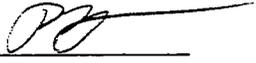


AGENDA ITEM SUMMARY

DATE: 02/23/09 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for the Hailey's Main Street Antique Show special event. Event is scheduled to take place July 3-5, 2009

AUTHORITY:  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Comments:

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

\_\_\_\_ City Attorney \_\_\_\_\_ Clerk / Finance Director \_\_\_\_\_ XX Engineer \_\_\_\_\_ XX Building  
\_\_\_\_ Library \_\_\_\_\_ XX Planning \_\_\_\_\_ XX Fire Dept. \_\_\_\_\_  
\_\_\_\_ Safety Committee \_\_\_\_\_ P & Z Commission \_\_\_\_\_ XX Police \_\_\_\_\_  
\_\_\_\_ Streets \_\_\_\_\_ XX Public Works, Parks \_\_\_\_\_ Mayor \_\_\_\_\_

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department Heads approved with the following contingencies:

1. Signs and banners may not be displayed more than 72 hours without a permit.
2. Declaration of Insurance coverage needs to be submitted.
3. No parking or vendors on the sidewalks.
4. At least two trash cans must be available due to the food vendors, along with appropriate recycle receptacles.

FOLLOW-UP REMARKS:

\*



# SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Hailey's Main Street Antique Show

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1<sup>st</sup> Avenue between Walnut and Pine, 115 Main St. S.):

Public Property  Private Property

Vacant lot at 730 N Main Street-Hailey

### III. EVENT SCHEDULE

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. Please submit your modification requests in writing and attach to your application.

Date(s) of Event	Hours	Estimated # of Attendees
<u>July 3, 4, 5 2009</u>	Start Time: <u>9:00 am</u> End Time: <u>7:00 pm</u>	One Hour Interval: All Day: <u>100</u>
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
<u>July 2, 2009</u>	Start Time: <u>6:00 am</u> End Time: <u>11:00 pm</u>	
Date of Tear Down		
<u>July 5, 2009</u>	Start Time: <u>4:00 pm</u> End Time: <u>12:00 pm</u>	

### IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>\$125<sup>00</sup></u>
Per Day Park Rental Fee (Waived for non-profits)	\$500	<input type="checkbox"/>	_____
Security Deposit	\$500	<input checked="" type="checkbox"/>	<u>Deposit on File with City</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	_____
<b>TOTAL DUE</b>			<u><u>\$125<sup>00</sup></u></u>
Additional Deposit Required		<input type="checkbox"/>	_____

### V. ORGANIZATION INFORMATION

Applicant's Name: Dana Jo Cameron Title: Promoter

Mailing Address: 949 N Meridian Zip Code: 83350

Street Address: Same City: Rupert State: ID

Day Telephone: 312-4900 Evening Telephone: 532-4565

FAX Number: 532-4565 E-Mail Address: comcam@pml.org

Applicant Driver's License #: VR 10430K  
 Sponsoring Organization: Blaine County Antiques & Appraisals  
 Non-Profit: Yes  No  Tax Exempt #: \_\_\_\_\_  
 Federal Tax #: \_\_\_\_\_ State Tax #: \_\_\_\_\_

**VI. EVENT INFORMATION**

New Event: Yes \_\_\_\_\_ No  Annual Event: Yes  No \_\_\_\_\_ Years Operating 2001  
 Through 2008  
 Event Category:  Commercial  Noncommercial  
 Estimate of Gross Ticket Sales & Revenues (commercial event only): No Tickets - Individual Vendors will have their own sales  
 Description of Event: Antique & Collectibles Sales  
 Additional Details: Liability Insurance renews on 4/03/09 - Will send new insurance at that time.

**VII. INSURANCE REQUIREMENTS**

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. *A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application.* The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: Premier Insurance Agent Name: Craig Casperson  
 Address: Box 6, Twin Falls, ID 83301 Phone: 734-1711

**HOLD HARMLESS CLAUSE**

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

# SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	<b>Street Closures &amp; Access / Parade</b> Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	Alcohol Served (Free of Charge) (name of provider)
				X	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
	X	Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X		Food/Beverages will be served (List Caterers): Hamburgers + Smoothies (for 2 Food Vendors)
# 50	X	<b>Canopies/Tents/Membranes/Temporary Structures</b> (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement <i>Individual Canopies</i>	#	Approximately	Vendors items sold/ solicitation
	X	<b>Medical Services.</b> (Circle) <u>First Aid</u> and/or EMS Services Who is providing services? <u>Dana Jo Cameron</u>	#	50 vendors	
# 2	X	<b>Security</b> (detail who, number of officers, times. Attach plan) <i>Private Security</i>	# 50		Booths: Profit / Non-Profit
	X	<b>Traffic Control / Shuttle Buses</b> (Number of buses / locations / hours of operation, attach plan.)		X	Lighting plan: attach plan <i>Street Lights are Sufficient</i>
#	X	<b>Electricity / Generators</b> (Size _____) Attach detailed electrical plan.		X	Activities / Entertainment (Agenda) Other equipment or entertainment
			X		Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	X	Water Drinking / Washing (circle)		X	Stages (Number and Size(s) _____)
	X	<b>Gray Water Barrel / Grease Barrel</b> (circle /detail # and locations) <i>X-Large Dumpster by Clear Creek</i>	#	X	Barricades. How many identify locations and attach logistics map
X		<b>Sanitation</b> -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	100 per hour	EVENT estimated attendance
# 2		<b>Porta Toilets / Wash Stations</b> (Quantity <u>ADA</u> <u>Regular</u> ) ↓                      ↓ 1                      1	#	6	Number of staff working event
X			#	0	Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Dana Jo Cameron* Date: 11/17/08

