



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: 7-27-21
Address: Po Box 219 The Dalles OR 97058 Phone: 541-980-0259
Contact Person Michael Holloran Phone: 541-980-0259
Email Address: pigbowl@gmail.com Cell: 541-980-0259

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

Event Title: Pig Bowl 2021 Date of Event: 10-02-21

Date of Placement: From (Date/Time) 09-26-21 to (Date/Time) 10-03-21

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 # 1050)

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 07/27/2021

Director Approval Elin Harker Date 8-5-2021

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 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

CITY OF THE DALLES

Michael Holloran

Signature
President

Title
7-27-21

Date
Po Box 219 The Dalles OR 97058

Address
541-980-0259
Phone

Signature

Title

Date

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

Signature

Title

Date

Address

Phone



State Farm Fire and Casualty Company

PO Box 853907
Richardson, TX 75085-3907

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
Fuel Oil Exclusion
Amendatory Endorsement
Registered Domestic Partnership
Excl Ctrl Substances

FP-7950.2
FE-5837
FE-5840
FE-6858
FE-2466

RENEWAL CERTIFICATE

POLICY NUMBER 37-BV-P260-0

Personal Liability Umbrella Policy
DEC 18 2020 to DEC 18 2021

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) 3
Automobile Operator(s) 3
Youthful Operator(s) 1

OTHER LIABILITY EXPOSURES

Personal Residential

Annual Premium \$281.00

***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

138-3076 f.8 10-11-2010 (01130885)

Thanks for letting us serve you...

3593

901

1

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

*Moving? See your State Farm agent.
See reverse for important information.
Prepared OCT 26 2020*

REP

15 IPPD

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37-BV-P260-0

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CONTINUED FROM FRONT

Required Underlying Insurance

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

Type of Policy	Combined Limits (Bodily Injury and Property Damage)	or	Split Limits
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.