi Stephanie,
Here is the insurance for WildFlyer Mead
Great American Alliance -Ph. 866-233-4216
Policy Number: PAC 32985140200

On Fri, Feb 27, 2026 at 11:43 AM Chappell Hill Tx Festivals <chappellhilltxfestivals@gmail.com> wrote:

[Quoted text hidden]

--
SARAH FLETCHER
Tasting Room Manager
WILDFLYER MEAD
Navasota, TX
936-337-2508
Wildflyermead.com



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT**

GLADYS OKAY DBA
ICE CREAM CREATIONS & MORE
10006 SAGEORCHARD LN
HOUSTON, TX 77089

Pursuant to Health and Safety Code Chapter 437 (Regulation of Food Service Establishments, Retail Food Stores, Mobile Food Units, and Roadside Vendors) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

**TEMPORARY RETAIL FOOD OPERATION
MULTIPLE TEMPORARY EVENTS**

it# 1010323
Expires: 09/14/2027

NON-TRANSFERABLE

[Signature]
Commissioner

511092



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2025

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		CONTACT NAME:	
Allied Insurance & Financial Svc		PHONE (A/C, No, Ext): (713)432-9922	
6464 Savoy Drive, Suite 740		FAX (A/C, No): (832)369-1733	
Houston, TX 77036		E-MAIL ADDRESS: info@alliedinsuranceandfinancial.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: UNITED STATES LIABILITY INSURANCE COMPAN	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		GL1118531D	9/28/2025	9/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	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/N If yes, describe under DESCRIPTION OF OPERATIONS below		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)

SALES OF ICE CREAM, LEMONADE, SNACKS & FOOD AT DIFFERENT EVENTS IN METRO HOUSTON AREA

BLANKET ADDITIONAL INSURED ENDORSEMENT ON COMMERCIAL GENERAL LIABILITY POLICY

CERTIFICATE HOLDER**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

01-300
(Rev. 12-01/14)

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Merchants: DO NOT accept a copy of this permit in place of a resale or exemption certificate. You will be responsible for sales tax unless you have a valid resale/exemption certificate on file.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

GLADYS N OKAY

ICE CREAM CREATIONS & MORE
10006 SAGEORCHARD LN
HOUSTON

TX 77089

SIC CODE: 5812

DESCRIPTION ON NEXT LINE:

Operating Places

SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

NONE IDENTIFIED

You must obtain a new permit if there is a change in ownership, location, or business location.

Type of permit

SALES AND USE TAX

Taxpayer number

3-20076-3513-2

Outlet number

00003

First business date

05/31/1995

Carole Keeton Rylander

CAROLE KEETON RYLANDER
Comptroller of Public Accounts



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/27/2025

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. **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 Wellmann Insurance Agency, Inc 103 E Academy St. Brenham, TX 77833	CONTACT NAME: Stacie Draehn PHONE (A/C, No, Ext): (979) 836-3613 E-MAIL ADDRESS: sdraehn@wellmanninsurance.com	FAX (A/C, No): (979) 836-6990
	INSURER(S) AFFORDING COVERAGE	
INSURED Chappell Hill Sausage Co Inc 4255 Sausage Ln Chappell Hill, TX 77426	INSURER A: Acuity	NAIC # 14184
	INSURER B: Texas Mutual Insurance Company	22945
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZM2228	2/28/2025	2/28/2026	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
A	MOTOR VEHICLE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZM2228	2/28/2025	2/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ZM2228	2/28/2025	2/28/2026	EACH OCCURRENCE \$ 9,000,000
							AGGREGATE \$ 9,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	0001077413	4/1/2023	4/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							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)
Blanket endorsements provided and applicable when agreed in written contract or agreement with named insured: Blanket Additional Insured (CG-7263), Waiver of Subrogation (CG-7301) included (on General Liability), Blanket Waiver of Subrogation (WC420304B) included (on workers' compensation), Blanket Additional Insured (CA-7214), Waiver of Subrogation (CA-7247) included (on Business Auto) and Umbrella is follow form.

CERTIFICATE HOLDER Chappell Hill Historical Society 9220 Poplar St Chappell Hill, TX 77426	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 

- * Please contact this office immediately if any information on this permit is incorrect.
- * This permit must be displayed at the address permitted.
- * The permit renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the permit holder to remit the permit fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the permit will be issued.
- * A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.texas.gov.
- * Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- * If you have any questions or desire additional information concerning the application process or this license, please contact the Foods Business Filing and Verification Unit at (512) 834-6626. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

DAVID CONE
 4255 SAUSAGE LN
 CHAPPELL HILL TX 77426

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 REGULATORY LICENSING UNIT

DAVID CONE DBA
CHAPPELL HILL SAUSAGE CO

4255 SAUSAGE LN
 CHAPPELL HILL, TX 77426

Pursuant to Health and Safety Code Chapter 437 (Regulation of Food Service Establishments, Retail Food Stores, Mobile Food Units, and Roadside Vendors) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

**TEMPORARY RETAIL FOOD OPERATION
 MULTIPLE TEMPORARY EVENTS**

Permit# 1010440
 Expires: 10/11/2026

NON-TRANSFERABLE

[Signature]

Commissioner

511212



FOOD ESTABLISHMENT LICENSE

2026

Permit No:
MOC2025-0096

Operator:
Chris Hughes

Name:
Lemondoodle

License Plate No:
099617N

VIN No:
3F9F1A215PMO66119

Type:
Food -MobileCatering Permit

Type B Location(s):

Last Inspection Date:
07/10/2025

Expiration Date:
12/31/2026



Learn2Serve Texas Food Manager Certification Program

This document hereby certifies that

Alyssa Hultquist

**Has successfully completed the Learn2Serve
Texas Food Safety Manager Certification Examination**

A handwritten signature in cursive script, appearing to read "Samantha Montalbano".

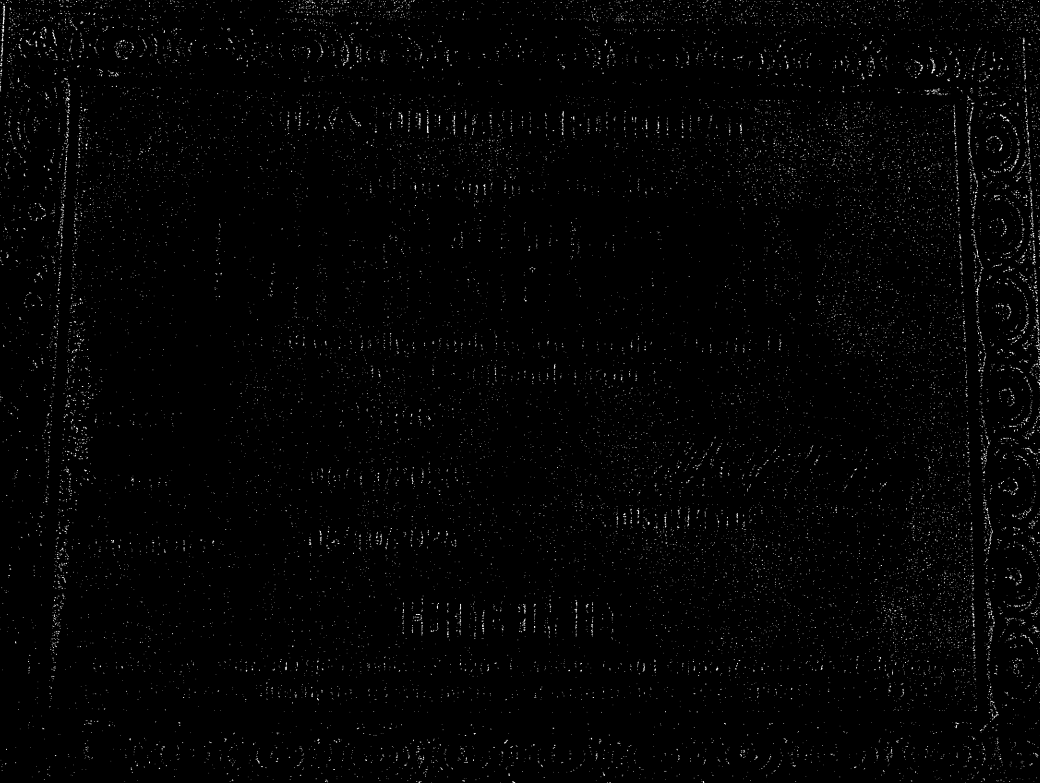
**Samantha Montalbano, Learn2Serve
Authorized Signature
www.learn2serve.com**

Effective Date: 11/09/2024

Expiration Date: Expires 5 years from the effective date

Certification Number: TXFM-283062

This is an electronic certificate which must be presented to your local Health Regulatory Agency for approval. Course fees do not include any fees associated with receiving your food manager certification or certification license.