Hailey's Main Street Antique Show

ALBERTSON'S

MAIN STREET → → → → →

McDonald's

VENDOR Row

VENDOR Row

VENDOR Row

PARKING

Dampster  
San. Pkgs

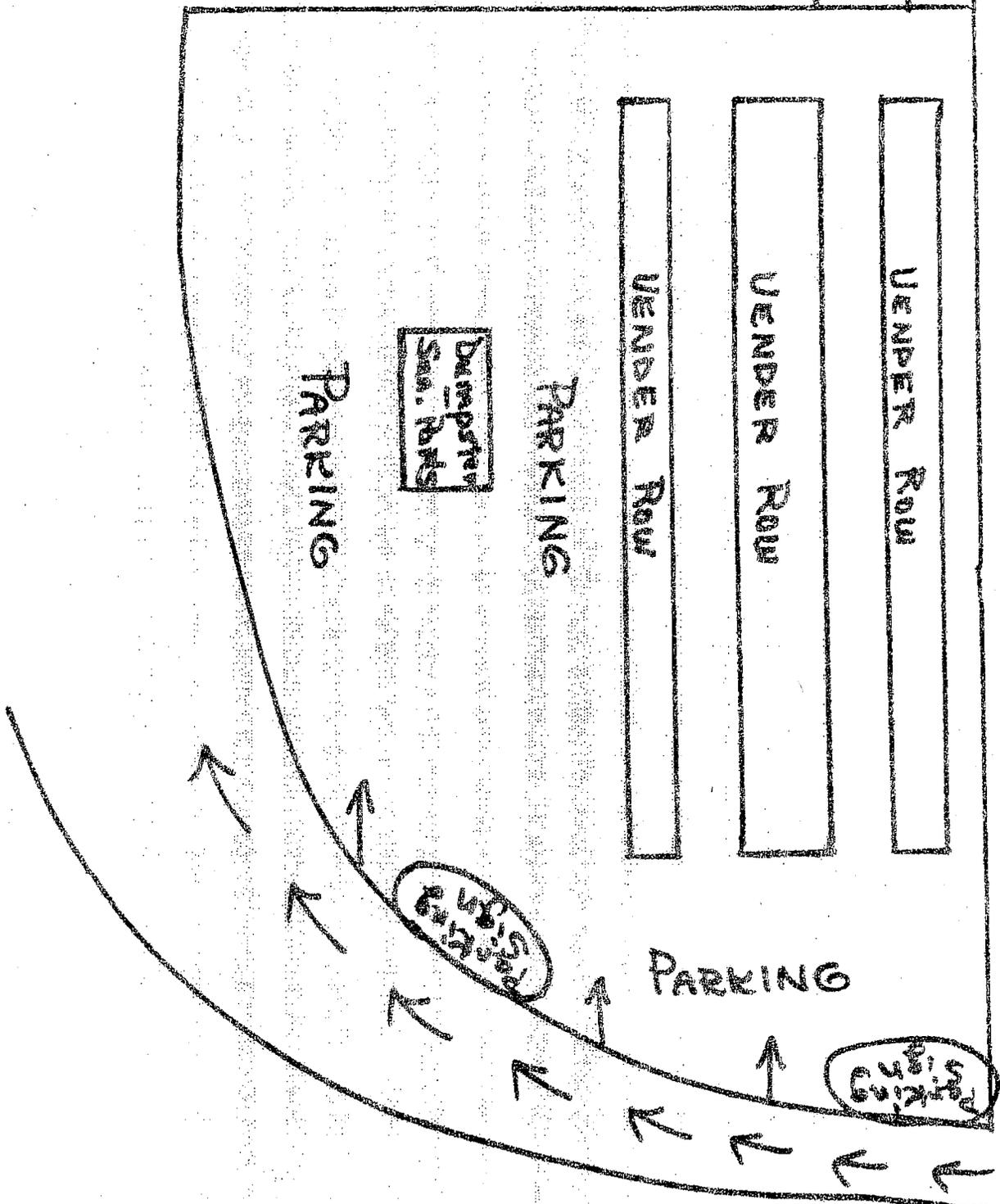
PARKING

PARKING

PLUSH  
SITTING

PLUSH  
SITTING

INDICATES FLOW  
OF TRAFFIC



# ACORD CERTIFICATE OF LIABILITY INSURANCE

INSURER

OF ID #2  
BLUCC-2

DATE (MM/DD/YYYY)

11/17/09

**Premier Insurance**  
P.O. Box 5  
Twin Falls ID 83303  
Phone: 208-734-1111 Fax: 208-734-9846

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

## INSURERS AFFORDING COVERAGE

INSURER A:	UNITED FIRE & CASUALTY	NAIC #	10/24
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			

Blaine Cox, Adjuster & Appraiser  
Dana De Cameron  
745 N. Meridian  
Rupert ID 83350

