CITY of THE DALLES PUBLIC WORKS



(541) 296-5401

1215 WEST FIRST STREET THE DALLES, OREGON 97058

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 entir	<u>re form</u>						
Applicant Name: The Dalles Farmers Market	Date: 4/13/21						
Address: PO Box 105The Dalles, OR 97058	Phone: 541-965-3658						
Contact Person Sarah Starks-Thomson	Phone: 5092502568						
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						
Date of Placement: From (Date/Time) <u>Aug 2, 2021</u> to (Date/Time) <u>Aug 16, 2021</u> Location of Banner: Second & Jefferson Street							
Office Use – Receipt of Required Items: ↓Liability Release for Street Banner Placement (Page 2) ↓DProof of Insurance (per Street Banner Permit Policy requirer \$25 Banner Permit Fee □ Cash □Check (Check # Checks will not be accepted more than 6 months in advance)						
ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY							
Failure of the applicant to meet the requirements of this permit possible revocation of the permit.	will result in a Stop Work Order and						

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	At the	Date 5/10/21			
Director Approval	Ein Honnen	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

□ INDIVIDUAL

,

■ PRIVATE ORGANIZATION □ PUBLIC AGENCY

Release between The Dalles Farmers Market

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

The Permitee 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
1 million	
Signature The Dalles Farmers' Market Board Member	Signature
Title	Title
4/13/21	
Date	Date
3687 15 Mile Rd. The Dalles	
Address	
509-250-2568	
Phone	
If a minor, signature of parent or guardian is required. Otherwise one signature is sufficient.	
Signature	
-	
Title	
Date	
Address	
Phone	

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lf	IPORTANT: If the certificate holde SUBROGATION IS WAIVED, subjection is certificate does not confer rights t	ct to	the	terms and conditions of	the po	licy, certain	policies may			
WAF PO I	DUCER FD Insurance Group, Inc. BOX 327				CONTA NAME: PHONE (A/C, N	o, Ext):		FAX (A/C, No):		
) Cedar St est Grove, OR 97116				E-MAIL ADDRESS: sheila@pacificinspartners.com INSURER(S) AFFORDING COVERAGE NAIC #					
						INSURER A : Ohio Security Insurance Company 24082				
INSU					INSURE	R B :				
	The Dalles Farmers Market PO Box 105				INSURE					
	The Dalles, OR 97058				INSURE					
					INSURE	IRF:				
				E NUMBER:				REVISION NUMBER:		
IN CE E>	HIS IS TO CERTIFY THAT THE POLICIE DICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	EQUI PER POLI	REM TAIN, CIES.	ent, term or condition , the insurance affori , limits shown may have	N OF A DED B	ANY CONTRA (THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPI ED HEREIN IS SUBJECT 1	ECT TO	WHICH THIS
		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			DKA57750444		F/0/0004	F (0,0000	EACH OCCURRENCE	\$	1,000,000
	CLAINISANADE A OCCOR	X		BKA57752411		5/8/2021	5/8/2022	DAMAGE TO RENTED PREMISES (Ea occurrence) 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- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
								COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)		
	HIRED AUTOS ONLY AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
$\left - \right $	UMBRELLA LIAB OCCUR							FACIL COOLIDBERIOF	\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE AGGREGATE	\$ \$	
	DED RETENTION \$					· ·	19 <u>-</u>		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		-				•	PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$	
	(Mandatory In NH)							E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (A) 101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)		
The (RIPTION OF OPERATIONS / LOCATIONS / VEHICI City of The Dalles is an additional insur	ed to	the e	extent of coverage provide	d unde	r form CG881	0 0413			
CEF					CANC	ELLATION				
The City of The Dalles 700 Union Street		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 Hay Andrew						

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