

**BOARD OF PUBLIC WORKS AND SAFETY**  
**Agenda Request Form**

(Form B-01-2012)

*Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard. Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets at 5:00 p.m. in City Hall located at 70 E. Monroe Street.*

<b>Date Submitted:</b>	11/14/23	<b>Meeting Date:</b>	11/20/23
<b>Contact Information:</b>			
<b>Requested by:</b>	Chip Orner, Park Superintendent		
<b>On Behalf of Organization or Individual</b>			
<b>Telephone:</b>	317-346-1190		
<b>Email:</b>	<a href="mailto:corner@franklin.in.gov">corner@franklin.in.gov</a>		
<b>Address:</b>			
<b>Describe Request</b>			
Credit app to provide extra lighting at the Ice Skating Rink, HercRentals			
<b>List Supporting Documentation Provided:</b>			
Credit App			
<b>Who will present the request?</b>			
<b>Name:</b>	Chip Orner	<b>Telephone</b>	317-346-1190

*In order for an individual and/or agency to be considered for new business on the Board of Works agenda, this reservation form and supporting documents must be received in the Mayor's office no later than 4:00 p.m. on the Wednesday before the meeting.*

<b>For Branch Use Only:</b> <input type="radio"/> New Customer Application ID. _____ <input type="radio"/> Reactivation Customer No. _____		 <b>Herc Rentals</b> <b>Credit Application</b> Return by fax to branch:		<b>For Branch Use Only:</b> Branch No. _____ Sales Rep. No. _____	
<b>Confidential Credit Information</b>					
<b>State Where Registered Or Incorporated:</b> IN		<b>Length of time in business</b> 200 YRS		If less than, one (1) year, please provide a personal guaranty from an owner or an officer. Personal guaranty on reverse side of this application.	
<b>Business Type</b> <input type="radio"/> Corporation <input checked="" type="radio"/> Government <input type="radio"/> Non-Profit <input type="radio"/> Limited Liability Co. <input type="radio"/> Sole Proprietor / Partnership (Personal Guaranty required)					
<b>Business Name</b> CITY OF FRANKLIN				<b>Doing Business As (Optional)</b>	
<b>Physical Address</b> 70 E MONROE FRANKLIN IN 46131 <small>City State Zip Code</small>					
<b>Billing Address</b> 396 BRANIGIN BLVD FRANKLIN IN 46131 <small>City State Zip Code</small>					
<b>Primary Contact</b> JAYNE RHOADES				<b>Telephone (Include Area Code)</b> 317-736-3609 <b>Fax (Include Area Code)</b>	
<b>Primary Contact Email</b> JRHOADES@FRANKLIN.IN.GOV				<b>Telephone (Include Area Code)</b> 317-736-3609 <b>Fax (Include Area Code)</b>	
<b>AP Contact</b>				<b>AP Email</b>	
		<b>Online &amp; Mobile Auto-Enrollment</b> <input type="radio"/> Opt Out		<b>Portal Billing (Instructions Required)</b> <input type="radio"/> YES <b>Receive Emailed Invoices and Statements</b> <input type="radio"/> YES	
<b>ProControl Admin. Email</b>		<b>ProControl Admin. Name</b>			
<b>Purchase Order Required</b> <input type="radio"/> YES		<b>Tax Exemption Certificate</b> <input checked="" type="radio"/> YES <small>Certificates of Exemption must be reviewed and validated by Herc Rentals Tax Department prior to rental.</small>		<b>Certificate Of Insurance</b> <input checked="" type="radio"/> YES Email to: HercCOI@hercrentals.com <b>Attached with criteria below</b> <small>Certificate of Insurance must be provided to prove coverage for rented or leased equipment with a limit high enough to cover all equipment at any point in time, or optional Rental Protection Plan (RPP) will be charged on each rental contract. Herc Rentals must be listed as Certificate Holder.</small>	
<b>Job Name/Number Required</b> <input type="radio"/> YES					
<b>Special Billing Instructions (attach instructions)</b> <input type="radio"/> YES					
<b>Credit Application and Agreement</b>					
<p>The applicant identified above ("Applicant") hereby enters into this Credit Application and Agreement ("Credit Agreement") with Herc Rentals Inc. ("Herc"). Applicant hereby applies to Herc for credit, specifically consents to Herc investigating Applicant's credit history, and authorizes the release of Applicant's bank account information. Herc will use the information provided by Applicant in this form, the information learned in Herc's investigation of Applicant's credit history, and the Applicant's bank information for the purposes of determining whether to grant credit to the Applicant, granting such credit, administering and servicing such credit account (if created), communicating with the Applicant, and exercising and enforcing its rights and performing its obligations under this Credit Agreement, the guaranty attached hereto, and the Rental Agreement Terms and Conditions. The approval by Herc of an application shall not create any obligation on the part of Herc to rent equipment to the undersigned or to extend credit to the undersigned in connection with any such rental. The undersigned warrants and represents that any credit which may be extended upon the acceptance of this application shall only be used in connection with a rental of equipment for a business purpose and not in connection with the rental of equipment for a personal or household use. If credit is extended, Applicant acknowledges that Herc credit terms are payment in full net fifteen (15) or within contractual terms. If Applicant fails to timely pay an invoice, Applicant agrees to pay a service charge to Herc on such delinquent invoice(s) until fully paid, at the maximum rate allowed by the laws and jurisdiction of the originating location stated on the invoice, and also agrees to pay Herc collection costs and/or attorney's fees. If payment is returned for any reason, customer agrees to pay \$25.00 for each such occurrence and acknowledges that the credit terms may be changed to COD, in addition to all other legal remedies available to Herc. Any disputed invoices must be brought to the attention in writing of Herc within fifteen (15) days of receipt or the invoices are deemed correct and undisputed. At the discretion of Herc, any account with a delinquent balance may be placed on a cash basis at any time, and Herc may pick up the equipment without notice to Applicant. Applicant understands that the Rental Protection Plan (RPP) requires that in the event of loss or damage to the equipment Applicant is required to cooperate with Herc investigation of any incident involving the Equipment and complete an RPP Incident Report and or obtain any required police report. Under RPP the Applicant agrees to pay the minimum equipment repair or replacement cost. If the Applicant elects to maintain insurance coverage, and the certificate of insurance provided to Herc to evidence insurance coverage expires or is unacceptable to Herc then Applicant agrees Herc may charge RPP for rentals until such time as Applicant provides an acceptable and valid Certificate of Insurance. Applicant further understands that on delivered equipment that Applicant will contact Herc and obtain a call-off number to have rented equipment picked up. It is applicant's responsibility to maintain call off numbers in the event of discrepancies. Additionally, Herc reserves the right to pursue remedies available to it at law or in equity. By signing below, Applicant agrees to be bound by the Rental Agreement Terms and Conditions, as amended from time to time. Such terms and conditions include, but are not limited to, indemnification and limitation of liability provisions that may affect Applicant's liability. Applicant acknowledges that the Rental Agreement terms and conditions may change over time and agrees to be bound by such terms and conditions in use at the time of each rental or sales transaction in the jurisdiction where the purchase or rental occurs. Applicant agrees to promptly notify Herc in writing of any changes in business ownership. If Applicant fails to promptly notify Herc of such changes, then Applicant expressly assumes full responsibility for all charges and/or credit extensions made on this account subsequent to such change. Herc reserves the right to file preliminary notices for work done in states where these notices are required by state law in order to protect our lien rights. Applicant agrees that the line of credit desired and approved is not a limitation of liability and expressly agrees that it will be responsible for valid charges in excess of the line of credit. The individual executing this Agreement below warrants that (i) s/he is authorized to do so; (ii) the information contained in this Agreement is a true and correct statement of the condition of the applicant; and (iii) a photo or facsimile copy of this Agreement shall be valid as the original. If any part of this Agreement is held unenforceable, the remainder of this Agreement shall not be affected thereby. APPLICANT HEREBY WAIVES THE RIGHT TO A JURY TRIAL OF ANY OR ALL CLAIMS OR DISPUTES WHICH MAY ARISE FROM THIS CREDIT APPLICATION AND THIS AGREEMENT.</p>					
<b>JAYNE RHOADES</b>		Clerk Treasurer			
<b>Applicant Name (printed)</b>		<b>Title</b>		<b>Signature</b>	
				<b>Date</b> 11/14/23	



