CITY of THE DALLES PUBLIC WORKS



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: North Central Public Health Dist.	Date: 2-3-22
Address: 419 E. 7th St.	Date: 2-3-22 Phone: 541-506-2600
Contact Person Neita Cecil	Phone: 541-980-2169
Email Address: neitac@ncphd.org	Cell: <u>541-980-2169</u>
Type of Event promoted on the Banner: Education Y	
☐ Community Mark	ket Other Civic Event vax clinic
Event Title: Vaccine Clinic	Date of Event: Feb. 21-28
Date of Placement: From (Date/Time) Feb. 14, 2022 to	(Date/Time) Feb. 28, 2022
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 requirer \$25 Banner Permit Fee □ Cash □ Check (Check # Checks will not be accepted more than 6 months in advance than 6 months.)) Oredit card # 114819193
ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY Failure of the applicant to meet the requirements of this permit possible revocation of the permit.	•
I certify that the event promoted is an activity sponsored by a us non-profit, government, school, social or other group promoting special interest and not for commercial gain.	
Applicant Signature Neita Cecil	Date 02/03/2022
	Date 2/3/22
This permit will be considered a public document. All information its entirety, on the City's website.	on submitted will be accessible to the public,
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Liability Release for Street Banner Placement

☐ PRIVATE OR	GANIZATION	■ PUBLIC	AGENCY	□ INDIVIDUAL
Release between	North Central F	Public Health	n Dist.	,
hereinafter known	as "the Permittee" a	and the City of	The Dalles.	
representatives, ag	gainst any and all dan oever nature arising	mages, claims, c	lemands, action, cau	mployees, agents and uses of action, cost, and nner which is provided to the
	es this release applies by the Oregon Tort C	•	ent permitted by Ar	ticle XI, Section 7 of the Oregon
APPLICANT			CITY OF THE D	OALLES
Neita Cecil			a pur C	and sens
Signature	0.00		Signature	
	tion Officer, NCF	PHD	PW Vire	ctor
Title			Title	
2-3-22			2/3/22	
Date 419 E. 7th			Date	
Address				
541-980-2169				
Phone	··			
If a minor, signatu	are of parent or guard se one signature is su			
Signature				
Title				
Date				
Address				
Phone				

CERTIFICATE OF COVERAGE						
Agent ISU Insurance Services-The Stratton Agency 318 West 2nd St, The Dalles, OR97058	This certificate is issued as a matter of information only and confers no rights upon the certificate holder other than those provided in the coverage document. This certificate does not amend, extend or alter the coverage afforded by the coverage documents listed herein.	citycounty insurance services				
Named Member or Participant North Central Public Health District 419 E 7th St The Dalles, OR 97058	Companies Affording Coverage COMPANY A - CIS COMPANY B - National Union Fire Insurance Company of Pitts, PA COMPANY C - RSUI Indemnity COMPANY D - Federal Insurance Company					

LINES OF COVERAGE

This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Not withstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

	Type of Coverage	Company Letter	Certificate Number	Effective Date	Termination Date	Coverage	Limit
X X X	General Liability Commercial General Liability Public Officials Liability Employment Practices Occurrence	А	21LNCPH	7/1/2021	7/1/2022	General Aggregate: Each Occurrence:	\$30,000,000 \$10,000,000
XXX	Auto Liability Scheduled Autos Hired Autos Non-Owned Autos	A	21LNCPH	7/1/2021	7/1/2022	General Aggregate: Each Occurrence:	None \$10,000,000
X X X	Auto Physical Damage Scheduled Autos Hired Autos Non-Owned Autos	A/C	21APDNCPH	7/1/2021	7/1/2022		
х	Property	A/C	21PNCPH	7/1/2021	7/1/2022		Per Filed Values
х	Boiler and Machinery	D	21BNCPH	7/1/2021	7/1/2022		Per Filed Values
	Excess Liability						
х	Excess Crime	В	21ECNCPH	7/1/2021	7/1/2022	Per Loss:	\$250,000
	Excess Earthquake						
	Excess Flood						
	Excess Cyber Liability						
	Difference in Conditions						

Description:

Certificate holder is additional named insured, per written agreement. Pursuant to CIS liability agreement definition of additional member Section 1, subsection K, #2 Banner Placement

Certificate Holder:

City of The Dalles 313 Court St. The Dalles, OR 97058 **CANCELLATION:** Should any of the coverage documents herein be cancelled before the expiration date thereof, CIS will provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CIS, its agents or representatives, or the issuer of this certificate.

ву: Francis Weller

Date: July 1, 2021