



CITY of THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058

(541) 296-5401

STREET BANNER PERMIT

This application must be approved minimum of three (3) business days before the banner is to be displayed. The banner must meet all criteria in the Street Banner Permit Policy.

Please complete the entire form

Applicant Name: Mid-Columbia Health Foundation Date: _____
Address: 1700 E 19th Street Phone: 541-296-7545
Contact Person TJ Miles Phone: 541-296-7275
Email Address: tsininame@mcmc.net Cell: _____

Type of Event promoted on the Banner: ☐ Education ☐ Youth Event ☐ Fair

☐ Community Market ☒ Other Civic Event Festival of Trees

Event Title: Festival of Trees Date of Event: 12/6/2019

Date of Placement: From (Date/Time) 11/24/19 to (Date/Time) 12/7/19

Location of Banner: Second & Jefferson Street

Office Use – Receipt of Required Items:

☒ Liability Release for Street Banner Placement (Page 2)
☒ Proof of Insurance (per Street Banner Permit Policy requirements)
\$25 Banner Permit Fee ☐ Cash ☒ Check (Check # _____)

Checks will not be accepted more than 6 months in advance of the date of placement

ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY

Failure of the applicant to meet the requirements of this permit will result in a Stop Work Order and possible revocation of the permit.

I certify that the event promoted is an activity sponsored by a user who may be any civic, charitable non-profit, government, school, social or other group promoting community events, activities, or items of special interest and not for commercial gain.

Applicant Signature: [Signature] Date: 7/29/19

Director Approval: [Signature] Date: 7/29/2019

This permit will be considered a public document. All information submitted will be accessible to the public, in its entirety, on the City's website.

Liability Release for Street Banner Placement

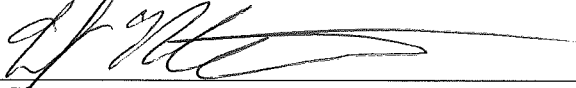
☒ PRIVATE ORGANIZATION ☐ PUBLIC AGENCY ☐ INDIVIDUAL

Release between Mid-Columbia Health Foundation,
hereinafter known as "the Permittee" and the City of The Dalles.

The Permittee shall hold harmless and release the City of The Dalles, its employees, agents and representatives, against any and all damages, claims, demands, action, causes of action, cost, and expenses of whatsoever nature arising from the condition of the street banner which is provided to the City for placement.

For public agencies this release applies only to the extent permitted by Article XI, Section 7 of the Oregon Constitution and by the Oregon Tort Claims Act.

APPLICANT



Signature

Administrative Assistant at MCHF

Title

7/29/19

Date

1700 E. 19th St. TD

Address

541-296-7275

Phone

CITY OF THE DALLES

Signature

Title

Date

If a minor, signature of parent or guardian is required. Otherwise one signature is sufficient.

Signature

Title

Date

Address

Phone



CERTIFICATE OF LIABILITY INSURANCE

DATE
07/30/2019

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 UMIA Insurance, Inc. 310 East 4500 South, Suite 600 Salt Lake City, Utah 84107 P: 801.531.0375 F: 801.531.0381	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED Mid-Columbia Medical Center 1700 East 19 th Street The Dalles, OR 97058	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: UMIA Insurance, Inc.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

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 checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OR920041	01/01/2019	01/01/2020	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						
	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)

Proof of coverage for Mid-Columbia Medical Center for hanging a street banner on Second & Jefferson Street for the Festival of Trees. The banner will be up from November 24, 2019 to December 7, 2019.

CERTIFICATE HOLDER

CANCELLATION

City of The Dalles 313 Court Street The Dalles, OR 97058	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 W. J. M. M. M.

TREASURER RECEIPT

CITY of THE DALLES

313 Court Street
THE DALLES, OREGON 97058

DATE 8/14/19

OFFICE	MAIL	CASH	CHECK	MONEY O.	AMOUNT PAID
			<input checked="" type="checkbox"/>		\$ <u>145.00</u>

REC'D. FROM: MCMC

EXPLANATION: ALCUM PERMITS, #0162
#0030, #0015, #0015, #0012, #0009
street banner permit 145.00

ORD#	MAP#	TL#
FUND	DEPT.	LINE ITEM NO.
		\$ <u>145.00</u>
		\$
		\$
		\$

A 81297

BY [Signature] 31336933 MAC-4