CITY of THE DALLES PUBLIC WORKS

OREGON OF THE DAY

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 entir	<u>e form</u>
Applicant Name: Dufur Historical Society	Date: 11/10/2021
Address: PO Box 462	Phone: 5414672205
Contact Person Nancy Gibson	Phone: 5419933429
Email Address: dufurhist@ortelco.net	Cell:
Type of Event promoted on the Banner: Education You	
☐ Community Mark	et D Other Civic Event X
Event Title: Hometown Christmas	Date of Event: Dec 11
Date of Placement: From (Date/Time) Nov 29 to	(Date/Time) Dec 13
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 requirem \$25 Banner Permit Fee □ Cash ■ Check (Check # 7637	
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 we possible revocation of the permit.	vill result in a Stop Work Order and
I certify that the event promoted is an activity sponsored by a use non-profit, government, school, social or other group promoting of special interest and not for commercial gain.	er who may be any civic, charitable community events, activities, or items of
Applicant Signature Mancey Gubaon Director Approval Ein Hanne I	Date 11/11/2021
Director Approval Em I	Date 18-7071

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 LINDIVIDUAL
Release between	,
hereinafter known as "the Permittee" and the City of	The Dalles.
The Permitee shall hold harmless and release the City representatives, against any and all damages, claims, expenses of whatsoever nature arising from the condicity for placement.	tion of the street banner which is provided to the
For public agencies this release applies only to the ex Constitution and by the Oregon Tort Claims Act.	tent permitted by Article XI, Section 7 of the Oregon
APPLICANT	CITY OF THE DALLES
Many Jubson Signature	Signature 2
President	Assi. P.W. Director
Title	Title
11/10/2021	11-18-2021
Date	Date
POBox 462	
Address	
5414672205 /5419933429	
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) 11/10/2021

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 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 Wheatland Insurance Center Inc Wheatland Insurance Center Inc 312 E 3rd St PO Box 1940 PO Bo
312 E 3rd St PO Box 1940 The Dalles OR 97058 INSURER A: West American Insurance Co. INSURER B: INSURER C: INS
312 E 3rd St PO Box 1940 The Dalles OR 97058 INSURER A: West American Insurance Co. INSURER B: Dufur Historical Society & Living History Museum, Inc PO Box 462 INSURER D: INSURER D: INSURER D: INSURER E: INSURER E: Dufur OR 97021 INSURER F: COVERAGES CERTIFICATE NUMBER: 21.22 Proof of Coverage INSURER D: INSURER C: INSURER F: 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,
PO Box 1940 The Dalles OR 97058 OR 97058 INSURER A: West American Insurance Co. INSURER B: Dufur Historical Society & Living History Museum, Inc PO Box 462 INSURER D: INSURER D: INSURER D: INSURER E: INSURER E: Dufur OR 97021 INSURER F: COVERAGES CERTIFICATE NUMBER: 21.22 Proof of Coverage INSURER D: INSURER F: 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,
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TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 1,000,000
DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
MED EXP (Any one person) \$ 15,000
BKW57373101 10/06/2021 10/06/2022 PERSONAL & ADV INJURY \$ 1,000,000
1000,000
PROFICE COMP/OR AGG \$ 1,000,000
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EXCESS LIAB CLAIMS-MADE AGGREGATE \$
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AND EMPLOYERS' LIABILITY ANY DPODDIETO/DADTNIED/EVECUTIVE S
OFFICER/MEMBER EXCLUDED? ((Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$
If yes, describe under
DÉSCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$
Chald a man agree to required
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Coverage
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CERTIFICATE HOLDER CANCELLATION
CENTILIDATE HOLDER
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dufur Historical Society & Living Museum, Inc.
PO Box 462 AUTHORIZED REPRESENTATIVE
Dufur OR 97021 How World