

CITY OF MARYSVILLE COMMUNITYDEVELOPMENT

PERMIT #_____

526 C STREET, MARYSVILLE, CA 95901

TEL: 530-7493902, FAX: 530-749-3991

SPECIAL EVENT PERMIT

	Today's Date:
Name of Applicant	
Address	Phone #
Name of Event:	
Street or sidewalk closure/assembly/paradeon: (Circle Applicable)	Event Date (Street Closure Date and Time if Different)
Route of travel or place of assembly:	
Type of Units (animals, vehicles, pedestrians, etc.)	
Number of Units:Party Responsible	
(If any portion of the intersection of 3rd Street at D Street is clo Changeable Message Sign trailer can be placed on N/B State rou	No Encroachment permit obtained? Yes No seed for a special event, an encroachment permit is needed from Cal Trans so that a CMS at 70 north of Feather River Blvd. If any portion of the intersection of D Street at 8th Street is m Cal Trans for the closure of the W/B turn lane onto S/B D Street and barricades needed on
Cooking, frying or grease laiden operationYes	<u>sNo</u>
Port-a-pottyYesNo Environmental	Health CertificateYesNo (required if preparing food)
Provide proof of rental of Sanitation i.e. Port-a-pot	tty (one must be ADA Complaint and hand washing station)
Will alcoholic beverages be served or soldYes	sNo (ABC License Required)
Deposit Required: \$40.00 Make check payable to:	The City of Marysville
Return this signed application along with the requi	ired deposit to: City of Marysville 526 C Street, Marysville, CA 95901 irst Aid & Parking Areas and COVID 19 Safety Guidelines (sample attached)
[] Attach Non-Profit Papers.	
[] Provide Certificate of Insurance Naming the City of Additional Insurance (Minimum \$2,000,000.00 Liabi	
[] All vendors are required to have an Event City Bus	siness License.
Attach a map showing position of barricade, and	d entire parade route/event area
All other applications are to be filed 30 days in aYou may be required to pay for the hiring of any	oplication submitted within 45 days of requested event date. dvance. additional personnel for the safe operation of your event. traffic control devices/barricades damaged or not returned after event.
C:	and Officials harmless against damages including those caused by the applicant's subvendors.
Denied due to	
<u> </u>	ratification of listed stipulations:
Additional Stipulations:	

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RENTAL FEES

Traffic Contro Fire Departme	reet Dance borhood for Special al Fee	YN YN	I J		\$\$ \$\$ \$\$ \$\$ \$\$		blocks) ock) ock) ock)	
Balance DueEquipBarric"No P	\$\$ ment Required " adesYour arking" flyers to be arking" signs to be	Date paid No Parking" Sig esN pusinessesand r	o residence?	No Yes		Receipt #_		
DEPARTMENT REVIEWPolice Chief CD Director	Initials/Date		Recommend					

Revised 1/2020

__Fire Chief __PW Director

City of Marysville

526 C Street Marysville. CA 95901

Insurance Requirements for Facility Rentals

Renter shall procure and maintain for the duration of the rental period insurance against claims for injuries to persons or damages to property which may arise from or in connection with the rental of the facilities and the activities of the renter, his guests, agents, representatives, employees, or subcontractors.

MINIMUM SCOPE AND LIMIT OF INSURANCE

Coverage shall be at least as broad as Insurance Services Form CG 00 01 covering CGL on an "occurrence" basis, including property damage, bodily injury and personal & advertising injury with limits no less than \$2,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

If the Renter maintains higher limits than the minimums shown above, the City of Marysville (City) requires and shall be entitled to coverage for the higher limits maintained by the Renter. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The City, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of the rental of the facility, work or operations performed by or on behalf of the Renter including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Renter's insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).

Primary Coverage

For any claims related to this contract, the Renter's insurance coverage shall be primary insurance as respects the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the Renter's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the City.

Waiver of Subrogation

Renter hereby grants to City a waiver of any right to subrogation which any insurer of said Renter may acquire against the City by virtue of the payment of any loss under such insurance. Renter agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City.

Verification of Coverage

Renter shall furnish the City with original certificates and amendatory endorsements effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the City at least fourteen days before Renter commences activities.

Liquor Liability

If Renter will be supplying alcoholic beverages, the general liability insurance shall include host liquor liability coverage. If Renter is using a caterer or other vendor to supply alcohol that vendor must have liquor liability coverage. If Renter intends to sell alcohol either the Renter or vendor providing the alcohol for sale must have a valid liquor sales license and liquor liability insurance covering the sale of alcohol.

