CITY OF THE DALLES PUBLIC WORKS
1215 WEST FIRST STREET
THE DALLES, OREGON 97058
(541) 296-5401

Application Fee	$50
Expedite Fee	$50
Deployment Fee	$100

SIDEWALK/STREET CLOSURE PERMIT

This application must be submitted at least five (5) business days prior to the proposed sidewalk/street closure date. Applications may be submitted in person or mailed to the Public Works office at the address above or emailed to publicworks@ci.the-dalles.or.us. Applicant agrees to comply with the provisions of the Charter, Ordinances (2.24.060), Resolutions, and Policies of the City of The Dalles pertaining to such closures; and with the instructions and requirements as listed below.

Please complete the entire form

Applicant Name: NW GTO Legends — Date: 4-2-2026

Address: 12505 98th Ave. Ct. NW — Phone: 425-681-9682

Contact/Responsible Person Ted Knapp — Phone: 425-681-9682

Email Address: knappdevelopment@aol.com — Cell: 425-681-9682

TYPE OF CLOSURE (Check at least 1)

- ☐ Street for Construction Work
- ☒ Street/Parking Lot for Event
- ☐ Parking Lane for Dumpster
- ☐ Sidewalk for Construction Work
- ☐ Sidewalk for Event
- ☐ Other

CLOSURE FROM 3:00 PM - May 22,2026 (Date/Time) TO 10:00 PM - May 22, 2026 (Date/Time)

LOCATION/ADDRESS OF CLOSURE Both sides of Court St. between 4th & 2nd Streets.
South sides of 3rd St. from Court & Washington St.
North side of 3rd St. from Court St. to west side of Windy River Restaurant.

REASON FOR CLOSURE National Neon Sign Museum Event

INSTRUCTIONS/REQUIREMENTS:

- Applicant **must** provide a Traffic Control Plan (TCP) for approval for all Street and Parking Lot Closures. Traffic Control Plan should show proposed detour routes, signs, barricades, and traffic control devices.
- Applicant **must** provide a Temporary Pedestrian Accessible Route Plan (TPARP) for approval for all Sidewalk Closures. TPARP should show proposed accessible pedestrian detours, signs, barricades, and pedestrian delineation devices. (See Standard Drawing TM844 for general TPARP examples)
- Applicant **must** notify Central Dispatch at the time of street closing and reopening. (541-298-5507)
- Applicant **must** notify adjacent property/business owners prior to closure.
- Applicant **must** provide proof of liability insurance with The City of The Dalles listed as co-insured.
- Fee **must** be paid in full before application will be processed.

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.

ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY

The undersigned agrees to defend, indemnify and hold the City of The Dalles, its officers, agents and employees, harmless from and against all claims, liabilities, demands, damages and actions, of whatever form or nature, including but not limited to property damage, pedestrian accessibility, personal injury and death, together with costs and attorney fees incurred in defense thereof, arising from or relating in any way to the street or sidewalk closure authorized by this permit and the undersigned's activities in connection with this permit. Applicant for City Street or Parking Lot closures must provide a Certificate of General Liability Insurance with a minimum of $1,000,000 coverage, with stated purpose on the Certificate for the event and listing the City of The Dalles as a co-insured. Insurance is in addition to acknowledgement of responsibility and cannot be cancelled without prior notice to the City. In addition the Responsible Person listed on this permit shall remain on-site during the duration of the event and closure.

Failure of the applicant to meet the requirements of this permit, including following of the Traffic Control Plan and/or Temporary Pedestrian Accessible Route Plan, will result in a Stop Work Order and possible revocation of the permit.

I understand and agree to the terms of this Sidewalk/Street Closure Permit.

Applicant Signature Ted Knapp Date 4-2-2026

CITY USE ONLY

☐ No Sidewalk Closures are authorized with this permit.

☐ No lane closures are permitted for this event, all vehicles must be confined to the stated closure areas.

