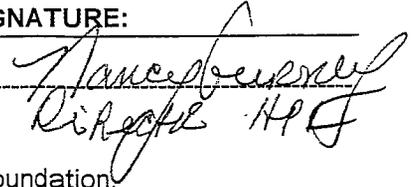


AGENDA ITEM SUMMARY

DATE: 05/14/2010

DEPARTMENT: Library

DEPT. HEAD SIGNATURE:



Nancy Beersley
Director H&J

SUBJECT

Motion to ratify grant application with the Helen K. and Arthur E. Johnson Foundation.

AUTHORITY: ID Code IAR _____ City Ordinance/Code _____

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS

Grant is for funds to add and upgrade shelving in the adult fiction area of library. If grant is denied the library will not upgrade existing shelving, but will try to add up to 3 additional double sided units.

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:

___ City Attorney ___ Clerk / Finance Director ___ Engineer ___ Mayor
___ P & Z Commission ___ Parks & Lands Board ___ Public Works ___ Other

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

FOLLOW UP NOTES:

HELEN K. AND ARTHUR F. JOHNSON
FOUNDATION

GRANT APPLICATION

Page 1 of 3

Organization *Hailey Public Library*

Address *7 West Croy St
Hailey, 13 83333*

Website *haileypubliclibrary.org*

Contact 1 *Nancy Gurney, Director
Phone: 208-788-2036
Email: hpkdir@haileypubliclibrary.org*

Requested Amount *\$4,000.00*

Description *update and add shelving for adult fiction*

Date of Application *5/12/2010*

Organization Budget *\$472,168.00*

Budget Year End Date *9/30/2010*

Program Budget *\$9,000.00*

of Full Time Employees *4*

of Part Time Employees *5*

of Volunteers *3*

of Unduplicated Clients *4568*

The history and background of your organization, its goals and objectives. *Hailey Public Library was established in 1919. In 1969 it was located in a part of what was then City Hall on West Carbonate Street. In October of 1994 the library moved into it's present location at 7 West Croy Street. Hailey Public Library's mission is to provide current high-interest materials and information in a variety of formats for citizens of all ages.*

HELEN K. AND ARTHUR E. JOHNSON
FOUNDATION

GRANT APPLICATION

Page 2 of 3

A description of your organization's programs and those they serve. *Hailey Public Library offers it's citizens fiction and nonfiction books, DVD's, audio books, music and popular magazine publications. The library serves the citizens of Hailey as well as county residents. Hailey Library has three story times a week for the young children, a summer reading program, a young adult book club, and adult book discussions. The library has a book discussion section in which multiple copies of selected books are made available for the many book discussion groups in our valley.*

A discussion of the relevance of your program to similar community programs and your collaborative efforts. *Hailey Public Library moved into it's current location 16 years ago. At that time we moved all the shelving from the old library into the current facility. We also used donated shelving for our collection. In order to accomodate the addition of new materials to the adult fiction area, supplemental shelving is needed. We would also like to upgrade the existing shelving to match with the new additions. Currently our shelves are so crowded that in order to add new material we need to continually weed our collection. Some weeding is always necessary, but our goal is to keep expanding our collection. Library usage continues to increase with the downturn in the economy and the growth of our community. Circulation figures show that in 06/07 budget year we circulated 47,227 items, in 08/09 budget year we circulated 71,563 items. In 06/07 budget year we added 3395 items and weeded 1088, in 08/09 budget year we added 3943 items and deleted 3667 items.*

The timetable for accomplishing your program's specific objectives. *We would like to see this project completed by January 2011.*

A realistic plan for the long-term funding needs for your program. *This is a one time expense.*

The method for evaluating the success of your program and your most recent results. *We would be able to evaluate our success through our annual report, which asks for figures regarding size of collection. We run reports showing how many items are added to our collection and how many are removed. We break down the size of each part of our collection and assess how each area has grown. In the fall of 2009 we were able to move our young children's and juvenile books to a different area in our library, which allowed us to expand these areas. We were also able to move our young adult area and create a more inviting atmosphere for that age group. We continue to work on utilizing our space efficently and create a pleasant enviornment for all citizens.*

A list of other funding agencies receiving a similar proposal. *The library will be using funds from our budget, specifically the line item for capital outlay-equipment and also requesting funds from our Friends Oraganization.*

AGENDA ITEM SUMMARY

DATE: 5/24/2010 **DEPARTMENT:** Administration **DEPT. HEAD SIGNATURE:** HD

SUBJECT

Motion to approve contract for city to provide grant-writing services to Wild Gift, a local non-profit, as a pilot contract to assess the value of revenue generation and collaboration against the effects of added work load on Hailey's grant-writing staff.