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	MULT	LTA	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X			GENERAL LIABILITY	80068739	08/03/08	08/03/09	EACH OCCURRENCE DAMAGE TO RENTED PROPERTY (Eq. Coverage)	\$ 1,000,000
				CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PER PERSON (Eq. Coverage)	\$ 100,000
								VED EXP (Any one person)	\$ 5,000
								PERSONAL & ADV INJURY	\$ 1,000,000
								GENERAL AGGREGATE	\$ 2,000,000
								PROFITS - COMP/OP AGG	\$ 2,000,000
				GENERAL AGGREGATE LIMIT APPLIES PER:					
				POLICY					
				PERI					
				SECT					
				LATE					
				AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Eq. Coverage)	\$
				ALL OWNED AUTOS				BODILY INJURY (Per Person)	\$
				SCHEDULED AUTOS				BODILY INJURY (Per Occurrence)	\$
				HIRED AUTOS				PROPERTY DAMAGE (Per Occurrence)	\$
				NON-OWNED AUTOS				AUTO ONLY - EA ADJUSTED	\$
								OTHER THAN EA ADJ	\$
								AUTO ONLY	\$
				GARAGE LIABILITY				EACH OCCURRENCE	\$
				ANY AUTO				AGGREGATE	\$
									\$
									\$
				EXPENS/DUMBRELLA LIABILITY				WC STATUTE	\$
				OWNED				TOTAL LIMITS	\$
				CLAIMS MADE				E.L. EACH ACCIDENT	\$
								E.L. DISEASE - EA EMPLOYEES	\$
				DEDUCTIBLE				E.L. DISEASE - POLICY LIMIT	\$
				RETENTION					\$
				WORKERS COMPENSATION AND EMPLOYER LIABILITY					
				ANY PROPRIETARY PART OR EXCLUSIVE OFFICER/EMPLOYEE EXCLUDED?					
				If Yes, describe in det Special Provisions, etc.					
				OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

## CERTIFICATE HOLDER

State of Idaho  
Blaine County  
The City of Halley  
115 Main St, N Ste B  
Halley ID 83333

## CANCELLATION

EXCEPT ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE  
Craig Casperson, CIC

ACORD 25 (2007/08)

© ACORD CORPORATION 1985

**AGENDA ITEM SUMMARY**

DATE: 02/23/09 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

**SUBJECT:**

Request approval for the Hailey's Antique Market special event. Event is scheduled to take place July 3-5, 2009.

**AUTHORITY:**  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

**BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:**

**FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:**

Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Comments:

**ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:** (IF APPLICABLE)

\_\_\_\_ City Attorney      \_\_\_\_ Clerk / Finance Director      XXEngineer      XX Building  
\_\_\_\_ Library      XXPlanning      XXFire Dept.      \_\_\_\_\_  
\_\_\_\_ Safety Committee      \_\_\_\_ P & Z Commission      XXPolice      \_\_\_\_\_  
\_\_\_\_ Streets      XXPublic Works, Parks      \_\_\_\_ Mayor      \_\_\_\_\_

**RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:**

Department Heads approved with the following contingencies:

1. All vehicle access to the park will be restricted to the Northeast corner of the park (it is recommended that plywood or like material be placed on the ground where vehicles will be entering the park).
2. Applicant will be responsible for repair of any turf and/or sprinkler damage.
3. Any power requirements will need to be approved, maximum of 200 amps available.
4. Access to the RV dump is to remain open at all times.
5. Signs and banners may not be displayed more than 72 hours without a permit.

**FOLLOW-UP REMARKS:**

\*



# SPECIAL EVENT PERMIT APPLICATION

JAN - 2 2009

I. EVENT NAME: Hailey's Antique Market

4th of July

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1<sup>st</sup> Avenue between Walnut and Pine, 115 Main St. S.):

Public Property       Private Property

Roberta Mc Kercher Park / Hailey Armory

### III. EVENT SCHEDULE

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. **Please submit your modification requests in writing and attach to your application.**

Date(s) of Event	Hours	Estimated # of Attendees
July 3-4	Start Time: <u>9 am</u> End Time: <u>6 pm</u>	One Hour Interval: <u>100/hr at most</u> All Day: <u>500</u>
July 5	Start Time: <u>9 am</u> <u>9 am</u> End Time: <u>6 pm</u> <u>5 pm</u>	One Hour Interval: <u>100/hr at most</u> All Day: <u>500</u>
Date of Set-Up	<u>7 am</u> <u>10 pm</u>	
Date of Tear Down	<u>4 pm</u> <u>12 pm</u>	
July 5	Start Time:      End Time:	

### IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>125-</u>
Per Day Park Rental Fee (Waived for non-profits)	\$500	<input type="checkbox"/>	<u>2000-</u>
Security Deposit	\$500	<input type="checkbox"/>	<u>pd.</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	<u>120-</u>
<b>TOTAL DUE</b>			<u><del>2745-</del></u>
Additional Deposit Required		<input type="checkbox"/>	<u>pd.</u>

### V. ORGANIZATION INFORMATION

Applicant's Name: Y. Alee Masters Title: promoter

Mailing Address: PO. Box 2727 Hailey ID Zip Code: 83333

Street Address: 113 Treasure Lane City: Hailey State: ID 83333

Day Telephone: 208-726-3939 <sup>w</sup> / 720-1146 <sup>cell.</sup> Evening Telephone: 208-788-9292

FAX Number: \_\_\_\_\_ E-Mail Address: haileyantiques@aol.com

Applicant Driver's License #: F A10 7843A Idaho

Sponsoring Organization: \_\_\_\_\_

Non-Profit: Yes  No  Tax Exempt #: \_\_\_\_\_

Federal Tax #: \_\_\_\_\_ State Tax #: 000 325 884-5

**VI. EVENT INFORMATION**

New Event: Yes \_\_\_\_\_ No  Annual Event: Yes  No \_\_\_\_\_ Years Operating 15