☐ Access to the Police station must be kept unobstructed at all times

☐ Public Works will deploy signage for the event, permit holder is responsible for opening the signs and closing them upon completion of the event.

Receipt of Required Items

TCP for Street/Parking Lot Closure	☐ Attached	☐ Not Required	
TPARP for Sidewalk Closure	☐ Attached	☐ Not Required	
Certificate of General Liability	☐ Attached	☐ Not Required	
Payment Received	☐ Check	☐ Cash	☐ Credit Card

RELATED PERMITS _____

ROUTING ORDER

Department	Approval	Date
Public Works – ADA Coordinator	Michael H. Bosse	4/2/2026
Public Works – Transportation Manager	James Sprague	4/2/2026

THIS PERMIT IS:

☐ **APPROVED** AND EXPIRES ON _____

☐ **APPROVED** WITH REVISIONS AND EXPIRES ON _____

☐ **DENIED** FOR FOLLOWING REASON: _____

Authorized by: _____ **Title:** _____

Public Works to notify Applicant of final decision

Google Maps

National Neon Sign Museum

Imagery ©2025 Airbus, CNES / Airbus, Maxar Technologies, Map data ©2025 Google 50 ft

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/1/2026

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	CONTACT NAME:	
John Abrams & Assoc Ins Agency Inc PO Box 110 Newburgh NY 12551	PHONE (A/C, No, Ext): (845) 565-7894	FAX (A/C, No):
	E-MAIL ADDRESS: GENERAL@JABRAMSINS.COM	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : MAXUM INDEMNIT COMPANY	
	INSURER B : SCOTTSDALE INSURANCE COMPANY	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

INSURED
The GTO Association of America 1109 STONY BATTERY RD LANCASTER PA 17601-1189

COVERAGES **CERTIFICATE NUMBER:** **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [X] LOC [ ] OTHER:			BDG-3107360-02	03/29/2026	03/29/2027	EACH OCCURRENCE	$ 1000000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100000
							MED EXP (Any one person)	$ 1000
							PERSONAL & ADV INJURY	$ 1000000
							GENERAL AGGREGATE	$ 2000000
							PRODUCTS - COMP/OP AGG	$ 2000000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
B	[ ] UMBRELLA LIAB [ ] OCCUR [X] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			CXS4081999	03/29/2026	03/29/2027	EACH OCCURRENCE	$ 1000000
							AGGREGATE	$ 1000000
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER	
							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)

See ACORD 101

CERTIFICATE HOLDER

THE DALLES CITY
313 COURT 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

Marcela Bravo

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
John Abrams & Assoc Ins Agency Inc		The GTO Association of America
POLICY NUMBER		
BDG-3107360-02, CXS4081999		
CARRIER	**NAIC CODE**	
Unknown	,	**EFFECTIVE DATE:**

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

Car Show 5/22/2026 @ National Neon Sign Museum, 200 East 3rd Street, The Dalles, OR 97058 & The City of The Dalles ? 313 Court Street, The Dalles, OR 97058 (including parking along the curb on both sides of Court Street from E. 2nd St, to E. 4th St., & parking along the curb on the south side of E. 3rd St. from Washington St. to Court St., & parking along the curb on the north side of E. 3rd St. from the Windy River Restaurant to Court St.) & The Dalles Riverfront Park ? Riverfront Park Road, The Dalles, OR 97058 & The Dalles US Bank Branch ? 401 Washington Street, The Dalles, OR 97058

City of The Dalles
313 Court Street | PO Box 1790
The Dalles, OR 97058
(541) 296-5481

XBP Confirmation Number: 310504406

Transaction detail for payment to City of The Dalles. **Date: 04/02/2026 - 12:44:04 PM MT**

Transaction Number: 267071722
Visa — XXXX-XXXX-XXXX-3449
Status: Successful

Account #	Item	Quantity	Item Amount
	SidewalkStreet Closure Permit	1	$150.00

TOTAL: ***$150.00***

Billing Information
Ted Knapp
98329

Transaction taken by: Admin JCorbin