



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: PIG BOWL Date: 8-21-19
Address: PO BOX 219 Phone: 541-980-0259
Contact Person: Michael Holloran Phone: ↓
Email Address: ~~Michael.Holloran@cityofdalles.org~~ PigBowl@gmail.com Cell:

Type of Event promoted on the Banner: ☐ Education ☐ Youth Event ☐ Fair
☐ Community Market ☒ Other Civic Event

Event Title: PIG BOWL Date of Event: 9/21/19

Date of Placement: From (Date/Time) 9/16/19 to (Date/Time) 9/22/19

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: Michael J. Holloran Date: 8-21-19

Director Approval: [Signature] Date: 8/21/19

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 PIG-BOWL

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

Michael J. Halloran

Signature

President

Title

8-21-19

Date

P.O. BOX 219 The Dalles

Address

541-980-0259

Phone

CITY OF THE DALLES

R. Rindera

Signature

PW Dir

Title

8/21/19

Date

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

Signature

Title

Date

Address

Phone

State Farm



State Farm Fire and Casualty Company

PO Box 5000
Dupont, WA 98327-5000

A-15- 9D7B-FBA1 L F

HOLLORAN, MICHAEL J &
JENNIFER E
PO BOX 219
THE DALLES OR 97058-0219

SFPP No:0380503715

Forms and Endorsements

Personal Liability Umbrella	FP-7950.2
Fuel Oil Exclusion	FE-5837
Amendatory Endorsement	FE-5840
Registered Domestic Partnership	FE-6858
Excl Ctrl Substances	* FE-2466

*Effective: DEC 18 2018

RENEWAL CERTIFICATE

POLICY NUMBER	37-BV-P260-0
Personal Liability Umbrella Policy DEC 18 2018 to DEC 18 2019	
BILLED THROUGH SFPP	

COVERAGES AND LIMITS

L Personal Liability	\$1,000,000
Self-Insured Retention	None

UNDERLYING EXPOSURES

Our records show the following underlying information. This information was used in determining the rate of the policy.

AUTOMOBILE EXPOSURES

Automobile(s)	2
Automobile Operator(s)	2

OTHER LIABILITY EXPOSURES

Personal Residential

Annual Premium	\$141.00
-----------------------	-----------------

*Notify your agent immediately if the above listed Coverages and/or Underlying Exposures are incorrect. Your Coverages and/or bill can be affected if this information is not correct.

Required Underlying Insurance on reverse side

NOTICE: Information concerning changes in your policy language is included. Please call your agent if you have any questions.

Thanks for letting us serve you...

Agent DEAN DOLLARHIDE INS AGCY INC
Telephone (541) 298-3276

Moving? See your State Farm agent.
See reverse for important information.
Prepared OCT 30 2018

138-3076 (1.8 10-11-2010 (6/13/0866)

008

8200 06

4018 1

REP

15 IPFD

01

0-0267-15-0 37-BV-P260-0

CONTINUED FROM FRONT

Required Underlying Insurance

(Terms in Bold in this section are defined in the policy)
Minimum Underlying Limits

<u>Type of Policy</u>	<u>Combined Limits</u> <u>(Bodily Injury and Property Damage)</u>	<u>or</u>	<u>Split Limits</u>
Automobile Liability	\$ 500 , 000	Bodily Injury-	\$ 250 , 000 Per Person \$ 500 , 000 Per Accident
		Property Damage-	\$ 100 , 000 Per Accident
Recreational Motor Vehicle Liability Including Passenger Bodily Injury	\$ 500 , 000	Bodily Injury-	\$ 250 , 000 Per Person \$ 500 , 000 Per Accident
		Property Damage-	\$ 100 , 000 Per Accident
Personal Residential Liability	\$ 100 , 000		
Watercraft Liability	\$ 100 , 000		

NOTICE TO POLICYHOLDER:

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.