FRANKLI-CL

LMASON

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/4/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Gregory & Appel Insurance 1402 N Capitol Suite 400 Indianapolis, IN 46202	<b>CONTACT NAME:</b>	<b>PHONE (A/C, No, Ext):</b> (317) 634-7491	<b>FAX (A/C, No):</b> (317) 634-6629
	<b>E-MAIL ADDRESS:</b> corp@gregoryappel.com		
<b>INSURED</b>  City of Franklin P O Box 280 Franklin, IN 46131	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Liberty Mutual Fire Insurance</b>		<b>23035</b>
	<b>INSURER B : LM Ins Corp</b>		<b>33600</b>
	<b>INSURER C : Liberty Insurance Corporation</b>		<b>42404</b>
	<b>INSURER D : Federal Insurance Company</b>		<b>20281</b>
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## 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"/> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			TB2Z51294553022	12/17/2022	12/17/2023	EACH OCCURRENCE \$ <b>1,000,000</b>	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>	
							MED EXP (Any one person) \$	
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>	
							GENERAL AGGREGATE \$ <b>3,000,000</b>	
							PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>	
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY Comp \$1,000 Coll \$3,000			AS5Z51294553012	12/17/2022	12/17/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			TH7Z51294553032	12/17/2022	12/17/2023	EACH OCCURRENCE \$ <b>4,000,000</b>	
							AGGREGATE \$ <b>4,000,000</b>	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	
D	<b>Leased/Rented EQ</b>			06696547	12/17/2022	12/17/2023	<b>Deductible \$1,000</b> <b>150,000</b>	
B	<b>HCPD</b>			AS5Z51294553012	12/17/2022	12/17/2023	<b>Comp \$1k/Coll \$1k</b> <b>100,000</b>	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
"FOR INSURED'S INFORMATIONAL PURPOSES ONLY..."