THE UNIVERSITY OF CHICAGO

OFFICE OF THE DEAN OF STUDENTS
5400 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

ADMISSIONS OFFICE
5400 S. UNIVERSITY AVENUE

DATE: 08/17/2023
TIME: 10:30 AM

ADMISSIONS

PLEASE PRINT NAME AND ADDRESS OF THE STUDENT TO WHOM THIS ADMISSIONS OFFICE IS ISSUING THIS DOCUMENT.

NAME: _____ ADDRESS: _____

ADMISSIONS

3620 S. UNIVERSITY AVENUE, CHICAGO, ILLINOIS 60637
TEL: 773-936-7410
WWW.CHICAGOADMISSIONS.COM

PLEASE PRINT THE NAME OF THE STUDENT TO WHOM THIS ADMISSIONS OFFICE IS ISSUING THIS DOCUMENT.

NAME: _____

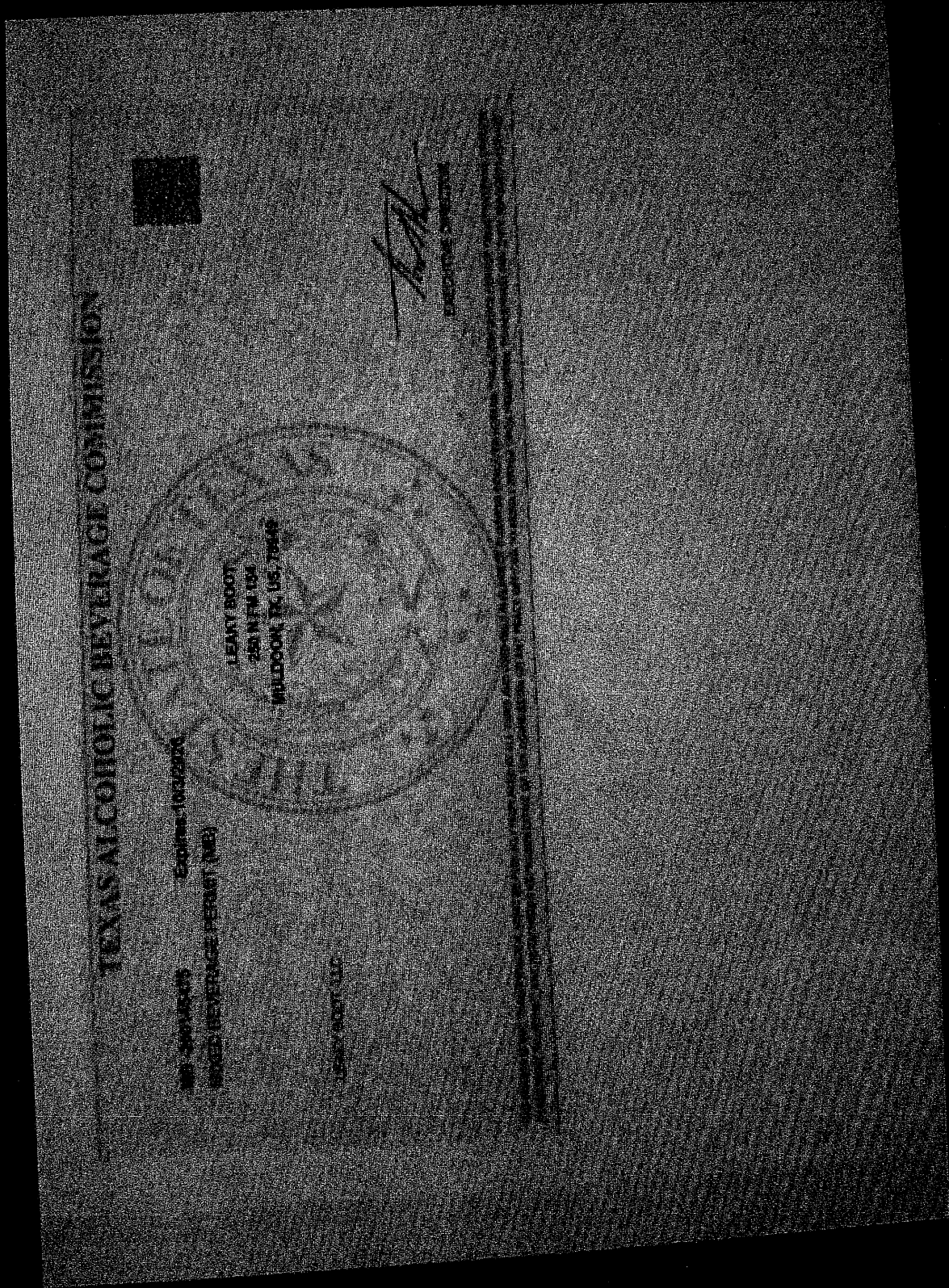
DSHS/HHSC

Retail Food Program Online Payment

Amount Paid: 52.00
Authorization Number: 2017726183
Batch Trace Number 537RG1713340PRD
Payment Date: 03-Mar-26 9.39 PM
Payor Name: LEAKY BOOT LLC

Your application summary will be emailed to the email address provided.

Application Number	Description	Applicant Name	Fee Trace Number
2302-17641	Initial SINGLE Temporary Event Food Permit	LEAKY BOOT LLC	52.00 537RG1713340P



TEXAS SALES AND USE TAX PERMIT
(This permit is not transferable, and this side must be prominently displayed in your place of business.)

1-800-252-5555
 (1-800-19-5555)

RAYETTE NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

LEAS, BOB
 LEAS, BOB
 250 N. W. 154
 MULDOON
 RAYETTE COUNTY

TX 78949-5031

Type of permit
SALES AND USE TAX

Taxpayer number
3-20961-0392-7

Location number
00001

NAICS: 722410 (Drinking Places (Alcoholic Beverage))
 WHERE DOES THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX JURISDICTIONS:
 COUNTY: FAYETTE

(Signature)
 Glenn Beart
 Comptroller of Public Accounts

*You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business.
 For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.
 If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-5555.*

Detach here and prominently display your permit only. Retain the portion below for your records.

NEW

Renewal of Number

Mount Vernon Fire Insurance Company
1190 Devon Park Drive, Wayne, Pennsylvania 19087
A Member Company of United States Liability Insurance Group

POLICY DECLARATIONS

No. CP 2697500

INSURED AND ADDRESS:

LEAKY BOOT LLC
DBA: LEAKY BOOT SALOON
338 LOEHR RD
LA GRANGE, TX 78945

POLICY PERIOD: (MO. DAY YR.) From: 03/14/2025 To: 03/14/2026

12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE

FORM OF BUSINESS: Limited Liability Company

BUSINESS DESCRIPTION: Caterer

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

	PREMIUM
Commercial Liability Coverage Part	\$500.00
Liquor Liability Coverage Part	\$1,155.00
Wholesaler Broker Fee	\$200.00
Surplus Lines Tax	\$89.97
Stamping Fee	\$0.74
TOTAL:	\$1,945.71

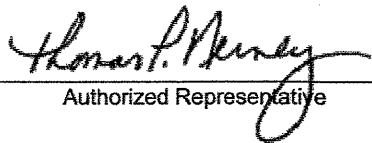
Coverage Form(s) and Endorsement(s) made a part of this policy at time of issue

See Endorsement EOD (1/95)

Agent: **RPS TEXAS BINDING (1795)**
1900 West Loop S
Suite 1600

Issued: 03/21/2025 3:19 PM

Broker: **Wellmann Insurance Agency, Inc**
103 E Academy St
Brenham, TX 77833

By: 
Authorized Representative

To Report a Loss

- Dial toll-free #1 (844)777-8323 or visit our
- Website: <https://my.rpsins.com/claimsfnol>
- Contact Insurer directly (see policy section)

THESE DECLARATIONS TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART DECLARATIONS, COVERAGE PART COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF COMPLETE THE ABOVE NUMBERED POLICY

EXTENSION OF DECLARATIONS

Policy No. CP 2697500

Effective Date: 03/14/2025

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

The following forms apply to multiple coverage parts

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
2110	04/15	Service Of Suit
IL0017	11/98	Common Policy Conditions
IL0021	09/08	Nuclear Energy Liability Exclusion Endorsement
Jacket	07/19	Policy Jacket
L-367	04/15	Minimum Earned Premium Endorsement
L-610	11/04	Expanded Definition Of Bodily Injury
NTP TX	04/09	Important Notice To Policyholders
TRIADN	12/20	Disclosure Notice of Terrorism Insurance Coverage