AUTHORITY: ID Code 50-1017 IAR _____ City Ordinance/Code _____

BACKGROUND:

We have structured a pilot program to contract a small grant writing project. Our Grant Administrator was solicited by a non-profit organization who was impressed with the city's grant success rate of nearly 60%. Our goal is to evaluate whether the city organization and constituents would benefit by collaborative efforts of this nature. We expect to gain:

- Further respect and invitations to collaborate on sustainability efforts or regional efforts.
- New ideas from other creative agencies.
- New sources of grant funding
- Revenue sufficient enough to cover grant writing time and replacement of the other work that employee would otherwise be doing (at least twice the cost of the employee)

The program is designed as a pilot to give us the opportunity to evaluate whether our expectations are realistic, and to allow for rate adjustments as necessary.

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Budget Line Item # _____ YTD Line Item Balance \$ _____

The Grant Administrator's former duties need to be filled with replacement hours. Hailey's Grant Program is in a space between being fully self-supporting and drawing from other fundamental work. The fiscal impact of this pilot program is intended to launch the grant program into being fully self-supporting, and provide revenue to replace fundamental work.

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:

___ City Attorney	___ Clerk / Finance Director	___ Engineer	___ Mayor
___ P & Z Commission	___ Parks & Lands Board	___ Public Works	___ Other

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Motion to approve contract for city to provide grant-writing services to Wild Gift, a local non-profit, as a pilot with approval contingent upon minor changes to the contract as approved by the city attorney and city administrator.

FOLLOW UP NOTES:

Draft 5/2010

**WILD GIFT INDEPENDENT CONTRACTOR
EMPLOYMENT AGREEMENT**

For
Wild Gift Fundraising

The Wild Gift Board hereby employs The City of Hailey, Idaho and their employee Tracy Anderson on a one-month (May 26 to June 30) trial basis to:

1) Write and secure grants from foundations, business, government and other organizations identified in the 'Wild Gift Grant Writing Spreadsheet' or known to Tracy. Starting with a 'highest priority' list that Wild Gift and Tracy identify that includes but is not limited to:

- a. Kaufmann Foundation
- b. Pepsi Refresh Project

2) After assessment of the trial period, the parties may extend the contract if both appreciate positive result at the outcome of the trial period. . Assessment means results of grant writing to prioritized organizations

3) Agreements, including compensation, are defined in this Employment Agreement.

This Employment Agreement is made and entered into **BETWEEN:**
Wild Fund, Inc DBA Wild Gift, an Idaho non-profit corporation organized under the Idaho Non-profit Corporation Act, its business address PO Box 3064, Sun Valley, ID 83353. 208-726-7475; E-mail: info@wildgift.org; Web: www.wildgift.org

And:

City of Hailey, Idaho

1. Starting and ending date of the Trial Contract Start Date: May 26, 2010

End Date: June 30, 2010

2. Job title and description

The Contractor's job title is: Grant Writer

Job Description: Write Letters of Inquiry (LOI) and Application to organizations identified in Wild Gift's March 2010 Grant Writing Spreadsheet. And continue to build this database by identifying other grant prospects that are a match for Wild Gift application, i.e. the organization and Wild Gift missions align and Wild Gift Program results would appeal to the funding goals of the organization. The search may be personal or occur through grant search programs like Foundation Center and Foundation Search.

Hours of Work: Tracy will estimate the hours of work, weekly, that she is able to devote to Wild Gift grant writing during the Contract period and coordinate with Bob Jonas to arrive at a not-to-exceed number of hours for compensation.

3. Specific Fundraising Goals:

a. Our highest priority for the Contract Period is to secure 2-4 'partnership grants' of \$25K or more from organizations or individuals. These grants constitute a match for the Morgan Family Foundation Grant of \$25K for 2010, already secured.

b. Meet our fiscal year (Sept 1, 2010 – August 31, 2011) fundraising goal of \$250K but recognizing that this contract is for a very limited period and may not achieve this long-term goal.