## CERTIFICATE HOLDER

## CANCELLATION

Insured's Copy.  
City of Franklin  
PO Box 280  
Franklin, IN 46131

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

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

City of Franklin

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_  
**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) ►

Government

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

70 E. Monroe Street

6 City, state, and ZIP code

Franklin, IN 46131

Requester's name and address (optional)

7 List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

3 5 - 6 0 0 1 0 3 4

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Jayne Rhodes

Date ► 1-3-23

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What Is backup withholding, later.



**Form ST-105**State Form 49065  
(R5 / 6-17)Indiana Department of Revenue  
**General Sales Tax Exemption Certificate**

Indiana registered retail merchants and businesses located outside Indiana may use this certificate. The claimed exemption must be allowed by Indiana code. Exemption statutes of other states are not valid for purchases from Indiana vendors. **This exemption certificate can not be issued for the purchase of Utilities, Vehicles, Watercraft, or Aircraft.** Purchaser must be registered with the Department of Revenue or the appropriate taxing authority of the purchaser's state of residence.

**Sales tax must be charged unless all information in each section is fully completed by the purchaser.** Purchasers not able to provide all required information must pay the tax and may file a claim for refund (Form GA-110L) directly with the Department of Revenue. A valid certificate also serves as an exemption certificate for (1) county innkeeper's tax and (2) local food and beverage tax.

**Section 1 (print only)**Name of Purchaser: City of FranklinBusiness Address: 70 E Monroe St. City: Franklin State: IN ZIP Code: 46131

Purchaser must provide minimum of one ID number below.\*

Provide your Indiana Registered Retail Merchant's Certificate TID and LOC Number as shown on your Certificate.

TID Number (10 digits): 003120660 - LOC Number (3 digits): 001

If not registered with the Indiana DOR, provide your State Tax ID Number from another State

**\*See instructions on the reverse side if you do not have either number.**

State ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

**Section 2**Is this a ☒ blanket purchase exemption request or a ☐ single purchase exemption request? (check one)

Description of items to be purchased: \_\_\_\_\_

**Section 3**

Purchaser must indicate the type of exemption being claimed for this purchase. (check one or explain)

☐ Sales to a retailer, wholesaler, or manufacturer for **resale only**.☐ Sale of manufacturing machinery, tools, and equipment to be used directly in direct **production**.☐ Sales to **nonprofit organizations** claiming exemption pursuant to Sales Tax Information Bulletin #10. (May not be used for personal hotel rooms and meals.)☐ Sales of tangible personal property predominately used (greater than 50 percent) in providing **public transportation** - provide USDOT Number. A person or corporation who is hauling under someone else's motor carrier authority, or has a contract as a **school bus operator**, must provide their SSN or FID Number in lieu of a State ID Number in Section 1.

USDOT Number: \_\_\_\_\_

☐ Sales to persons, occupationally engaged as farmers, to be used directly in production of **agricultural** products for sale.  
**Note:** A farmer not possessing a State Business License Number may enter a FID Number or a SSN in lieu of a State ID Number in Section 1.☐ Sales to a **contractor** for exempt projects (such as public schools, government, or nonprofits).☒ Sales to **Indiana Governmental Units** (agencies, cities, towns, municipalities, public schools, and state universities).☐ Sales to the **United States Federal Government** - show agency name. \_\_\_\_\_**Note:** A U.S. Government agency should enter its Federal Identification Number (FID) in Section 1 in lieu of a State ID Number.☐ Other - explain. \_\_\_\_\_**Section 4**

I hereby certify under the penalties of perjury that the property purchased by the use of this exemption certificate is to be used for an exempt purpose pursuant to the State Gross Retail Sales Tax Act, Indiana Code 6-2.5, and the item purchased is not a utility, vehicle, watercraft, or aircraft.

I confirm my understanding that misuse, (*either negligent or intentional*), and/or fraudulent use of this certificate may subject both me personally and/or the business entity I represent to the imposition of tax, interest, and civil and/or criminal penalties.

Signature of Purchaser: Jayne RhoadesDate: 01/03/2023Printed Name: Jayne RhoadesTitle: Clerk - Treasurer

The Indiana Department of Revenue may request verification of registration in another state if you are an out-of-state purchaser.  
**Seller must keep this certificate on file to support exempt sales.**