The following forms apply to the Commercial Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG 21 06	12/23	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL MATERIAL OR INFORMATION
CG0001	12/07	Commercial General Liability Coverage Form
CG0068	05/09	Recording And Distribution Of Material Or Information In Violation Of Law Exclusion
CG2109	06/15	Exclusion - Unmanned Aircraft
CG2136	03/05	Exclusion - New Entities
CG2147	12/07	Employment-Related Practices Exclusion
CG2407	01/96	Products/Completed Operations Hazard Redefined
CG4032	05/23	Exclusion - Perfluoroalkyl and Polyfluoroalkyl Substances (PFAS)
IL0168	03/12	Texas Changes - Duties
L-232s	09/05	Classification Limitation Endorsement
L-526	01/15	Absolute War Or Terrorism Exclusion
L-599	04/15	Absolute Exclusion For Pollution, Organic Pathogen, Silica, Asbestos And Lead With A Hostile Fire Exception
L-618C	09/09	Amendment Of Premium Audit Conditions
L-686	04/15	Absolute Exclusion For Liquor And Other Related Liability
L-723	02/09	Blanket Additional Insured Endorsement
L-787	05/18	Infringement of Copyright, Patent, Trademark, Trade Secret or Trade Dress Exclusion Endorsement
L-816	11/18	Amendments of Conditions - Limits of Insurance Under Multiple Coverage Parts
LLQ100	04/15	Who Is An Insured Clarification Endorsement
LLQ368	04/15	Separation Of Insureds Clarification Endorsement
TX Notice MTV	10/23	Important Notice

The following forms apply to the Liquor Liability coverage part

<i>Endt#</i>	<i>Revised</i>	<i>Description of Endorsements</i>
CG0033	12/07	Liquor Liability Coverage Form

EXTENSION OF DECLARATIONS

Policy No. CP 2697500

Effective Date: 03/14/2025

12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS

FORMS AND ENDORSEMENTS

IL0168	03/12	Texas Changes - Duties
L 590	10/16	Exclusion - New Entities
L 657	10/16	Absolute Pollution Exclusion - Liability
L-584D	09/17	Policy Conditions Endorsement
L-816	11/18	Amendments of Conditions - Limits of Insurance Under Multiple Coverage Parts
LLQ100	04/15	Who Is An Insured Clarification Endorsement
LLQ368	04/15	Separation Of Insureds Clarification Endorsement
LQ-202	04/15	Assault Or Battery Exclusion
LQ-353	10/10	Punitive Or Exemplary Damages Exclusion
LQ-428	10/16	Absolute Firearms Exclusion
TX Notice MTV	10/23	Important Notice

This insurance contract is with an insurer not licensed to transact insurance in this state and is issued and delivered as a surplus line coverage under the Texas insurance statutes. The Texas Department of Insurance does not audit the finances or review the solvency of the surplus lines insurer providing this coverage, and this insurer is not a member of the property and casualty insurance guaranty association created under Chapter 462, Insurance Code. Chapter 225, Insurance Code, requires payment of 4.85% percent tax on gross premium.

Risk Placement Services
2850 Golf Road
Rolling Meadows, IL 60008
16158

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No. CP 2697500

Effective Date: 03/14/2025
12:01 STANDARD TIME

LIMITS OF INSURANCE

Each Occurrence Limit	\$1,000,
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	\$2,000,000
General Aggregate Limit	\$2,000,000

LIABILITY DEDUCTIBLE

\$0

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	Territory
1	250 N Fm 154, Muldoon, TX 78949	006

PREMIUM COMPUTATION

Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	All Other
1	Caterers	11039	20,000 Per 1,000 Sales	0.280	3.077	\$6		\$62
1	Additional Insured - Blanket	49950	1 Flat	0.000	50.000	\$0		\$50
MINIMUM PREMIUM FOR GENERAL LIABILITY COVERAGE PART:								\$500
TOTAL PREMIUM FOR GENERAL LIABILITY COVERAGE PART:								\$500
(This Premium may be subject to adjustment.) MP - minimum premium								

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

LIQUOR LIABILITY COVERAGE PART DECLARATIONS

Policy No. CP 2697500

Effective Date: 03/14/2025
12:01 STANDARD TIME

LIMITS OF INSURANCE

Per Each Common Cause Limit	\$1,000,000
Liquor Aggregate Limit	\$2,000,000

LIABILITY DEDUCTIBLE

\$0

LOCATIONS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

Location	Address	Territory
1	250 N Fm 154, Muldoon, TX 78949	006

PREMIUM COMPUTATION

Loc	Classification	Code No.	Premium Basis	Pr/Co	Rate		Advance Premium	
					All Other	Pr/Co	All Other	
1	Bartending Service	00065	4 Events	N/A	68.974	N/A		\$276

MINIMUM PREMIUM FOR LIQUOR LIABILITY COVERAGE PART: \$1,155

TOTAL PREMIUM FOR LIQUOR LIABILITY COVERAGE PART: \$1,155 MP

(This Premium may be subject to adjustment.) MP - minimum premium

Coverage Form(s)/Part(s) and Endorsement(s) made a part of this policy at time of issue:

See Form EOD (01/95)

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.



**FOOD
LIABILITY
INSURANCE
PROGRAM**

<http://www.fliprogram.com>

844-520-6992

Powered by Veracity Insurance
Solutions, LLC



Great American Alliance Insurance Company
301 E. Fourth Street, 25 S
Cincinnati, OH 45202-4201

**COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY
NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE
CERTIFICATE HOLDER: Erica Brannigan
ADDRESS: 16338 Maplemont Dr, Houston, Texas 77095
POLICY PERIOD: 01/03/2025 to 01/03/2026 12:01 AM MST at the Address of The Certificate Holder

POLICY NUMBER:
PLF194992

CERTIFICATE NUMBER:
F280908

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	2,000,000
Personal and Advertising Injury Limit	\$	1,000,000
General Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You Limit	\$	300,000 Any One Premises
Medical Expense Limit	\$	5,000 Any One Person
Professional Coverage Extension	\$	Not Purchased Each Claim
	\$	Not Purchased Aggregate
Professional Coverage Deductible	\$	Not Purchased Each Claim
Liability Deductible		None

FORM OF BUSINESS: Sole Proprietor/Individual

BUSINESS DESCRIPTION: ; Farmers Market Vendor; Home-Based Baker

PREMIUM: \$169.00

TOTAL POLICY COST: \$169.00

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000

BUSINESS DESCRIPTION: Vendor, Distributor, or Manufacturer of food products; Farmers Market Vendor, Home-Based Baker

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO CLAIMS@VOPINS.COM OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATED BY



Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
888-568-0548
info@fliprogram.com

ADMINISTRATOR'S SIGNATURE:

- ★ Please contact this office immediately if any information on this permit is incorrect.
- ★ This permit must be displayed at the address permitted.
- ★ The permit renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the permit holder to remit the permit fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the permit will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.texas.gov.
- ★ Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Foods Business Filing and Verification Unit at (512) 834-6626. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

GLEN TADYCH AND THERESA TADYCH DBA NO CLUE COOKE
 2611 HEATHERGOLD DR
 HOUSTON TX 77084

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 REGULATORY LICENSING UNIT**

GLEN TADYCH AND THERESA TADYCH DBA
NO CLUE COOKERS
 2611 HEATHERGOLD DR
 HOUSTON, TX 77084

Pursuant to Health and Safety Code Chapter 437 (Regulation of Food Service Establishments, Retail Food Stores, Mobile Food Units, and Roadside Vendors) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

**TEMPORARY RETAIL FOOD OPERATION
 MULTIPLE TEMPORARY EVENTS**

Permit # 1010569
 Expires: 09/18/2026

NON-TRANSFERABLE

J. A. St. L., MD
 Commissioner

511347

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Business Name, Taxpayer Identification Number, or other information necessary to document why tax is not collected on a sale.
LOCATION NAME, and PHYSICAL LOCATION

Business Name, Taxpayer Identification Number, or other information necessary to document why tax is not collected on a sale.

Type of permit	SALES AND USE TAX
Taxpayer number	3-20575-1064-9
Location number	00001

THE
 THEN
 2611 HEATHERGOLD DR
 HOUSTON
 HARRIS COUNTY
 NAICS CODE

TX 77084-4203

Gift, Novelty
 WE SHOW THIS
 TRANSIT: HOUSTON

You may need to collect sales and/or use tax for other local taxing authorities depending on your type of business.
 For additional information, see "Collecting Local Sales and Use Tax" section on the back of this document.
 If you have any questions regarding sales tax, visit our website at www.comptroller.texas.gov or call us at 1-800-252-8353.

Detach here and prominently display your permit only. Retain the portion below for your records.

