



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: The Dalles Art Center Date: 10-21-19
Address: P.O. Box 1024, 220 E 4th St, TD Phone: 541-296-4759
Contact Person Carmen Toll, Scott Stepping Phone: _____
Email Address: the dalles art@gmail.com Cell: _____

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

☐ Community Market ☒ Other Civic Event Art Auction

Event Title: HAVANA Nights, 8th Annual Art Auction Date of Event: Nov. 9, 2019

Date of Placement: From (Date/Time) Oct 28 to (Date/Time) Nov. 8

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 # 4622)

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 Carmen J. Toll Date 10-21-19

Director Approval R. Anderson Date 10/23/19

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 ~~November 28~~ Oct. 28 - November 8,

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

CITY OF THE DALLES

Carmen J. Tell
Signature

R. Anderson
Signature

Art Auction Chairman
Title

PW Dir
Title

10.21.19
Date

10/23/19
Date

P.O. Box 1026, 220 E 4th St
Address

541.296.4759
Phone

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 (MM/DD/YYYY)

10/21/2019

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	ISU - The Stratton Agency 318 W 2nd Street The Dalles, OR 97058 License #: 806501	CONTACT NAME:	Francis Weller		
		PHONE (A/C, No, Ext):	541-296-2127	FAX (A/C, No):	541-298-5351
		E-MAIL ADDRESS:	FrancisW@stratton-insurance.com		
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A : Oregon Mutual Insurance Company			14907
INSURED	Association The Dalles Art DBA The Dalles Art Assoc PO Box 1026 The Dalles, OR 97058-0902	INSURER B :			
		INSURER C :			
		INSURER D :			
		INSURER E :			
		INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 00000000-0

REVISION NUMBER: 3

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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		BSP349539	12/19/2018	12/19/2019	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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ 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				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

CANCELLATION

City of The Dalles
Public Works Department
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

(FMW)

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