4. Future Goal

To secure an endowment whose investments and interest are sufficient to support Wild Gift's annual budget of \$250K on a five-year term. That's \$1,250,000.00 to secure Wild Gift's future.

5. Report:

Tracy Anderson will coordinate with Bob Jonas on a weekly basis to assess the progress of the grant writing/fund raising project and keep a record of all work accomplished toward the specific goals listed above. In the event that Bob is not available one of the following Wild Gift Board members may act in his behalf: Ted Angle Wild, Gift Board President, or Susan Scovell, Wild Gift Administrator and Board member.

6. Salary and Payment

A salary based on the hours logged by Tracy Anderson will be paid to the City of Hailey at the rate of \$75/hour at the end of the contract period by Wild Gift.

7. Applicable Law.

This Agreement shall be governed by and construed in accordance with the Laws of the State of Idaho

8. Notice

Wild Gift and the City of Hailey agree that reasonable notice of termination of the Contract by either party may occur at any time during the trial contract period. Upon the date of termination, the Contract provider (Wild Gift) will pay to the Contractor (City of Hailey) any outstanding monies due upon receipt of a final invoice approved by the Wild Gift Board. Notice will be given in writing and served by email.

9. Venue for Dispute Resolution

In the event of any dispute between the parties under this Agreement, the parties agree to mediate and then arbitrate disputes in Blaine County, Idaho.

I agree to the above terms and confirm that I have received a copy of this Employment Agreement

Heather Dawson, City Administrator - Contractor

Dated _____

For Wild Gift (the Contract Provider) Acting Executive Director, Bob Jonas

Dated _____

Record of Contractor Payments

Date:	Amount:	Check #
-------	---------	---------

Notes: 1)Acting ED Bob Jonas and WG Administrator Susan Scovell will also be engaged in fundraising and will coordinate their efforts with Tracy. It's understood that certain grantor questions relative to the Wild Gift organization, for example history and budget, will have to be answered by Bob.

2) It's further understood that this collaborative venture between the City of Hailey and Wild Gift is a new initiative for both parties. The City of Hailey seeks to provide additional funding for its grant writer position filled by Tracy Anderson and Wild Gift seeks a skilled grant writer who has a record of producing significant results (\$10K or more/grant application at a 35% success rate or more relative to the total number of grant applications submitted). The City does not recognize or promote the mission of Wild Gift in any way nor Wild Gift the City. The parties have entered into this contract to meet specific financial needs. However, they do jointly recognize the common goal of promoting community development that is sustainable and feel they can leverage each other's dedication in this respect through a collaborative effort to meet their respective funding needs.

AGENDA ITEM SUMMARY

DATE: 05/24/10 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for the Kiwanis Car Show special event. Event is scheduled to take place August 07, 2010.

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 ___XXP & Z Commission ___XXPolice _____
____ Streets ___XXPublic Works, Parks ___ Mayor _____

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

- Department Heads approved with the following contingencies:
- 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).
 - Applicant will be responsible for repair of any turf and/or sprinkler damage.
 - Any power requirements will need to be approved, maximum of 200 amps available.
 - Access to the RV dump is to remain open at all times.
 - Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
 - This special event is within the RGB zoning district. No provisions exist within the zoning code to address special events within this zoning district; however the Special Event standards address and mitigate neighborhood impacts.

FOLLOW-UP REMARKS:

*



SPECIAL EVENT PERMIT APPLICATION

RECEIVED
MAR 25 2010

I. EVENT NAME: KIWANIS CAR SHOW

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

Public Property Private Property
ROBERTA MCKERHER 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>AUG 7, 2010</u>	Start Time: <u>8:00 AM</u> End Time: <u>5:00 PM</u>	One Hour Interval: All Day: <u>2,000</u>
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
	Start Time: <u>8:00 AM</u> End Time: <u>5:00 PM</u>	
Date of Tear Down		
	Start Time: End Time:	