GLEN TADYCH AND THERESA TADYCH DBA NO CLUE COOKE
 2611 HEATHERGOLD DR
 HOUSTON TX 77084



TEXAS DEPARTMENT OF STATE HEALTH SERVICES REGULATORY LICENSING UNIT

GLEN TADYCH AND THERESA TADYCH DBA
NO CLUE COOKERS
 2611 HEATHERGOLD DR
 HOUSTON, TX 77084

Permit to Health and Safety Code Chapter 459 (Regulation of Food Service Establishments, Retail Food Stores, Mobile Food Unit and Roadside Vendors) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made in license, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

TEMPORARY RETAIL FOOD OPERATION
MULTIPLE TEMPORARY EVENTS

Permit # 1010569
 Expires: 09/18/2026

NON-TRANSFERABLE

F.H. Alford, MD
 Commissioner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/2/2025

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. 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 Lamb Insurance Services Attn: Accounts Payable 1385 Hwy 35 PMB 170 Middletown NJ 07748	CONTACT NAME: PHONE (A/C, No, Ext): 212-375-3000		FAX (A/C, No): 888-389-8061
	E-MAIL ADDRESS: service@lambis.com		
License#: PC-1013055 GLENTAD-01		INSURER(S) AFFORDING COVERAGE INSURER A: UNITED STATES LIABILITY INS CO	NAIC #
INSURED Glen Tadych DBA No Clue Cookers 2611 Heathergold Drive Houston TX 77084		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2113010937 **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	ADL SUBR NSD 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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		GL 1258781A	8/7/2025	8/7/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

CERTIFICATE HOLDER

CANCELLATION

The Chappell Hill Historical Society
9220 Poplar St.
Chappel Hill TX 77426

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
[Signature]



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/27/2026

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.

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PRODUCER MAJOR Award Inc. dba Coastal Group & Associates 420 GLEN COVE BLVD KEMAH TX 77565	CONTACT NAME: JOHN MCCAWLEY PHONE (A/C, No. Ext): 7139278635 FAX (A/C, No.): E-MAIL ADDRESS: JOHN@COASTALGROUPINSURANCE.COM
	INSURER(S) AFFORDING COVERAGE INSURER A: CENTURY SURETY COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED R.A.R Grill 19503 Mission Mill Ln Houston TX 77084	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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"/> PROJECT <input type="checkbox"/> LOC OTHER:			1367790A	02/27/2026	02/27/2027	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
<input 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						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 EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) 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 bluebonnet festival 5070 Main St Chappell Hill, TX 77426	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 JOHN MCCAWLEY
---	---

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**FOOD
LIABILITY
INSURANCE
PROGRAM**

<http://www.flipprogram.com>

844-520-8992

Powered by Veracity Insurance
Solutions, LLC



Great American Alliance Insurance Company
301 E. Fourth Street, 25 S
Cincinnati, OH 45202-4201

**COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY
NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE
CERTIFICATE HOLDER: Sharky's Sno, DBA Sharky's Sno
ADDRESS: 20207 Appaloosa Hill dr, Tomball, Texas 77377
POLICY PERIOD: 05/15/2025 to 05/15/2026 12:01 AM MDT at the Address of The Certificate Holder

POLICY NUMBER:
PLF194992
CERTIFICATE NUMBER:
F306296

LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
General Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented to You Limit	\$	300,000	Any One Premises
Medical Expense Limit	\$	5,000	Any One Person
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim
Liability Deductible			None

FORM OF BUSINESS: LLC

BUSINESS DESCRIPTION: ; Food Truck

PREMIUM: \$319.00

TOTAL POLICY COST: \$319.00

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000

BUSINESS DESCRIPTION: Vendor, Distributor, or Manufacturer of food products; Food Truck

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO CLAIMS@VOPINS.COM OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATED BY



Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
888-568-0548
info@flipprogram.com

ADMINISTRATOR'S SIGNATURE:

[Handwritten Signature]

County Auditor's Form #183
Harris County, Texas (REV. 01/00)



1111 Fannin St.
Houston, Texas 77002
713-274-6300

Receipt: 2468604

Date: 9/26/2025

Owner: BRANDON BLAKE

Mailing Address: 602 James St

City: TOMBALL State: TX Zip: 77375 Telephone: 281-740-7617

Payment by: Visa Card Check/CC#: Genius Number:6419581596 Payor/Name: Sharky's Sno #3 (TRL)

ESTAB #	NAME and ADDRESS	TYPE	AMOUNT
E0107130	Sharky's Sno #3 (TRL) 0 Harris County Houston , TX 77000	Mobile Food Unit Permit Fee	258.00

ESTAB #	NAME and ADDRESS	TYPE	AMOUNT
E0107130	Sharky's Sno #3 (TRL) 0 Harris County Houston , TX 77000	Late Fee	100.00

RECEIVED BY: Online Payment

TOTAL RECEIVED: 358.00

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Merchant: A copy of this permit does not replace a resale or exemption certificate. You will be responsible for sales tax unless you have a valid resale/exemption certificate on file.

You must obtain a new permit if there is a change in ownership, location, or business location name.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

TED KAMEL FOODS, LLC

TED KAMEL FOODS, LLC
 1115 WILMA ST
 TYLER

TX 75701-5644

Type of permit	SALES AND USE TAX
Taxpayer number	3-20460-8509-1
Location number	00001
First business date	05/01/2012

NAICS CODE: 722330

DESCRIPTION ON NEXT LINE:

Mobile Food Services

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

CITY: TYLER

EFF: 05/01/2012

COUNTY: SMITH

EFF: 05/01/2012

Susan Combs

SUSAN COMBS
 Comptroller of Public Accounts

YOU MAY NEED TO COLLECT SALES AND/OR USE TAX FOR OTHER LOCAL TAXING AUTHORITIES DEPENDING ON YOUR TYPE OF BUSINESS.

If you have any questions regarding sales tax, you may contact the Texas State Comptroller's field office in your area or call 1-800-252-5555, toll free, nationwide. The Austin number is 512/463-4600.

USA TX

Texas

DRIVER LICENSE

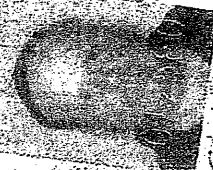
MI DL 00410420 0 Class C
 An Iss 07/31/2012 4th Exp 01/25/2015

DOB 01/25/1960
 KAMEL
 TED ANDREIU

8 1115 WILMA
 TYLER TX 75701-0000

12 Restrictions NONE 10 End NONE
 16 Hgt 5-05 16 Sex M 10 Eyes BRO

6 DD 02113220173341055063



Ted Andreiu



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/06/2026

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.

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PRODUCER	THOMPSON-HICKS INSURANCE 3919 S BROADWAY TYLER TX 75701-8716	CONTACT NAME:	
		PHONE (A/C No, Ext): (903)561-7641	FAX (A/C No): (903)561-5747
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Scottsdale Ins Co	
INSURED	TED KAMEL FOODS LLC 1115 WILMA TYLER TX 75701-	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPS8223525	06/15/2025	06/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	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 (Per 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 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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 IS SHOWN AS ADDITIONAL INSURED & WAIVER OF SUBROGATION IN RESPECTS TO THE GENERAL LIABILITY POLICY AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

AI 143094

CHAPPEL HILL HISTORICAL SOCIETY FESTIVALS
9220 POPLAR ST
CHAPPELL HILL TX 77426-

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

- ★ Please contact this office immediately if any information on this permit is incorrect.
- ★ This permit must be displayed at the address permitted.
- ★ The permit renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the permit holder to remit the permit fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the permit will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.texas.gov.
- ★ Please submit written notice if you close or sell your business. You can email us at drugs-foodsafety@dshs.texas.gov.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Foods Business Filing and Verification Unit at (512) 834-6626. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

MR GS GRILL HOUSE LLC
 27661 FM 2090 RD
 SPLENDORA TX 77372



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
 REGULATORY LICENSING UNIT



MR GS GRILL HOUSE LLC DBA
MR GS GRILL HOUSE
 27661 FM 2090 RD
 SPLENDORA, TX 77372

Pursuant to Health and Safety Code Chapter 437 (Regulation of Food Service Establishments, Retail Food Stores, Mobile Food Units, and Roadside Vendors) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

**TEMPORARY RETAIL FOOD OPERATION
 MULTIPLE TEMPORARY EVENTS**

Permit # 1011459
 Expires: 10/03/2027

NON-TRANSFERABLE

[Signature]
 Commissioner

512277

AGENDA ITEM

#8

Discussion and possible action the approval of the 2026 Kenney Ride Right of Way permit application. (Judge Durrenberger)



**WASHINGTON COUNTY, TEXAS
RIGHT-OF-WAY PERMIT APPLICATION**

Events Utilizing County Roads & Public Right-of-Way

Submit Application To:

Washington County Office of Emergency Management
100 E Main Street, Suite 104
Brenham, TX 77833
Phone: (979) 277-6220
Email: countyjudge@washingtoncountytexas.gov

Submission Deadline: Applications must be submitted **at least 90 days prior** to the event date.