Event Category:  Commercial  Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): \_\_\_\_\_

Description of Event: Bi-Annual Antique Show & Sale

Additional Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. INSURANCE REQUIREMENTS**

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. *A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application.* The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: Farm Bureau Agent Name: Norman Funk

Address: 717 N. Main St. Bellevue Phone: 208-788-3529

**HOLD HARMLESS CLAUSE**

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

# SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	<b>Street Closures &amp; Access / Parade</b> Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	Alcohol Served (Free of Charge) (name of provider)
	X	<b>Street Closures &amp; Access /Parade</b> require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X		Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
#		<b>Canopies/Tents/Membranes/Temporary Structures</b> (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation <i>Antiques</i>
X		<b>Medical Services</b> (Circle) <u>First Aid</u> and/or EMS Services Who is providing services? <u>self</u> <i>I took first aid class</i>			
#	X	<b>Security</b> (detail who, number of officers, times. Attach plan)	#	X	Booths: <u>Profit</u> /Non-Profit <i>Also 2 are given a booth</i> <i>few nonprofits</i>
	X	<b>Traffic Control / Shuttle Buses</b> (Number of buses / locations / hours of operation, attach plan.)		X	Lighting plan: attach plan
#		<b>Electricity / Generators</b> (Size _____) Attach detailed electrical plan.		X	Activities / Entertainment (Agenda) Other equipment or entertainment
			X		Signs or Banners: sign permit may be required by the City Planning and Zoning Department
X		<b>Water</b> <u>Drinking</u> <u>Washing</u> (circle) <i>Food Products</i>		X	Stages (Number and Size(s) _____)
	X	<b>Gray Water Barrel / Grease Barrel</b> (circle /detail # and locations)	#	14	Barricades. How many <i>12 cones</i> identify locations and attach logistics map
X		<b>Sanitation</b> -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		EVENT estimated attendance <i>1,200 to 1,500</i> <i>total?</i>
#	X	<b>Porta Toilets / Wash Stations</b> (Quantity ADA Regular _____)	#	4	Number of staff working event
4		<i>1 ADA</i>	#		Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Y. Alce Mat* Date: *12-31-08*

CERTIFICATE OF INSURANCE

IS1693

REINSTATEMENT NOTICE EFFECTIVE: 11/16/08

WESTERN COMMUNITY INSURANCE COMPANY P.O. BOX 4848  
 POCATELLO IDAHO 83205 - 4848 ISSUES THIS CERTIFICATE AS A MATTER OF INFORMATION  
 ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE INSURANCE  
 AFFORDED IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF THE POLICIES.  
 THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
 POLICIES BELOW. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED NAME AND ADDRESS

CITY OF HAILEY

MARSTERS ALEE

115 S MAIN ST STE H  
 HAILEY ID 83333

PO BOX 2727  
 HAILEY ID 83333

POLICY NUMBER 8B071201 EFFECTIVE DATE 10/20/08 EXPIRATION DATE 10/20/09  
 12:01 AM STANDARD TIME AT THE INSURED'S ADDRESS AS STATED HEREIN.

AGENT 704 FUNK NORMAN - AA 208-788-3529

TYPE OF INSURANCE	LIMITS OF LIABILITY
***GENERAL LIABILITY OCCURRENCE BASIS***	
GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	INCLUDED
PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
FIRE DAMAGE LIMIT	\$100,000 ANY ONE FIRE
MEDICAL EXPENSE LIMIT	\$5,000 ANY ONE PERSON
*** DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS ***	
05820 ROBERTA MCKERCHER PK HAILEY ID	
*** DESCRIPTION OF ELEMENT 23 ADDITIONAL INSURED ***	
05820 00 CITY OF HAILEY	
CG 20 11(01/96)	

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE.

*L. Ley Hoyer*

AUTHORIZED REPRESENTATIVE

11/18/08

DATE ISSUED

ADA porta potty

ADA porta potty

Walk way w/ yellow caution tape

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Airway, Food Vendors

Control board only

Drummers

First aid kit

Drinks

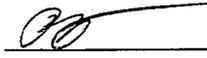
Airport

Trash cans and/or recycling

1st PIC

AGENDA ITEM SUMMARY

DATE: 02/23/09 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for the Hailey's Main Street Antique Show special event. Event is scheduled to take place September 4-6, 2009.

AUTHORITY:  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Comments:

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

\_\_\_\_ City Attorney      \_\_\_\_ Clerk / Finance Director      XX Engineer      XX Building  
\_\_\_\_ Library      XX Planning      XX Fire Dept.      \_\_\_\_\_  
\_\_\_\_ Safety Committee      \_\_\_\_ P & Z Commission      XX Police      \_\_\_\_\_  
\_\_\_\_ Streets      XX Public Works, Parks      \_\_\_\_ Mayor      \_\_\_\_\_

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department Heads approved with the following contingencies:

1. Signs and banners may not be displayed more than 72 hours without a permit.
2. Declaration of Insurance coverage needs to be submitted.
3. No parking or vendors on the sidewalks.
4. At least two trash cans must be available due to the food vendors, along with appropriate recycle receptacles.