IV. FEES

Special Event Permit Application Fee	\$125	<input type="checkbox"/>	<u>125.00</u>
Per Day Park Rental Fee	\$200	<input type="checkbox"/>	<u>200.00</u>
Security Deposit	\$500	<input type="checkbox"/>	<u>ON FILE</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	<u>TAX EXEMPT</u>
TOTAL DUE			<u><u>325.00</u></u>
Additional Deposit Required		<input type="checkbox"/>	<u> </u>

V. ORGANIZATION INFORMATION

Applicant's Name: KIWANIS CLUB Title: LOWELL THOMAS MEMBER

Mailing Address: P.O. Box 901 Zip Code: 83333

Street Address: _____ City: _____ State: _____

Day Telephone: 720-7091 Evening Telephone: SAME

FAX Number: _____ E-Mail Address: _____

Applicant Driver's License #: FA 12376WF LOWELL THOMAS
Sponsoring Organization: KIWANIS OF HAILEY
Non-Profit: Yes No Tax Exempt #: C170919
Federal Tax #: 01-0890748 State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes _____ No X Annual Event: Yes X No _____ Years Operating 3

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 CHILDREN
IN NEED IN THE COMMUNITY

Additional Details:
SUCCESSFUL EVENT HELD THE PAST THREE 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: P.O. Box 5567 KETCHICAN, ID 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
		Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.	YES		Alcohol Served (Free of Charge) (name of provider) <i>WICKED SPOD</i>
	NO		YES		Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
	NO	Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	YES		Food/Beverages will be served (List Caterers): <i>KIWAHUIS CLUB</i>
#5 10x10		Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation
		Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____	#	NO	
#	NO	Security (detail who, number of officers, times. Attach plan)	#		Booths: Profit Non-Profit
	NO	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)		NO	Lighting plan: attach plan <i>DAY LIGHT</i>
#		Electricity / Generators (Size <i>20 AMP CIRCUITS</i>) Attach detailed electrical plan. <i>AT PARK</i>	YES		Activities / Entertainment (Agenda) Other equipment or entertainment <i>BAND 12:30 TO 3:30 DJ 10:00-3:30</i>
			YES		Signs or Banners: sign permit may be required by the City Planning and Zoning Department
		Water Drinking <input checked="" type="checkbox"/> Washing (circle) <i>1 SELF CONTAINED SINK</i>			Stages (Number and Size(s) _____)
	NO	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#		<i>PRIVATE STREET IN FRONT OF NATIONAL BARRICADES.</i> How many <i>GUARD BUILDING</i> identify locations and attach logistics map
<i>6 TRASH CANS</i>		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		EVENT estimated attendance
#		Porta Toilets / Wash Stations (Quantity ADA Regular)	#	10	Number of staff working event
<i>2</i>		<i>2 1 1</i>	#	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: *Lowell Thomas* Date: *3-24-10*

DECISION

Based on the Application for a Special Event Permit for the Kiwanis Car Show, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

- a. The Applicant shall comply with the terms, plans, covenants and provisions of the Application, as approved or as modified by the City of Hailey.
- b. The Applicant shall comply with all applicable local, state and federal laws, regulations and ordinances before, during and after the Special Event(s).
- c. The Applicant shall execute an agreement, relating to the reimbursement of expenses, indemnification and other provisions immediately upon the approval of the application for the Special Events Permit.
- d. In the event the Applicant fails to comply with all the conditions set forth herein, the City may revoke the Special Events Permit, in whole or in part.
- e. The Applicant shall maintain in full force and effect general liability coverage during the Special Event(s) in the amount of \$1,000,000, with the City of Hailey as an additional named insured.

Other Condition

- a. 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).
- b. Applicant will be responsible for repair of any turf and/or sprinkler damage.
- c. Any power requirements will need to be approved, maximum of 200 amps available.
- d. Access to the RV dump is to remain open at all times.
- e. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- f. This special event is within the RGB zoning district. No provisions exist within the zoning code to address special events within this zoning district; however the Special Event standards address and mitigate neighborhood impacts.