APPLICATION CHECKLIST (REQUIRED)

Please ensure all items are included:

- Completed Application Form
- Route Map (Required)
- Emergency Action Plan (EAP)
- Traffic Escort Plan (if applicable)
- Proof of Insurance
- TABC Permit (if alcohol is served)
- Mass Gathering Permit (if applicable)
- Vendor/Concession Documentation

I. APPLICANT INFORMATION

Organization Name: 2026 Kenney Ride (Family Trail ride)

Type of Event:

Trail Ride Bicycle Ride Bicycle Race Parade Other: _____

Organization Address: 6137 Gibbs Creek Road

City: Chappell Hill State: TX Zip: 77426

III. EVENT LOCATION & PROPERTY INFORMATION

Starting Location

Property Owner: Joe & Denise Kmiec
Address: 6137 Gibbs Creek Road, Chappell Hill, TX 77426
Phone: 979-451-9338 Email: dkmiec50@gmail.com
Tax Appraisal ID (if known): 16242

Ending Location

Property Owner: Joe & Denise Kmiec
Address: 6137 Gibbs Creek Road
Phone: 979-451-9338 Email: dkmiec50@gmail.com
Tax Appraisal ID (if known): 16242

GPS Coordinates (if available)

Start: 30°05'24.0 North
End: 96°14'30.0 West

Note: As the property owner, I agree that any and all Law Enforcement personnel may enter my property at any time to enforce any and all provisions of this permit or for any other lawful entrance.

By: Joe Kmiec (print) Date: 3/30/26
By: *Joe Kmiec* (signature) Title: Trail Boss

IV. EVENT DATE & ROUTE

Event Start Date/Time: Sat. April 18, 2026 9:30 a.m.
Event End Date/Time: Sat. April 18, 2026 6:00 p.m.

Affected Roadways

The planned route will affect these Washington County Roads, State of Texas Roads and US Highways at the approximate times stated below. It is noted that all entries must abide by all Local, State, and Federal laws. (including traffic laws)

List all County, State, and U.S. roads affected:

Gibbs Creek Rd. + Nicholson Lake Rd. Total affected distance is 1.7 miles of Washington County roads. The remaining route is in Austin County.

Attach a detailed route map (REQUIRED)

V. PARTICIPATION & ENTRIES

Estimated Entries: If number of entries exceeds the estimate provided below, the event shall be terminated immediately.

Riders: 30

Animal-Drawn Vehicles: 1

Vehicles:

- Trucks: 10 parked at residence
- Trailers: 10 parked at residence
- Cars: _____
- Other: _____ (# _____)

Important Regulations:

- No persons under 18 may ride in truck beds or trailers
- Trailers on public roads allowed only for permitted events
- ATVs/UTVs must comply with Texas law

Estimated Total Attendance (including staff/vendors): If number of participants/attendees, vendors, and staff exceeds the estimate provided above, the event shall be terminated immediately.

Number of Estimated Attendees: 35

Crowd Control Plan:

Describe how attendance will be managed:

Designated Scouts & Safety officers that will be riding the entire trail ride.

VI. EVENT DETAILS

Description of Event:

This is a family type trail ride. We ride from our house to the Kenney Store for lunch & then home for a dinner. A ~~no~~ typical small crowd. A laid back, relaxed

Event Type:

trail ride

Public Private

Entertainment:

Live Band: Yes No

DJ: Yes No

Amplified Sound:

Yes No Turne box speaker

- Must comply with Texas Penal Code §42.01
- Prohibited after 10:00 PM

Start Time: 9:30 a.m

End Time: 6:00 p.m.

Fees Charged: (admission, registration fee, meal fee, etc.) to participants or attendees?

Yes No

If yes, describe:

Fee is charged for dinner back at the house at end of day. Strictly just cover cost of meal.

Advertising/Publicity:

~~Yes~~ No Invite only.

If yes, attach copies of all promotional materials.

VII. CONCESSIONS & ALCOHOL

Will concessions be available? Yes No

Food: Yes No

 Provided with entry fee (giveaway): Yes No

 Available to purchase: Yes No

Non-Alcoholic Beverages: Yes No

 Provided with entry fee (giveaway): Yes No

 Available to purchase: Yes No

Alcohol: Yes No

 Provided with entry fee (giveaway): Yes No

 Available to purchase: Yes No

 Will minors (under 21 years) be attending this event? Yes No

Alcohol Requirements:

- TABC Permit required
- Must prevent underage consumption

Describe controls:

NO ONE UNDER 21 WILL BE DRINKING.

Concessionaire Information (attach additional pages if needed):

Name: N/A

Phone: _____ Email: _____

- Provide the above information for ALL concessionaires and attach to this page.
- All food concessionaires must have a current STATE Food Establishment Permit issued by Texas Department of State Health Services. A Copy of the current inspection permit issued by Texas Department of State Health Services must be attached to this page.

VIII. INSURANCE REQUIREMENTS

Proof of insurance must be provided.

Minimum recommended coverage: \$1,000,000 liability

Washington County must be listed as additional insured.

IX. EMERGENCY ACTION PLAN (EAP)

Provide detailed emergency procedures, including:

- Incident reporting location
- Medical response plan
- Communication plan

A truck will be following the riders with first aid & supplies.
If needed will call 911 with cell phones.

X. TRAFFIC CONTROL & ESCORTS

Traffic escorts may be required and must be:

- Off-duty certified Texas peace officers
- Approved by Washington County Sheriff's Office

Traffic Escort Provider:

Name: N/A

Contact Person that will be on scene: _____

Title: _____

Phone: _____ Email: _____

A copy of the traffic control contract must be attached to this page.

Washington County Sheriff's Office Approval:

Approved By: _____ Date: _____

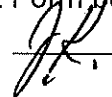
XI. EQUINE REQUIREMENTS

All horses must have current Coggins tests per Texas Animal Health Commission regulations.

XII. APPLICANT ACKNOWLEDGEMENT

Initial each:

I have reviewed this Washington County Right-of-Way Permit Request Form and I agree that I will abide by all the terms and conditions should this Permit Request Form be approved by the Washington County Commissioners Court.



I hereby acknowledge that all information on this Permit Request Form is true and that I will follow all the rules and regulations as set out in this Permit Request Form and any and all local, state, and federal laws and I further hereby acknowledge that if I provided incorrect information on any documents requested, this request will be denied and the Permit Request Form is terminated, and no money will be refunded. JK

I also understand that any and all permits, required forms, and any/all approvals must be submitted along with this application and approved by Washington County Commissioner Court at least 90 days prior to the date of the event. JK

I also understand that as the requestor and promoter of this event, we accept all liability as it relates to any property damage or injuries that occur during this event. JK

I acknowledge that I understand that if any criminal activities occur at my event or if I am in violation of this permit at any time, the permit can be revoked, and the event will be immediately terminated by any Texas Peace Officer and everyone will be required to vacate the event and there will be no refund of any money. JK

XIII. GOVERNING LAW

The validity and interpretation of any of the terms and provisions of this Permit Request Form or of the rights and duties of the parties hereunder shall be governed by the laws of the State of Texas. The venue for any cause of action arising out of this Permit Request Form and/or the permit shall be in Washington County, Texas.

XIV. SERVERABILITY

In the event that any one or more of the provisions contained in this Permit Request Form shall be held, for any reason, to be invalid, illegal, or unenforceable in any respect, by a Court of competent jurisdiction, such invalidity, illegality, or enforceability shall not affect any other provision of this Permit Request Form and this Permit Request Form shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

XV. GENDER AND NUMBER

Words of any gender in this Permit Request Form shall be construed to include any other gender; and words in either number shall be construed to include the other, unless the context in this Permit Request Form clearly requires otherwise.

XVI. PERMIT FEE

Fee Amount: \$ 100

Date Paid: 3/31/20

Received By: County Judge's Office

XVII. AMENDMENT/MODIFICATION

Any amendment or modification to the terms of this Permit Request Form or any Exhibit attached hereto shall be in writing, shall be dated subsequent to the date of this Permit Request Form, shall be approved by the Washington County Commissioners Court and shall be signed by each party to this Permit Request Form. No officer, agent, employee or representative of Applicant has any authority to amend or modify the terms of this Permit Request Form or any Exhibit attached hereto, unless expressly granted that authority by the Washington County Commissioners Court.