FOLLOW-UP REMARKS:

\*



# SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Hailey's Main Street Antique Show

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1<sup>st</sup> Avenue between Walnut and Pine, 115 Main St. S.):

Public Property  Private Property

Vacant lot at 730 North Main Street - Hailey

### III. EVENT SCHEDULE

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. **Please submit your modification requests in writing and attach to your application.**

Date(s) of Event	Hours	Estimated # of Attendees
September 4, 5, 6, 2009	Start Time: 9:00 am End Time: 7:00 pm.	One Hour Interval: All Day: 100
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
September 3, 2009	Start Time: 6:00 am End Time: 11:00 pm.	
Date of Tear Down		
September 6, 2009	Start Time: 4:00 pm End Time: 12:00 pm	

### IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>\$125.00</u>
Per Day Park Rental Fee (Waived for non-profits)	\$500	<input type="checkbox"/>	_____
Security Deposit	\$500	<input checked="" type="checkbox"/>	<u>Deposit on File with City</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	_____
<b>TOTAL DUE</b>			<u><u>\$125.00</u></u>
Additional Deposit Required		<input type="checkbox"/>	_____

### V. ORGANIZATION INFORMATION

Applicant's Name: Dana Jo Cameron Title: Promoter

Mailing Address: 949 North Meridian Zip Code: 83350

Street Address: same City: Rupert State: ID

Day Telephone: 312-4900 Evening Telephone: 532-4565

FAX Number: 532-4565 E-Mail Address: camcam

Applicant Driver's License #: 1R110430K  
 Sponsoring Organization: Blue Cow Antiques & Appraisals  
 Non-Profit: Yes  No  Tax Exempt #: \_\_\_\_\_  
 Federal Tax #: \_\_\_\_\_ State Tax #: 316529-S

**VI. EVENT INFORMATION**

New Event: Yes \_\_\_\_\_ No  Annual Event: Yes  No \_\_\_\_\_  
 Event Category:  Commercial  Noncommercial  
 Years Operating 2001 through 2008

Estimate of Gross Ticket Sales & Revenues (commercial event only): \_\_\_\_\_

Description of Event: Antiques & Collectibles Sale

Additional Details: Liability Insurance renews on 4/03/09  
will send new insurance at that time.  
Map attached.

**VII. INSURANCE REQUIREMENTS**

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. *A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application.* The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: Premiere Insurance Agent Name: Craig Casperson  
 Address: Box 10 - Twin Falls, ID 83301 Phone: 734-1711

**HOLD HARMLESS CLAUSE**

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

# SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	Alcohol Served (Free of Charge) (name of provider)
	X	Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X	X	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
#50	X	Canopies/Tents/Membranes/Temporary Structures (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement <i>Individual Canopies</i>	#	#	Food/Beverages will be served (List Caterers): <i>Hamburgers + Smoothies - 1 or 2 Food Vendors</i>
	X	Medical Services (Circle) <u>First Aid</u> and/or EMS Services Who is providing services? <i>Dana Jo Cameron</i>	#	#	Vendors items sold/ solicitation
#2	X	Security (detail who, number of officers, times. Attach plan) <i>Private Security</i>	#50		Booths: Profit / Non-Profit - <i>Both</i>
	X	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)		X	Lighting plan: attach plan <i>Street lights are sufficient</i>
#	X	Electricity / Generators (Size _____) Attach detailed electrical plan.		X	Activities / Entertainment (Agenda) Other equipment or entertainment
			X		Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	X	Water Drinking / Washing (circle)		X	Stages (Number and Size(s) _____)
	X	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	X	Barricades. How many identify locations and attach logistics map
X		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations) <i>X-Large by Clear Dumpster Creek</i>	#100		EVENT estimated attendance
#2		Porta Toilets / Wash Stations (Quantity ADA Regular)	#	6	Number of staff working event
X		<i>1</i> <i>1</i>	#	0	Number of volunteers working <i>Each Member sets up own booth.</i>

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Dana Jo Cameron* Date: *Nov 17, 2008*

Hailey's Main Street Antique Show

ALBERTSON'S

MAIN STREET

VENDOR ROW

VENDOR ROW

VENDOR ROW

PARKING

Dumpster  
San. Pkgs

PARKING

Parking Sign

Parking Sign

PARKING

INDICATES FLOW OF TRAFFIC

McDonald's

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID S2  
BLUEC-2

DATE (MM/DD/YYYY)  
11/17/08

PRODUCER:

**Premier Insurance**  
P.O. Box 3  
Twin Falls, ID 83303  
Phone: 208-734-1711 Fax: 208-734-9846

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**Bliss Cow Insurance & Appraisal**  
Dana Jo Casperson  
949 N. Morrison  
Rupert, ID 83350

**INSURERS AFFORDING COVERAGE**  
INSURER A: Dallas Fire & Casualty

NAIC #  
10-24

INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY RPD CLAIMS.

