

Submitted by: Chris Zukin Submitted On: 2022-07-18 15:51:28



CITY of THE DALLES PUBLIC WORKS

1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5401

Street Banner Permit Application

A Street Banner Permit is required for display of a banner within the City Limits. The banner must meet all requirements and specifications in the City of The Dalles [Street Banner Permit Policy](#). Upon approval it is the applicant's responsibility to deliver the banner and all required hardware to the Public Works Department office at 1215 West First Street, The Dalles before the preferred date of placement. The City will place and remove the banner.

The location of the banner will be across East Second Street at the intersection of Jefferson Street, The Dalles.

* **Date of Application: 7-18-2022**

* **Applicant First Name: Chris Zukin**

Contact/Responsible Party: The Dalles MainStreet/NW MuralFest

* **Contact Phone: (541) 296-9684**

* **Name of Event: NW Mural Fest**

* **Location of Event: Downtown The Dalles**

* **Start Date of Event: 8/23/2022**

* **End Date of Event: 8/28/2022**

* **I, the applicant, 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.**

* **Preferred Date of Placement : 7-25-2022-8-8-2022**

Please indicate method of payment: Paid by check on 7/18/2022 check #1016

*** Release between:**

The Dalles Main Street/NW MuralFest

Name of private organization, public agency or individual

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.

Acknowledgement of Permittee Responsibility

Failure of the Permittee to meet the requirements of this permit and the Street Banner Permit Policy will result in a Stop Work Order and possible revocation of the permit.

By clicking submit and pasting or typing your name/signature in the signature line, you confirm you have read, understood, and affirmatively agree to be bound by the terms and conditions described.

*** Applicant Signature**

Chris Zukin for The Dalles MainStreet/NW Muralfest

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.

Update By: Eric Hansen

- Sent templated email: **Banner Permit - Application Accepted - Internal**

Update By: Jean Corbin

This Banner permit request is for the dates of July 25th-August 8th, 2022



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2022

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 Brown & Brown Northwest 601 SW 2nd Avenue, Suite 1200 Portland, OR 97204 www.bbnw.com	CONTACT NAME: Ann Triebwasser PHONE (A/C, No. Ext): 503-219-3203 E-MAIL ADDRESS: Ann.Triebwasser@bbrown.com INSURER(S) AFFORDING COVERAGE INSURER A: West American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	FAX (A/C, No): 503-274-6524 NAIC # 44393
---	---	---

COVERAGES**CERTIFICATE NUMBER:** 69359294**REVISION NUMBER:**

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, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	BKW58890145	4/1/2022	4/1/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	<input type="checkbox"/> N / <input checked="" type="checkbox"/> A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All operations of the Named Insured as provided by the policy terms, conditions & exclusions.

General Liability policy includes Blkt "Primary" Add'l Insd & Waiver of Subrogation as required by written contract per GL Form CG 88 10.
Automobile Liability policy includes Blanket Add'l Insd & Waiver of Subrogation as required by written contract per Auto Form CA 88 10.**CERTIFICATE HOLDER**

Re: 2x billboards and permit for banner (local event)

City of The Dalles
1215 W 1st St
The Dalles OR 97058**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Ann Triebwasser

© 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD