

**CITY OF THE DALLES PUBLIC WORKS**

1215 WEST 1<sup>ST</sup> STREET  
THE DALLES, OREGON 97058  
(541) 296-5401

**Banner Permit Fee \$25**

# 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 1st 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:**

11/09/2023

Format: MM/DD/YYYY

**\* Applicant First Name**

NANCY

Primary First Name

**\* Applicant Last Name**

GIBSON

Primary Last Name

**Contact/Responsible Party**

**\* Email:**

dufurhist@ortelco.net

Primary email address

If the responsible party is not the applicant

**\* Contact Phone:**

5414672205

Daytime phone number

**Cell Phone:**

5419933429

**\* Name of Event:**

Dufur Home Time Christmas

**\* Location of Event:**

Dufur

**\* Type of event promoted on the banner**

- ☐ Education  
☐ Youth Event  
☐ Fair  
☐ Community Market  
☒ Other Civic Event

40 MAIN ST

Other Civic Event

**\* Start Date of Event:**

12/09/2023

Format: MM/DD/YYYY

**\* End Date of Event:**

12/09/2023

Format: MM/DD/YYYY

\*

- ☒ 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**

11/24/2023

Format: MM/DD/YYYY

**\* Preferred Duration:**

- ☐ One week  
☒ Two weeks

Read the Street Banner Policy [here](#).

There is a \$25 Street Banner Permit Fee.

- To pay by credit card, call the Public Works Department at (541) 296-5401. There is a processing fee.
- To pay with a check or cash, mail or deliver to the City of The Dalles Public Works Department, 1215 West 1st Street, The Dalles, 97058 during business hours, weekdays 7:00 a.m. to 4:00 p.m.

☒ I, the applicant, certify that I have read and understand the Street Banner Permit Policy

\* Please indicate method of payment

- ☐ Credit Card  
☒ Check  
☐ Cash

\* Liability Release for Street Banner Placement

- ☒ Private Organization  
☐ Public Agency  
☐ Individual

\* Upload Proof of Liability Insurance

No file chosen

Liability insurance must be valid on the preferred date of placement and at least one month following the date of preferred placement.

\* Release between:

Dufur Historical Society Living History Museum Nancy Gibson

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

Nancy Gibson

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.

Erin Hansen

pd by check - 11/14/2023





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/09/2023

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).

<b>PRODUCER</b> Wheatland Insurance Center Inc 400 MOUNT HOOD ST, THE DALLES OR 97058 PO Box 1940 The Dalles OR 97058	<b>CONTACT NAME:</b> Agent: Daniel Holtz daniel.holtz@wheatlandins.com <b>PHONE (A/C, No, Ext):</b> (541) 296-2268 <b>FAX (A/C, No):</b> (541) 276-7688 <b>E-MAIL ADDRESS:</b> CSR: katie.darby@wheatlandins.com
<b>INSURED</b> Dufur Historical Society & Living History Museum, Inc PO Box 462 Dufur OR 97021	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Liberty Mutual / The Ohio Casualty Ins. Co. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 2023 C.o.The Dalles **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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKO57373101	10/06/2023	10/06/2024	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 \$ 1,000,000	
						PRODUCTS - COMP/OP AGG \$ 1,000,000	
							\$
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/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)

COMMERCIAL GENERAL LIABILITY EXTENSION CG 88 10  
G. ADDITIONAL INSURED - BY CONTRACT, AGREEMENT OR PERMIT  
I. ADDITIONAL INSURED - EXTENDED PROTECTION

**CERTIFICATE HOLDER****CANCELLATION**

City of The Dalles Oregon  
313 Court ST

The Dalles

OR 97058

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

K.E. Darby

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