INSURANCE  
TYPE

TYPE OF INSURANCE

POLICY NUMBER

POLICY EFFECTIVE DATE (MM/DD/YY)

POLICY EXPIRATION DATE (MM/DD/YY)

LIMITS

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A I	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	60048730	04/03/08	04/03/09	EACH OCCURRENCE: \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR): \$ 100,000 VED EXP (Any one person): \$ 5,000 PERSONAL & ADV INJURY: \$ 1,000,000 GENERAL AGGREGATE: \$ 2,000,000 PRODUCTS - COMP OP AGG: \$ 2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> RPD <input type="checkbox"/> LOG <input type="checkbox"/>				
	AUTOMOBILE LIABILITY				
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT (EA FOLLOWS): \$
	SCHEDULED AUTOS				BODILY INJURY (Per person): \$
	HIRED AUTOS				BODILY INJURY (Per accident): \$
	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident): \$
	RENTAL LIABILITY				AUTO ONLY - EA ACCIDENT: \$ OTHER THAN EA ACC: \$
	ANY AUTO				AUTO ONLY: AGG: \$
	EXCESS UMBRELLA LIABILITY				EACH OCCURRENCE: \$ AGGREGATE: \$ \$ \$ \$
	SOLELY CLAIMS MADE				
	DEDUCTIBLE				
	RETENTION: \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				DISABILITY: \$ OTHER: \$
	ANY PROPERTY-CAR, VEHICLE EXCLUSIVE OFFICER/EMPLOYEE EXCLUDED?				E.L. EACH ACCIDENT: \$
	SPECIAL PROVISIONS:				E.L. DISEASE - EA EMPLOYEE: \$
	OTHER:				E.L. DISEASE - POLICY LIMIT: \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

## CERTIFICATE HOLDER

State of Idaho  
Blaine County  
The City of Halley  
115 Main St. S Box 8  
Halley, ID 83333

CITY

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:  
Celia Casperson, CIC

ACORD 25 (05/01/08)

© ACORD CORPORATION 1998

AGENDA ITEM SUMMARY

DATE: 02/23/09 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for the Hailey's Antique Market special event. Event is scheduled to take place September 4-6, 2009.

AUTHORITY:  ID Code \_\_\_\_\_  IAR \_\_\_\_\_  City Ordinance/Code \_\_\_\_\_  
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Budget Line Item # \_\_\_\_\_ YTD Line Item Balance \$ \_\_\_\_\_  
Estimated Hours Spent to Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_  
Staff Contact: \_\_\_\_\_ Phone # \_\_\_\_\_  
Comments:

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

___ City Attorney	___ Clerk / Finance Director	__XX Engineer	__XX Building
___ Library	__XX Planning	__XX Fire Dept.	_____
___ Safety Committee	___ P & Z Commission	__XX Police	_____
___ Streets	__XX Public Works, Parks	___ Mayor	_____

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department Heads approved with the following contingencies:

1. All vehicle access to the park will be restricted to the Northeast corner of the park (it is recommended that plywood or like material be placed on the ground where vehicles will be entering the park).
2. Applicant will be responsible for repair of any turf and/or sprinkler damage.
3. Any power requirements will need to be approved, maximum of 200 amps available.
4. Access to the RV dump is to remain open at all times.
5. Signs and banners may not be displayed more than 72 hours without a permit.

FOLLOW-UP REMARKS:

\*



# SPECIAL EVENT PERMIT APPLICATION

- 2 2008

**I. EVENT NAME:** Hailey's Antique Market  
LABOR DAY

**II. LOCATION FOR EVENT** (Be specific e.g., Hop Porter Park, all of 1<sup>st</sup> Avenue between Walnut and Pine, 115 Main St. S.):

Public Property       Private Property

Roberta Mc Kercher Park / Hailey Armory

**III. EVENT SCHEDULE**

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. **Please submit your modification requests in writing and attach to your application.**

Date(s) of Event	Hours	Estimated # of Attendees
<u>Sept 4, 5</u>	Start Time: <u>9 am</u> End Time: <u>6 pm</u>	One Hour Interval: <u>the</u> All Day: <u>100 p.p. Most</u>
<u>Sept. 6</u>	Start Time: <u>9 am</u> End Time: <u>6 pm</u> <u>9 am</u> <u>5 pm</u>	One Hour Interval: <u>hour</u> All Day: <u>100 p.p. hour most</u>
Date of Set-Up	<u>7 am</u> <u>10 pm</u>	
<u>Sept. 3</u>	Start Time:                      End Time:	
Date of Tear Down	<u>4 pm</u> <u>12 pm.</u>	
<u>Sept 6</u>	Start Time:                      End Time:	

**IV. FEES**

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>125-</u>
Per Day Park Rental Fee (Waived for non-profits)	\$500	<input type="checkbox"/>	<u>2000-</u>
Security Deposit	\$500	<input type="checkbox"/>	<u>pd</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	<u>120</u>
<b>TOTAL DUE</b>			<u>\$2245</u>
Additional Deposit Required		<input type="checkbox"/>	<u>pd</u>

**V. ORGANIZATION INFORMATION**

Applicant's Name: Y. Alee Masters Title: promoter

Mailing Address: PO. Box 2727 Hailey ID Zip Code: 83333

Street Address: 113 Treasure Lane City: Hailey State: ID 83333

Day Telephone: 208-726-3939 / 720-1146 <sup>w</sup> <sup>cell</sup> Evening Telephone: 208-788-9292

FAX Number: \_\_\_\_\_ E-Mail Address: haileyantiques@aol.com

Applicant Driver's License #: FA107843A Idaho

Sponsoring Organization: \_\_\_\_\_

Non-Profit: Yes  No  Tax Exempt #: \_\_\_\_\_

Federal Tax #: \_\_\_\_\_ State Tax #: 000 325 884-5

**VI. EVENT INFORMATION**

New Event: Yes \_\_\_\_\_ No  Annual Event: Yes  No \_\_\_\_\_ Years Operating 15

Event Category:  Commercial  Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): \_\_\_\_\_