Homeowners Insurance

In some cases the Renter's homeowner's liability insurance may provide coverage sufficient to meet these requirements. Renter should provide these requirements to his or her agent to confirm and provide verification to the City.

Special Risks or Circumstances

City reserves the right to modify these requirements based on the nature of the risk, prior events, insurance coverage, or other special circumstances.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/10/2020

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 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).

		INSURER F.					
		INSURER F:					
		INSURER E:					
		INSURER D : Safe Employees are Happy Employees	00321				
		INSURER C: Highest Quality Insurance Co.	00123				
INSURED		INSURER B: World's Best Insurance Company	54321				
		INSURER A: Best Insurance Co. Ever	12345				
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		E-MAIL ADDRESS:					
Insurance Broker or Compa	any of your Choice	PHONE (A/C, No, Ext): FAX (A/C, No):					
PRODUCER		NAME: #1 Insurance Broker or Company					
certificate floider in fled of Suci	i endorsement(s).						

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

E)	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	NSR LTR TYPE OF INSURANCE			SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY		Х	х	ABC123	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
Α		CLAIMS-MADE X OCCUR			ABC 123	01/01/2020	0 1/0 1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
								MED EXP (Any one person)	\$
								PERSONAL & ADV INJURY	\$
	GE	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$
		OTHER:							\$
В	AU.	TOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO ALL OWNED SCHEDULED AUTOS AUTOS						BODILY INJURY (Per person)	\$	
								BODILY INJURY (Per accident)	\$
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$
									\$
С	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MAD							EACH OCCURRENCE	\$
								AGGREGATE	\$
		DED RETENTION \$							\$
D		RKERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A					E.L. EACH ACCIDENT	\$
			1177					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$

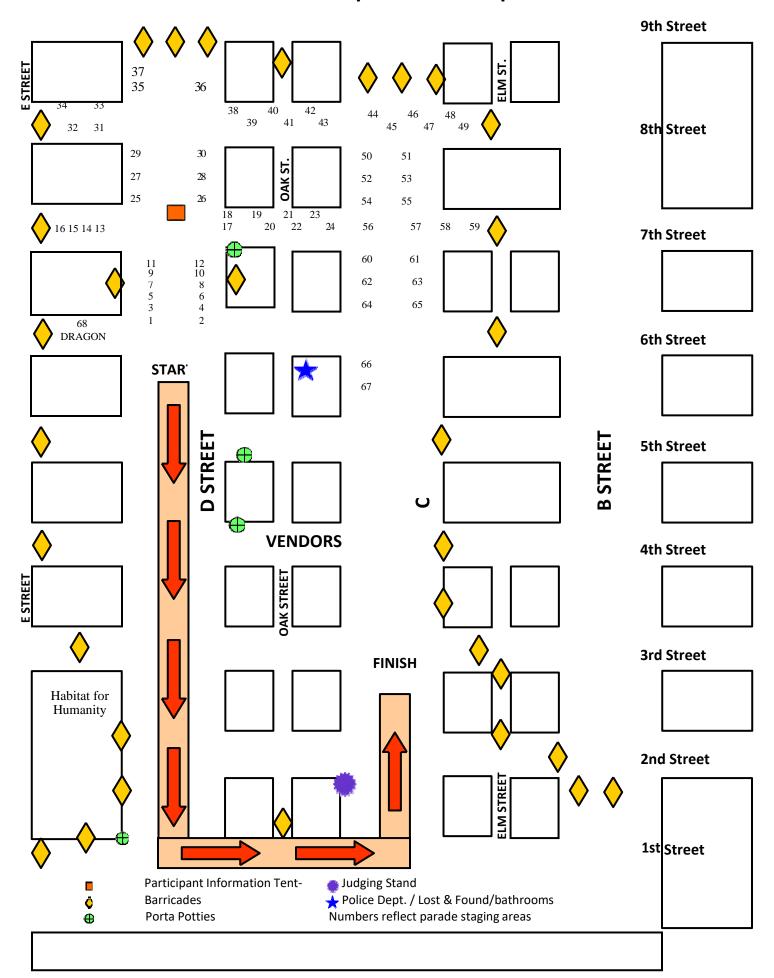
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City, its Officers, Officials, Employees, and Volunteers are to be covered as additional insureds on the Renters PRIMARY COVERAGE CGL policy with respect to liability arising out of the rental of the facility, work or operations performed by or on behalf of the Renter including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Renter's insurance (at least as broad as ISO Form CG 2010 11/85 or if not available, through the addition of CG 2010 and CG 2037 if a later edition is used).

