



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 Farmers Market Date: 4/13/21
 Address: PO Box 105 The Dalles, OR 97058 Phone: 541-965-3658
 Contact Person Sarah Starks-Thomson Phone: 5092502568
 Email Address: Theoastedsaltco@gmail.com Cell: 5092502568

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

Event Title: The Dalles Farmers' Market Date of Event: 6/5/21-10/2/21

Date of Placement: From (Date/Time) Sept 27, 2021 to (Date/Time) Oct, 11 2021

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 3/30/21

Director Approval [Signature] Date 5-11-2021

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 The Dalles Farmers Market,

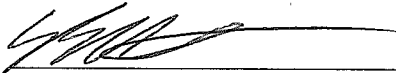
hereinafter known as "the Permittee" and the City of The Dalles.

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



Signature

The Dalles Farmers' Market Board Member

Title

4/13/21

Date

3687 15 Mile Rd. The Dalles

Address

509-250-2568

Phone

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 (MM/DD/YYYY)
5/6/2021

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.

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.

PRODUCER: WAFF Insurance Group, Inc.
CONTACT NAME: sheila@pacificinspartners.com
INSURER(S) AFFORDING COVERAGE: Ohio Security Insurance Company
INSURED: The Dalles Farmers Market

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of The Dalles is an additional insured to the extent of coverage provided under form CG8810 0413

CERTIFICATE HOLDER: The City of The Dalles
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.