Description of Event: Bi-Annual Antique Show & Sale

Additional Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. INSURANCE REQUIREMENTS**

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. *A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application.* The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: Farm Bureau Agent Name: Norman Funk

Address: 717 N. Main St. Bellevue Phone: 208-788-3529

**HOLD HARMLESS CLAUSE**

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

# SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	<b>Street Closures &amp; Access / Parade</b> Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	<b>Alcohol Served (Free of Charge) (name of provider)</b>
	X	<b>Street Closures &amp; Access /Parade</b> require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X		<b>Alcohol Sold</b> Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
#	X	<b>Canopies/Tents/Membranes/Temporary Structures</b> (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement	#		<b>Vendors items sold/ solicitation</b>  <i>Antiques</i>
X		<b>Medical Services</b> (Circle) First Aid and/or EMS Services  Who is providing services? <i>Self</i> <i>I took first aid class + kit + <del>cell phone</del></i>			
#	X	<b>Security</b> (detail who, number of officers, times. Attach plan)	#	X	<b>Booths:</b> <u>Profit</u> / Non-Profit <i>Also a few non profits given a booth</i>
	X	<b>Traffic Control / Shuttle Buses</b> (Number of buses / locations / hours of operation, attach plan.)		X	<b>Lighting plan:</b> attach plan
#		<b>Electricity / Generators</b> (Size _____) Attach detailed electrical plan.		X	<b>Activities / Entertainment (Agenda)</b> Other equipment or entertainment
			X		<b>Signs or Banners:</b> sign permit may be required by the City Planning and Zoning Department
X		<b>Water</b> <u>Drinking</u> / <u>Washing</u> (circle) <i>Fresh / People</i>		X	<b>Stages</b> (Number and Size(s) _____)
	X	<b>Gray Water Barrel / Grease Barrel</b> (circle/detail # and locations)	#	14	<b>Barricades.</b> How many <i>12 cones</i> identify locations and attach logistics map
X		<b>Sanitation -Trash bins, Dumpsters, Recycle</b> (circle/detail # and locations)	#		<b>EVENT estimated attendance</b> <i>1,200 to 1,500 total Most</i>
#	X	<b>Porta Toilets / Wash Stations</b> (Quantity ADA Regular _____)	#	4	Number of staff working event
4		<i>1 ADA</i>	#		Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: *Y. Alex Mat* Date: *12-31-08*



CERTIFICATE OF INSURANCE

IS1693

REINSTATEMENT NOTICE EFFECTIVE: 11/16/08

WESTERN COMMUNITY INSURANCE COMPANY P.O. BOX 4848  
POCATELLO IDAHO 83205 - 4848 ISSUES THIS CERTIFICATE AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THE INSURANCE  
AFFORDED IS SUBJECT TO ALL TERMS, EXCLUSIONS, AND CONDITIONS OF THE POLICIES.  
THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED NAME AND ADDRESS

CITY OF HAILEY

MARSTERS ALEE

115 S MAIN ST STE H  
HAILEY ID 83333

PO BOX 2727  
HAILEY ID 83333

POLICY NUMBER 8B071201 EFFECTIVE DATE 10/20/08 EXPIRATION DATE 10/20/09  
12:01 AM STANDARD TIME AT THE INSUREDS ADDRESS AS STATED HEREIN.

AGENT 704 FUNK NORMAN - AA 208-788-3529

TYPE OF INSURANCE	LIMITS OF LIABILITY
-------------------	---------------------

\*\*\*GENERAL LIABILITY OCCURRENCE BASIS\*\*\*

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS/COMPLETED OPERATIONS)	\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	INCLUDED
PERSONAL AND ADVERTISING INJURY LIMIT	\$1,000,000
EACH OCCURRENCE LIMIT	\$1,000,000
FIRE DAMAGE LIMIT	\$100,000 ANY ONE FIRE
MEDICAL EXPENSE LIMIT	\$5,000 ANY ONE PERSON

\*\*\* DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS \*\*\*

05820 ROBERTA MCKERCHER PK HAILEY ID

\*\*\* DESCRIPTION OF ELEMENT 23 ADDITIONAL INSURED \*\*\*

05820 00 CITY OF HAILEY

CG 20 11(01/96)

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE  
THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER  
NAMED ABOVE.

AUTHORIZED REPRESENTATIVE

11/18/08

DATE ISSUED







RECEIVED

DEC 16 2008

# SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: KIWANIS CAR SHOW

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1<sup>st</sup> Avenue between Walnut and Pine, 115 Main St. S.):

Public Property       Private Property

ROBERTA MCKENZIE PARK

### III. EVENT SCHEDULE

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. Please submit your modification requests in writing and attach to your application.