XVIII. SIGNATURES

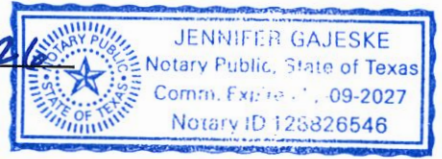
Applicant Name: Joe Kmiec ' Joe Kmiec

Signature: Joe Kmiec Date: 3-30-26

NOTARY

Sworn and subscribed before me on this 30 day of March, 2026

Notary Public: Jennifer Gajeske



XVX. COUNTY APPROVALS

Washington County Sheriff's Office
Signature: Troy Hollenbeck Date: 04/02/2026

Office of Emergency Management
Signature: _____ Date: _____

EMS Department
Signature: [Signature] Date: 4-1-26

Road & Bridge / County Engineer
Signature: Wesley Stoy Date: 04/02/2026

911 Department

Signature:  Date: 04/01/26

XX. COMMISSIONERS COURT ACTION

On this ____ day of _____, 20____:

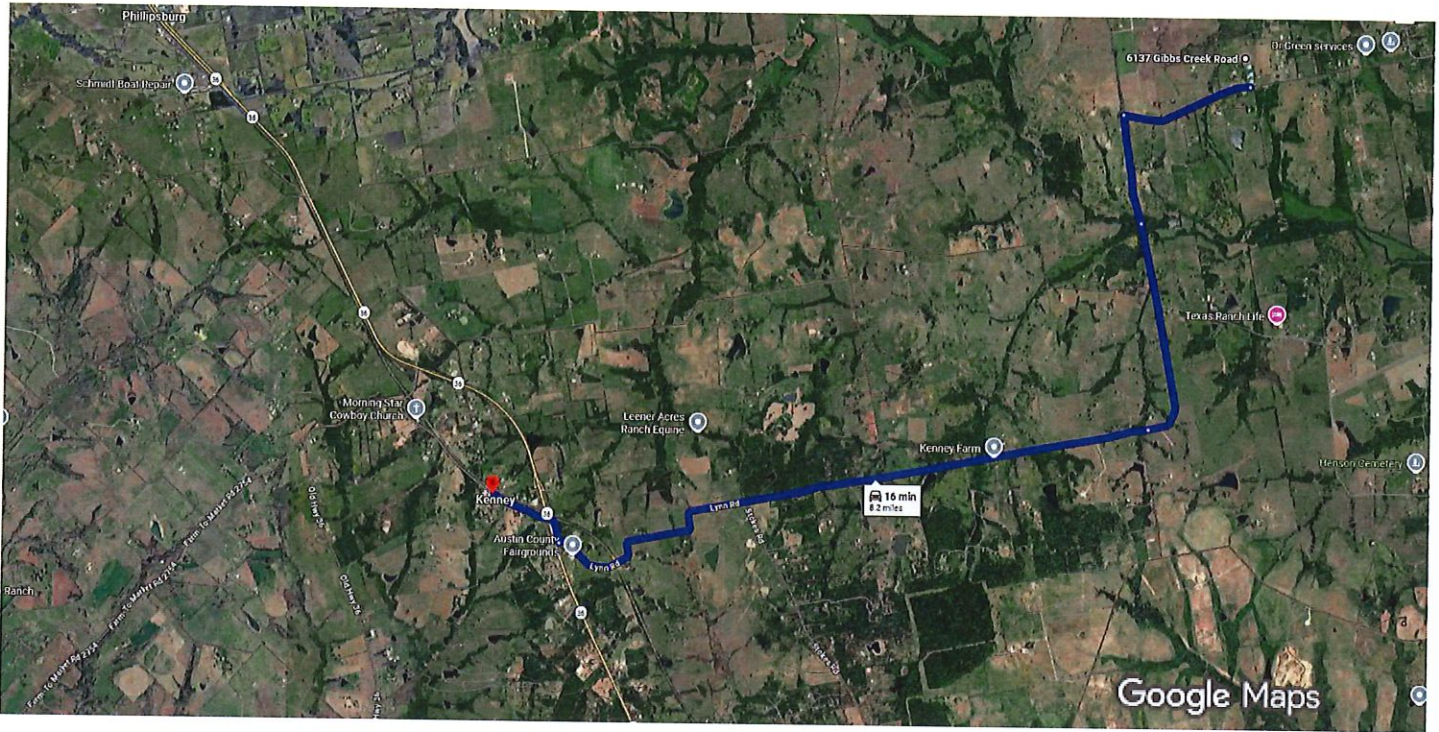
Approved

Denied

County Judge



6137 Gibbs Creek Rd, Chappell Hill, TX 77426 Drive 8.2 miles, 16 min to The Kenney Store, 811 S. Loop 497, Kenney, TX 77452



Imagery ©2026 Airbus, Landsat / Copernicus, Maxar Technologies, Map data ©2026 2000 ft



