



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: 8-23-23
Address: PO BOX 219 The Dalles, OR Phone: 541-980-0259
Contact Person: Michael Holloran Phone: 541-980-1019
Email Address: Pigbowl@gmail.com Cell: _____

Type of Event promoted on the Banner: ☐ Education ☐ Youth Event ☐ Fair

☒ Community Market ☒ Other Civic Event Charity

Event Title: Pig Bowl Date of Event: 9-23-23

Date of Placement: From (Date/Time) 9/17/23 to (Date/Time) 9-24-23

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 # _____)

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: 8-23-23

Director Approval: Eri Hansen Date: 9-19-2023

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

Michael J. Haller

Signature

Title

8-23-23

Date

Address

PO Box 219 The Dalles OR

Phone

541-980-0259

CITY OF THE DALLES

Erin

Signature

Title

Deputy P.W. Director

Date

9-19-2023

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
A Stock Company With Home Offices in Bloomington, Illinois

Po Box 2356
Bloomington IL 61702-2356

Named Insured

A-15-9D7B-FB62 L F

HOLLORAN, MICHAEL J &
JENNIFER E
PO BOX 219
THE DALLES OR 97058-0219

DECLARATIONS PAGE

AMENDED JUN 19 2023

| | | |
|---|-----------------------|------------------------|
| Policy Number | 37-BV-P260-0 | |
| Policy Period | Effective Date | Expiration Date |
| 12 Months | DEC 18 2022 | DEC 18 2023 |
| The policy period begins and ends at 12:01 am standard time at the named insured's address. | | |

Your policy is amended JUN 19 2023
NUMBER OF DRIVERS CHANGED
UNDERAGE DRIVERS CHANGED

PERSONAL LIABILITY UMBRELLA POLICY

Automatic Renewal - If the policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you written notice in compliance with the policy provisions or as required by law.

| | |
|---------------------------------|---------------------------|
| Coverage(s) | Limit of Liability |
| Coverage L - Personal Liability | \$ 1,000,000 |
| Self-Insured Retention | None |

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 | | |

Forms & Endorsements

| | |
|---------------------------------|-----------|
| Personal Liability Umbrella | FP-7950.2 |
| Fuel Oil Exclusion | FE-5837 |
| Amendatory Endorsement | FE-5840 |
| Registered Domestic Partnership | FE-6858 |
| Excl Ctrl Substances | FE-2466 |

Endorsement Premium

| | |
|----------|----------|
| Increase | \$ 75.85 |
|----------|----------|

Other limits and exclusions may apply - refer to your policy

FP-7052.3C

0125 151 I

N

Prepared JUL 03 2023

DEAN DOLLARHIDE INS AGCY INC
541-298-3276

555-7020 j.1 05-08-2006 (o1f039rb)

JUL 03 2023 15 IFPD

CONTINUED FROM FRONT SIDE

PERSONAL LIABILITY UMBRELLA POLICY

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