Date(s) of Event	Hours	Estimated # of Attendees
<u>8-8-09</u>	Start Time: <u>9:00 AM</u> End Time: <u>4:00 PM</u>	One Hour Interval: All Day:
	Start Time:                      End Time:	One Hour Interval: All Day: <u>2,000</u>
Date of Set-Up		
<u>8-8-09</u>	Start Time: <u>7:30 AM</u> End Time: <u>8:30 AM</u>	
Date of Tear Down		
<u>8-8-09</u>	Start Time: <u>4:00 PM</u> End Time: <u>5:00 PM</u>	

### IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>\$ 125.00</u>
Per Day Park Rental Fee (Waived for non-profits)	\$500	<input type="checkbox"/>	<u>(500.00)</u>
Security Deposit	\$500	<input checked="" type="checkbox"/>	<u>RETAINED BY CITY FROM 2008 EVENT</u> <u>Valley Motor Club</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	
<b>TOTAL DUE</b>			<u>\$ 125.00</u>
Additional Deposit Required		<input type="checkbox"/>	

### V. ORGANIZATION INFORMATION

KIWANIS OF HAILEY / VALLEY MOTOR CLUB INC

Applicant's Name: JIM SPINELLI / LOWELL THOMAS Title: MEMBER / PRESIDENT

Karen McNary President  
Mailing Address: P.O. Box 901 Hailey, ID Zip Code: 83833

Street Address: 309 S. MAIN City: Hailey State: ID

Day Telephone: 758-3484 758-1841 Evening Telephone: \_\_\_\_\_

FAX Number: 578-2256 E-Mail Address: LOWELLTHOMAS@HOTMAIL.COM

Applicant Driver's License #: FA12.5764F (LOWELL THOMAS)  
 Sponsoring Organization: KIOWANIS OF Hailey  
 Non-Profit:  Yes  No Tax Exempt #: C17091F  
 Federal Tax #: 01-0890748 State Tax #: \_\_\_\_\_

**VI. EVENT INFORMATION**

New Event: Yes \_\_\_\_\_ No  Annual Event: Yes  No \_\_\_\_\_ Years Operating 2  
 Event Category:  Commercial  Noncommercial  
 Estimate of Gross Ticket Sales & Revenues (commercial event only): N/A  
 Description of Event: 1 DAY CAR SHOW. PROFITS DONATED TO NEEDY ORGANIZATIONS IN THE COMMUNITY  
 Additional Details: SUCCESSFUL EVENT HELD THE PAST TWO YEARS

**VII. INSURANCE REQUIREMENTS**

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. *A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application.* The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: Safeco/American states Agent Name: Marty Miller - Bisnett Ins.  
 Address: PO Box 5567 Ketchum, ID 83340 Phone: (208) 726-8866

**HOLD HARMLESS CLAUSE**

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

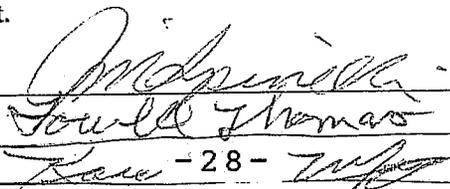
# SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	No	<b>Street Closures &amp; Access / Parade</b> Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.	YES		<b>Alcohol Served (Free of Charge)</b> (name of provider) WICKED SPUD
			YES		<b>Alcohol Sold</b> Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
	No	<b>Street Closures &amp; Access /Parade</b> require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	YES		<b>Food/Beverages</b> will be served (List Caterers): KIWANIS CLUB
# 5		<b>Canopies/Tents/Membranes/Temporary Structures</b> (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement	#		<b>Vendors</b> items sold/ solicitation
10x10			#	No	
	No	<b>Medical Services</b> (Circle) First Aid and/or EMS Services Who is providing services? _____			
#	No	<b>Security</b> (detail who, number of officers, times. Attach plan)	# 10		<b>Booths:</b> <del>Profit</del> Non-Profit
	No	<b>Traffic Control / Shuttle Buses</b> (Number of buses / locations / hours of operation, attach plan.)		No	<b>Lighting plan:</b> attach plan DAYLIGHT
# 2		<b>Electricity / Generators</b> (Size <u>20 AMP CIRCUITS</u> ) Attach detailed electrical plan. <u>AT PARK</u>	YES		<b>Activities / Entertainment</b> (Agenda) Other equipment or entertainment DJ 10:00 - 3:30
			YES		<b>Signs or Banners:</b> sign permit may be required by the City Planning and Zoning Department
		<b>Water Drinking / <u>Washing</u></b> (circle) <u>1 SELF CONTAINED SINK</u>		No	<b>Stages</b> (Number and Size(s) _____)
	No	<b>Gray Water Barrel / Grease Barrel</b> (circle /detail # and locations)	#		PRIVATE STREET IN FRONT OF NATIONAL BARRICADES. How many <u>GUARD BUILDING</u> identify locations and attach logistics map
6 TRASH CANS		<b>Sanitation</b> -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		<b>EVENT</b> estimated attendance 2,000
# 3		<b>Porta Toilets / Wash Stations</b> (Quantity ADA Regular)	# 10		Number of staff working event
		3      1      2	# 6		Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: \_\_\_\_\_

  
 David Thomas  
 Phone - 28 - 7177

Date: 12/16/08  
2/11/09  
2/11/09 5

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID #  
KIWAN-1

DATE (MM/DD/YYYY)  
02/12/09

**PRODUCER**  
Ketchum Branch  
Bisnett Insurance Inc.  
PO Box 5567  
Ketchum ID 83340  
Phone: 208-726-8866 Fax: 208-726-8491

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
  
Kiwamis Club of Hailey And  
The Wood River Valley  
PO Box 100  
Hailey ID 83333

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Safeco Insurance	24732
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADPT LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	01CI0862591	10/01/08	10/01/09	EACH OCCURRENCE \$ 1000000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1000000
					MED EXP (Any one person) \$ 10000
					PERSONAL & ADV INJURY \$ 1000000
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Clubs-Civic

Certificate Holder is included as Additional Insured.

## CERTIFICATE HOLDER

City of Hailey  
Trina Isaacs  
115 Main Street South  
Hailey ID 83333

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Marty Miller