via Lynn Rd
Fastest route

16 min
8.2 miles

Explore nearby The Kenney Store



Restaurants



Hotels



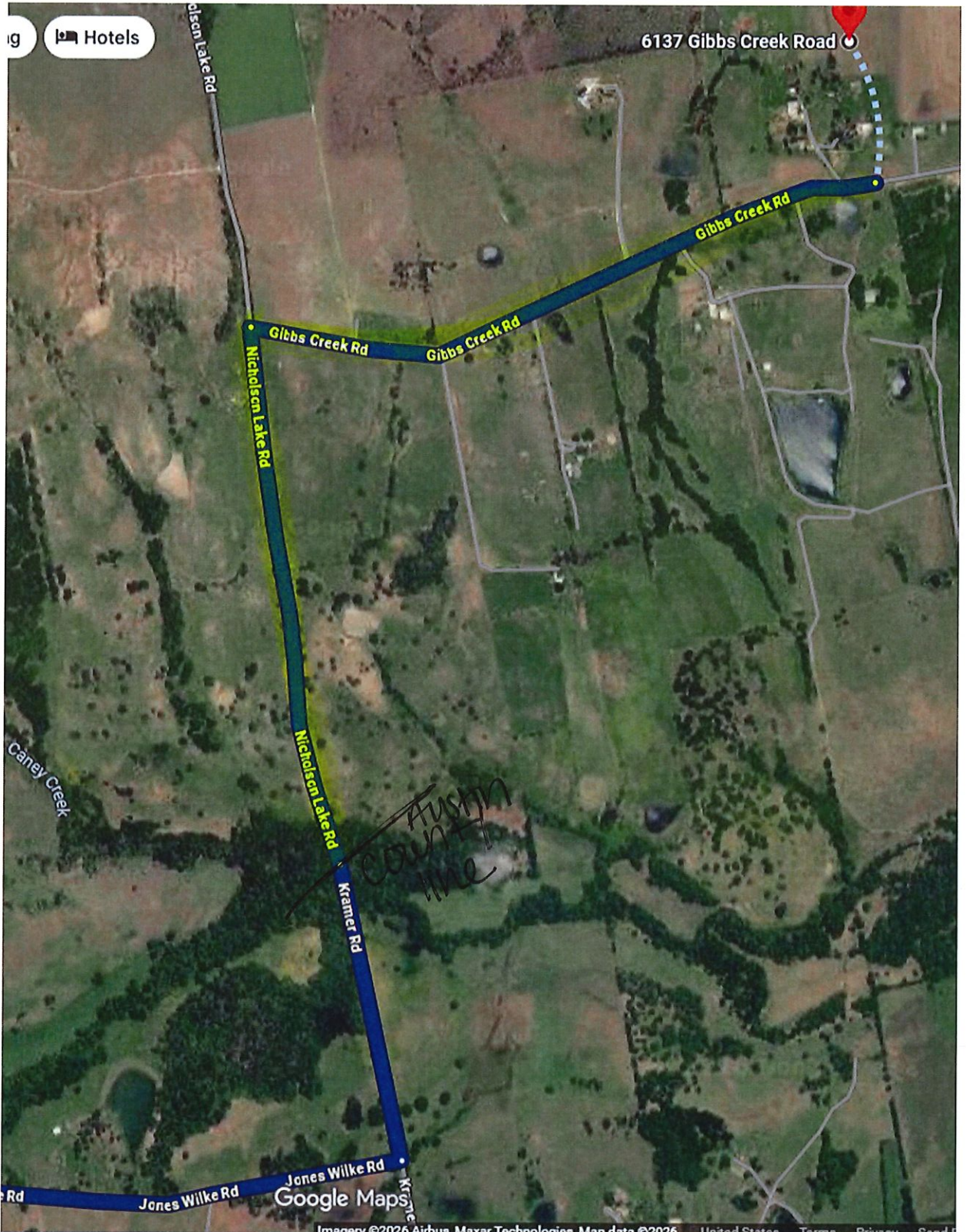
Gas stations



Parking Lots



More



ig

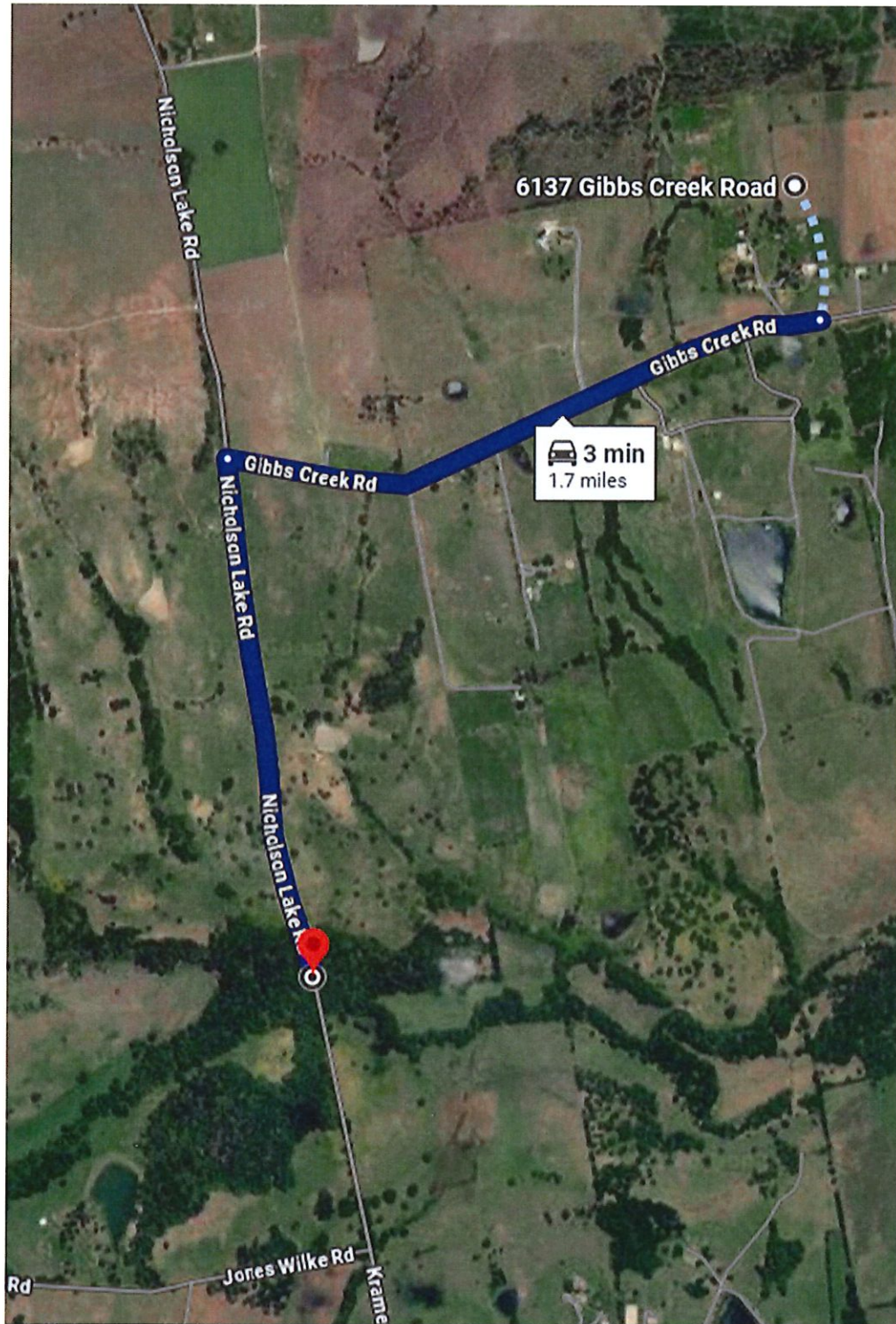
Hotels

6137 Gibbs Creek Road

Austin
county
line

Google Maps

Imagery ©2026 Airbus Maxar Technologies. Map data ©2026 United States Terms Privacy Send F



This part of the route is the roadway that is in Washington County. The rest of the trail ride route is in Austin County.

AGENDA ITEM

#9

Discussion and possible action on the approval of accounts payable. (Peggy Kramer, Treasurer)

Expense Approval Register

Packet: APPKT05684 - 04/07/2026 Accounts Payable Packet

Account Number	Vendor DBA	Description (Item)	(None)	(None)	Amount
027-0027-55300	BOLT LIGHTNING PROTECTI...	Bolt Lightning Protection for ...			23,750.00
Department 0027 - CAPITAL PROJECTS Total:					105,400.00
Department: 0048 - SCHOOL LAND IMPROVEMENT					
048-0048-54500	COLBY SCHNEEMANN	9785 Knickerbocker Rd. San, ...			4,450.00
Department 0048 - SCHOOL LAND IMPROVEMENT Total:					4,450.00
Department: 0052 - RECORD MANAGEMENT PRESERVATION					
052-0052-54505	TYLER TECHNOLOGIES, INC	Technology			412.50
Department 0052 - RECORD MANAGEMENT PRESERVATION Total:					412.50
Department: 0400 - VETERAN'S OFFICE					
010-0400-54630	UBEO BUSINESS SERVICES	Overage period 12/25/2025-...			479.04
Department 0400 - VETERAN'S OFFICE Total:					479.04
Department: 0600 - NON-DEPARTMENT					
010-0600-54830	PITNEY BOWES	Red Ink			160.99
010-0600-54800	ERIC HALE	21 hrs X2			3,570.00
010-0600-54800	ERIC HALE	Temp District Crt room set up			1,848.00
010-0600-54800	ERIC HALE	ATS Cabling			3,073.00
Department 0600 - NON-DEPARTMENT Total:					8,651.99
Department: 0700 - DISTRICT COURT					
010-0700-54100	ROBERT E. CANTU, M.D. P.A.	Evaluation S. M. Blevins			2,250.00
010-0700-54100	NOEMI OEVERMANN	C. Ramirez, A. Mesa Resets			150.00
010-0700-54100	ASPEN INVESTIGATIVE SERVI...	Investigative Services Case 2...			550.00
Department 0700 - DISTRICT COURT Total:					2,950.00
Department: 0750 - DISTRICT ATTORNEY					
010-0750-54100	GRACIE AGUILAR HARMON, ...	Official Court Reporter			222.00
Department 0750 - DISTRICT ATTORNEY Total:					222.00
Department: 0910 - COUNTY COURT AT LAW					
010-0910-54149	MCKERLEY LAW FIRM	ITIO Children			315.00
010-0910-54149	MCKERLEY LAW FIRM	ITIO children			195.00
Department 0910 - COUNTY COURT AT LAW Total:					510.00
Department: 1002 - JUSTICE OF THE PEACE NO. 2					
010-1002-53100	QUILL CORPORATION	Stamp JP2 Holly Johnson			10.77
Department 1002 - JUSTICE OF THE PEACE NO. 2 Total:					10.77
Department: 1004 - JUSTICE OF THE PEACE COURT NO. 4					
010-1004-54555	ENTEC PEST MANAGEMENT, ...	Pest Control - JP4			79.50
010-1004-54400	BLUEBONNET ELECTRIC	402 N Main JP 4 Office			88.41
010-1004-54350	HAROLD C. RIDDLE	Mileage - 293			212.43
Department 1004 - JUSTICE OF THE PEACE COURT NO. 4 Total:					380.34
Department: 1200 - ELECTIONS					
010-1200-53100	COAST TO COAST COMPUTER...	Office Supplies			639.92
Department 1200 - ELECTIONS Total:					639.92
Department: 1450 - HUMAN RESOURCES					
010-1450-54350	MEGAN CHESSHER	010-1450-54350			87.00
Department 1450 - HUMAN RESOURCES Total:					87.00
Department: 1600 - COUNTY COURTHOUSE					
010-1600-53300	IMPERIALDADE	tissue, paper towel, liners			2,610.55
010-1600-54500	SOLAR SUPPLY INC.	Air Filters - Fairgrounds			21.87
010-1600-54530	KK JANITORIAL SERVICES	Deep clean temp court room,...			3,474.60
010-1600-54932	BRENHAM REPAIR CENTER	Fuel for lawn care			34.83
010-1600-54500	ULINE	Fire extinguisher, emergency...			201.24
010-1600-54500	ACE HARDWARE BRENHAM, ...	Kwik seal			12.58
010-1600-54520	ROBERT'S SERVICE STATION ...	Masterback trailer, service ca...			144.30
010-1600-54520	ROBERT'S SERVICE STATION ...	Tire Repair			10.00
Department 1600 - COUNTY COURTHOUSE Total:					6,509.97
Department: 1800 - SHERIFF					
010-1800-54520	BK AUTO REPAIR	F22-01 BATTERY			286.95
010-1800-54520	BK AUTO REPAIR	C23-13 OIL CHANGE			254.65

Expense Approval Register

Account Number	Vendor DBA	Description (Item)	(None)	(None)	Amount
010-1800-54560	INTERSTATE BILLING SERVICE ..	32 TIRES			5,171.20
010-1800-54350	TEXAS COMMISSION ON LAW..	Instructor Certification			35.00
010-1800-53360	ANGEL ARMOR, LLC	BULLETPROOF VEST (10)			15,969.10
Department 1800 - SHERIFF Total:					21,716.90

Department: 1900 - COUNTY JAIL

010-1900-53330	BLUETRITON BRANDS INC	WATER			270.20
010-1900-54500	CORTECH	12 ARM CHAIR/FLOOR MOU...			4,663.40
010-1900-53320	TRINITY SERVICES GROUP, IN...	INMATE MEALS- 03.26.2026			6,432.32
010-1900-52100	WEBB'S UNIFORMS LLC	COURT SECURITY UNIFORMS--			866.92
010-1900-53300	GRAINGER	FRYER CLEANER BUCKET, GR...			235.22
010-1900-54350	ELIZABETH GARCIA	Mileage - 153			110.93
010-1900-53300	COOK'S CORRECTIONAL	KITCHEN MIXING SPOONS			142.17
Department 1900 - COUNTY JAIL Total:					12,721.16