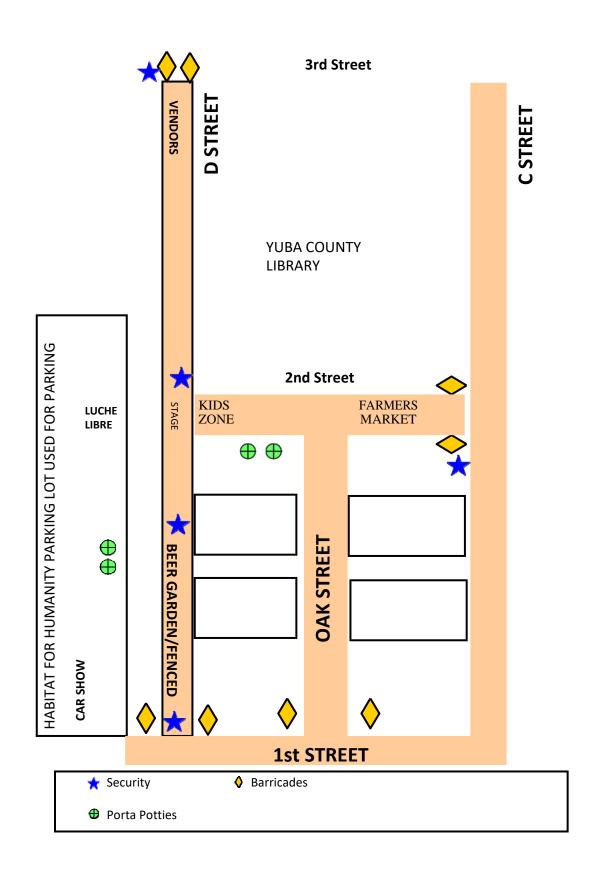
For any claims related to this contract, the Renter's Insurance is primary insurance as respects the City, its Officers, Officials, Employees, and Volunteers. Any insurance or self-insurance maintained by the City will be considered excess.

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
Best Insurance Company

Sample Parade Map



SAMPLE EVENT STREET CLOSURE



CITY OF MARYSVILLE Process for Fee Waiver

Criteria for Fee Waiver*:

- 1. The event for which the service or resource used is organized and wholly sponsored by the City.
- 2. The waiver of fees is necessary to meet the mission of the City.
- 3. The authority for waiver is specified within the Fee Schedule.

*adopted by City Council 5/18/99

Name	e of Event:		
Date	/ Time of Event:		
Conta	act Person:Phone:		
Requ	ested Facility:		
To be	filled out by applicant:		
If any o	of the answers are "NO", the applicant may use the space availab	le to explain	why a fee
waiver	should still be considered.		
1.	Does the primary business, non profit or person sponsoring the event own property or live within the incorporated City Limits?	YES	_
2.	Do any other participants or sponsors actively involved in the event live or own property within the incorporated Citylimits?	YES -	_
3.	Does the sponsoring organization provide services or facilities without charge to the residents, businesses, or governmental organizations in Marysville, or Yuba County?	YES	_

Rev: 5/20

4. Is the event spo recognized non-	3, orother	YES	NO □						
5. Do all net proce profit?	Do all net proceeds for the event go to a local charity or non-profit?								
	▼ FC	OR OFFICIA	L USE ONLY ▼						
FEES TO BE WAIV	ED:	T							
	Fees	Fees Waived							
Administrative Fee	\$	\$							
User Fee	\$	\$							
Electrical Fee	\$	\$							
Clean-up Deposit	\$	\$							
Other	\$	\$			<u> </u>				
TOTAL FEES WAIVED	\$	\$			_				
APPROVED BY:									
CITY MANAGER			DATE						

COVID 19 EVENT SAFETY GUIDELINES

FIRST, PLEASE STAY HOME IF YOU ARE SICK OR NOT FEELING WELL.

- Event participants will maintain a minimum of six feet distance. If not possible, event participants will be required to wear a mask.
- All Event staff will be required to wear a mask at all times.
- Multiple soap, sanitizer and disinfectant stations will be provided.
- The temperature of all event participants and event staff will be taken when first entering the event.
- Event areas will be sanitized after each use (e.g., counters).
- Other frequently touched areas will be cleaned and sanitized regularly.
- Disposable food service items, including utensils and dishes, will be used for all food sold at the event.
- Physical guides will be established to ensure individuals remain at least six feet part, such as: tape on floors or sidewalks; signs on walls, posts, and sandwich boards; and guides that create one-way routes and reduce touching the same exits multiple times by the same individuals.