CITY of THE DALLES PUBLIC WORKS

of the Pacific 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: The Dalles Farmers Market	Date: 4/13/21							
Address: PO Box 105The Dalles, OR 97058	Date: 4/13/21 Phone: 541-965-3658							
Contact Person Sarah Starks-Thomson	Phone: 5092502568							
Address: PO Box 105The Dalles, OR 97058 Contact Person Sarah Starks-Thomson Email Address: Theroastedsaltco@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							
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, 1 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 require	ements)							
\$25 Banner Permit Fee)							
Checks will not be accepted more than 6 months in advan	ce 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 Director Approval Eni Homen	Date 5/60/21							
Director Approval Eric Horsen	Date $\frac{5/60/21}{2020}$							

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 OR	GANIZATION	☐ PUBLIC AGENCY	☐ INDIVIDUAL
Release between	The Dalles Farr	ners Market	,
	as "the Permittee" ar	nd the City of The Dalles.	
representatives, ag	ainst any and all dam bever nature arising f	elease the City of The Dalles, in ages, claims, demands, action from the condition of the street	its employees, agents and , causes of action, cost, and t banner which is provided to the
For public agencie Constitution and b	s this release applies y the Oregon Tort Cl	only to the extent permitted by aims Act.	y Article XI, Section 7 of the Oregon
APPLICANT		CITY OF TH	IE DALLES
Idall-			
Sin			
Signature The Dallas Farms	wal Mankat Daawi M	Signature	
Title	rs' Market Board M		
		Title	
4/13/21		- D /	
Date	d The Delle-	Date	
3687 15 Mile R Address	d. The Dalles		
509-250-2568		 	
Phone			
· -	re of parent or guardi e one signature is suf		
Signature			
Title			
Date			
Address			
Phone			

KANDREW

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. 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 INCLIDED the policy/jec) must have ADDITIONAL INCLIDED provisions or be endorsed

	f SUBROGATION IS WAIVED, subjecting the subjection of the subjecti	ct to	the	terms and conditions of	the po	licy, certain lorsement(s)	policies may			
	DDUCER				CONTACT NAME:					
	FD Insurance Group, Inc. BOX 327				PHONE (A/C, No	o, Ext):		FAX (A/C, No):		
190	9 Cedar St				E-MAIL ADDRE	_{ss:} sheila@ _l	pacificinsp	artners.com		
For	est Grove, OR 97116				INSURER(S) AFFORDING COVERAGE					NAIC#
					INSURER A: Ohio Security Insurance Company				24082	
INS	URED				INSURE	RB:		y4yy, 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	The Dailes Farmers Market				INSURER C:					
PO Box 105			INSURER D:							
The Dalles, OR 97058					INSURER E:					
					INSURER F:					
				NUMBER:				REVISION NUMBER:		
II C	THIS IS TO CERTIFY THAT THE POLICIENT OF THE POLICIENT OF THE POLICIENT OF MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQU PER	REMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAI THE POLIC	CT OR OTHEF IES DESCRIB	R DOCUMENT WITH RESPE	ECT TO	O WHICH THIS
INSF LTR			SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY	מפויו	***			Tuniconi I I I I)	(minicoli 1 1 1)	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR	х		BKA57752411		5/8/2021	5/8/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
		()						MED EXP (Any one person)	\$	15,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE		ĺ					AGGREGATE	\$	
	DED RETENTION \$						·	DED OTH	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N								PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
								}		
DES The	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL City of The Dalles is an additional insur	ES (# ed to	the e	101, Additional Remarks Schedu extent of coverage provide	le, may be d unde	e attached if mor r form CG881	e space is requir 0 0413	ed)		
CE	RTIFICATE HOLDER				CANO	ELLATION				
<u>ve</u>	KIII IOATE HOLDER				CANU	ELLATION				
The City of The Dalles 700 Union Street The Dalles OR 97059					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
The Dalles, OR 97058					AUTHORIZED REPRESENTATIVE Kay Andru					