Department: 2200 - EMS

010-2200-54500	DYNAMIC DRAINS PLUMBING..	New Sewage Ejection Pump ...			7,995.00
010-2200-53500	LIFE-ASSIST, INC.	Sapphire Battery			308.30
010-2200-54520	CY-FAIR TIRE	Tire Repair			435.25
010-2200-54540	CAMPBELL OIL COMPANY	Jet A Fuel			6,699.77
010-2200-54540	CAMPBELL OIL COMPANY	FED Lust			5.33
010-2200-54540	CAMPBELL OIL COMPANY	FED Lust			1.24
010-2200-55700	PRO AUTO SUPPLY	Seal Lead Acid Battery			361.98
010-2200-55700	PRO AUTO SUPPLY	Core Deposit Credit Back			-20.00
010-2200-55700	PRO AUTO SUPPLY	Core Deposit			20.00
010-2200-53300	STERICYCLE, INC	Enviromental Surcharge			14.14
010-2200-53300	STERICYCLE, INC	3p-hazardous Drug Disposal ...			149.58
010-2200-53300	STERICYCLE, INC	Fuel per month			11.85
010-2200-53300	STERICYCLE, INC	Enviromental Surcharge			25.46
010-2200-53300	STERICYCLE, INC	energy per month			4.41
010-2200-53300	STERICYCLE, INC	steri-safe compliance subscri...			269.41
010-2200-54400	FAYETTEVILLE PROPANE CO., ...	Residential Propane			228.65
010-2200-53300	BOUND TREE MEDICAL,LLC	18g IV Cath			172.44
010-2200-53300	BOUND TREE MEDICAL,LLC	IV Solution D10			72.48
010-2200-53300	BOUND TREE MEDICAL,LLC	Nebulizer Mask			216.30
010-2200-53300	BOUND TREE MEDICAL,LLC	Green Seal			356.31
010-2200-53300	BOUND TREE MEDICAL,LLC	Pump Half Set			593.70
010-2200-53300	BOUND TREE MEDICAL,LLC	Pump Full Set			392.70
010-2200-53300	BOUND TREE MEDICAL,LLC	20g IV Cath			517.32
010-2200-53300	BOUND TREE MEDICAL,LLC	2 in tape			13.39
010-2200-53300	BOUND TREE MEDICAL,LLC	Veni-Gard			121.24
010-2200-53300	BOUND TREE MEDICAL,LLC	10 drop set			330.48
010-2200-53300	BOUND TREE MEDICAL,LLC	20g cath			172.44
010-2200-53300	AIRGAS USA, LLC	Oxygen USP200 CGA 540 Invo..			28.21
010-2200-53300	AIRGAS USA, LLC	Oxygen Med CGA 870 Invoice..			55.56
010-2200-53300	AIRGAS USA, LLC	Delivery Flat Fee Invoice # 91...			61.00
010-2200-53300	AIRGAS USA, LLC	Energy Charge Invoice # 917...			4.39
010-2200-53300	AIRGAS USA, LLC	Airgas Hazmat Charge Invoice..			6.60
010-2200-53300	AIRGAS USA, LLC	Energy Charge Invoice # 917...			8.75
010-2200-53300	AIRGAS USA, LLC	Airgas Hazmat Charge Invoice..			6.60
010-2200-53300	AIRGAS USA, LLC	Oxygen LIQ 180 LT Invoice # ...			317.63
010-2200-53300	AIRGAS USA, LLC	Delivery Flat Fee Invoice # 91...			61.00
010-2200-53300	AIRGAS USA, LLC	Energy Charge Invoice # 917...			5.28
010-2200-53300	AIRGAS USA, LLC	Oxygen MED CGA 870 Invoice..			111.12
010-2200-53300	AIRGAS USA, LLC	Delivery Fee Invoice # 91704...			61.00
010-2200-53300	AIRGAS USA, LLC	Airgas Hazmat Charge Invoice..			4.35
010-2200-54520	APPEL FORD, INC.	Invoice FOCB114009			2,597.98
010-2200-53300	TAYLOR HEALTHCARE PROD...	Polar Fleece Blanket			62.00
010-2200-53300	TAYLOR HEALTHCARE PROD...	Summer Blanket			92.00
010-2200-53300	TAYLOR HEALTHCARE PROD...	G Force Fitted Sheet			645.80
Department 2200 - EMS Total:					23,598.44

Expense Approval Register

Packet: APPKT05684 - 04/07/2026 Accounts Payable Packet

Account Number	Vendor DBA	Description (Item)	(None)	(None)	Amount
Department: 4000 - TECHNOLOGY SERVICES					
010-4000-53500	ERIC HALE	District Crt door controller			595.00
010-4000-53500	ERIC HALE	Jail Laundry cables			552.50
010-4000-53500	ERIC HALE	Jail Cable run- intercom & la...			510.00
010-4000-54200	AT&T MOBILITY	Communications			69.36
010-4000-54200	AT&T MOBILITY	Communications			3,483.12
010-4000-54200	AT&T MOBILITY	Communications			78.72
Department 4000 - TECHNOLOGY SERVICES Total:					5,288.70
Grand Total:					552,985.71

Fund Summary

Fund	Expense Amount
010 - GENERAL FUND	83,766.23
015 - ENGINEERING & DEVELOPMENT SERVICES	358,956.98
027 - CAPEX GENERAL FUND	105,400.00
048 - SCHOOL LAND IMPROVEMENT	4,450.00
052 - RECORD MANAGEMENT PRESERVATION	412.50
Grand Total:	552,985.71

Account Summary

Account Number	Account Name	Expense Amount
010-0400-54630	COPIER RENTAL	479.04
010-0600-54800	MISCELLANEOUS	8,491.00
010-0600-54830	POSTAGE	160.99
010-0700-54100	PROFESSIONAL SERVICES	2,950.00
010-0750-54100	PROFESSIONAL SERVICES	222.00
010-0910-54149	APPOINTED ATTORNEYS ...	510.00
010-1002-53100	OFFICE SUPPLIES	10.77
010-1004-54350	SEMINARS/DUES/MILEA...	212.43
010-1004-54400	UTILITIES	88.41
010-1004-54555	SERVICE CONTRACTS/PE...	79.50
010-1200-53100	OFFICE SUPPLIES	639.92
010-1450-54350	SEMINARS/DUES/MILEA...	87.00
010-1600-53300	OPERATING SUPPLIES	2,610.55
010-1600-54500	REPAIRS & MAINTENAN...	235.69
010-1600-54520	VEHICLE REPAIRS/MAIN...	154.30
010-1600-54530	CONTRACT LABOR	3,474.60
010-1600-54932	LAWN CARE	34.83
010-1800-53360	BODY ARMOR/CAMERAS	15,969.10
010-1800-54350	SEMINARS/DUES/MILEA...	35.00
010-1800-54520	VEHICLE REPAIRS/MAIN...	541.60
010-1800-54560	VEHICLE TIRES/TUBES/B...	5,171.20
010-1900-52100	UNIFORMS	866.92
010-1900-53300	OPERATING SUPPLIES	377.39
010-1900-53320	FOOD SERVICES	6,432.32
010-1900-53330	COFFEE & WATER	270.20
010-1900-54350	SEMINARS/DUES/MILEA...	110.93
010-1900-54500	REPAIRS & MAINTENAN...	4,663.40
010-2200-53300	OPERATING SUPPLIES	4,964.94
010-2200-53500	REPAIRS & MAINTENAN...	308.30
010-2200-54400	UTILITIES	228.65
010-2200-54500	REPAIRS & MAINTENAN...	7,995.00
010-2200-54520	VEHICLE REPAIRS/MAIN...	3,033.23
010-2200-54540	VEHICLE FUEL	6,706.34
010-2200-55700	MACHINERY & EQUIPM...	361.98
010-4000-53500	REPAIRS & MAINTENAN...	1,657.50
010-4000-54200	COMMUNICATION	3,631.20
015-0015-53300	OPERATING SUPPLIES	40.50
015-0015-53400	BRIDGE MATERIAL	183,161.16
015-0015-53500	REPAIRS & MAINTENAN...	1,203.12
015-0015-54540	VEHICLE FUEL	21,451.36
015-0015-55620	ROCK BASE MATERIAL	73,311.88
015-0015-55630	PAVING MATERIALS	79,788.96
027-0027-55300	BUILDING & IMPROVEM...	105,400.00
048-0048-54500	REPAIRS & MAINTENAN...	4,450.00
052-0052-54505	COMPUTER MAINTENA...	412.50
Grand Total:	552,985.71	

Project Account Summary

Project Account Key	Expense Amount
None	<u>552,985.71</u>
Grand Total:	552,985.71