DATED this 24th day of May, 2010

CITY OF HAILEY

By: _____
Rick Davis, its Mayor

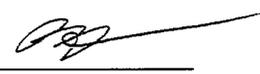
ATTEST:

Mary Cone, its City Clerk

CITY OF HAILEY ■ 115 MAIN ST. S., SUITE H ■ HAILEY, IDAHO 83333 ■ 788-4221

AGENDA ITEM SUMMARY

DATE: 05/24/2010 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Approval is requested for the Music n' Me Summer Music to be held at 305 Main St S (Wicked Spud), every Friday, 06/11/10-08/24/10, 6:00pm – 8:30pm and one Thursday, 06/03/10, 6:00pm – 8:30pm.

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 approve with the following comments:

- Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- This special event is within the Business (B) zoning district and Arts, Entertainment, and Recreation is a permitted use.

FOLLOW-UP REMARKS:

*

DECISION

Based on the Application for a Special Event Permit for the Music n' Me Summer Music, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

- a. The Applicant shall comply with the terms, plans, covenants and provisions of the Application, as approved or as modified by the City of Hailey.
- b. The Applicant shall comply with all applicable local, state and federal laws, regulations and ordinances before, during and after the Special Event(s).
- c. The Applicant shall execute an agreement, relating to the reimbursement of expenses, indemnification and other provisions immediately upon the approval of the application for the Special Events Permit.
- d. In the event the Applicant fails to comply with all the conditions set forth herein, the City may revoke the Special Events Permit, in whole or in part.

Other Conditions

- a. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- b. This special event is within the Business (B) zoning district and Arts and Entertainment, and Recreation is a permitted use.

DATED this 24th day of May, 2010.

CITY OF HAILEY

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, its City Clerk

CITY OF HAILEY ■ 115 MAIN ST. S., SUITE H ■ HAILEY, IDAHO 83333 ■ 788-4221



RECEIVED

MAY 03 2010

SPECIAL EVENT PERMIT APPLICATION

#5995

I. EVENT NAME: Music n Me Summer Music Vocals Injivum

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

Public Property Private Property

Wicked Spud - 305 Main St N

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.

June 3rd Kids Choral will perform @ Wicked Spud

Table with columns: Date(s) of Event, Hours, Estimated # of Attendees. Includes handwritten entries for dates and times.

IV. FEES

Special Event Permit Application Fee \$125
Per Day Park Rental Fee \$200
Security Deposit \$500
Tax (on park rental fees only) 6%
TOTAL DUE
Additional Deposit Required

V. ORGANIZATION INFORMATION

Applicant's Name: Mitzi Mechem Title: Owner
Mailing Address: 108 N. Main St Hailey ID Zip Code: 83333
Street Address: " City: State:
Day Telephone: 208-788-3348 Evening Telephone: 720-3917
FAX Number: E-Mail Address: notesmusic@msn.com

Applicant Driver's License #: 2M134298C
 Sponsoring Organization: Wicked Spud
 Non-Profit: Yes No Tax Exempt #: _____
 Federal Tax #: _____ State Tax #: 002960031-S

VI. EVENT INFORMATION

New Event: Yes _____ No X Annual Event: Yes X No _____ Years Operating 2

Event Category: Commercial Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): none

Description of Event:

Music by kids & local musicians on Tue, evening
Thursday June 3rd is kids carnival & we
 Additional Details: will do it that night instead of June 4th
to be in the spirit of kids carnival

VII. INSURANCE REQUIREMENTS

Wicked Spud Insurance

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: The Hartford Agent Name: _____

Address: _____ Phone: _____

same as last year

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.

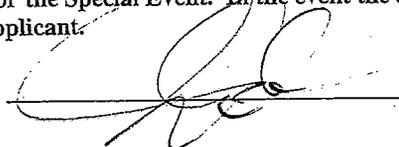
(Attach any additional pages as needed)

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) <i>Wicked Spud</i>
			X		Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13) <i>Wicked Spud</i>
	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):
#	X	Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation
	X	Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____			
#	X	Security (detail who, number of officers, times. Attach plan)	#	X	Booths: Profit / Non-Profit
	X	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)		X	Lighting plan: attach plan <i>none (over before dark)</i>
#	X	Electricity / Generators (Size _____) Attach detailed electrical plan.			Activities / Entertainment (Agenda) Other equipment or entertainment <i>Music only</i>
			X		Signs or Banners: sign permit may be required by the City Planning and Zoning Department
X		Water Drinking / Washing (circle) <i>Inside restrooms</i>		X	Stages (Number and Size(s)) <i>Built in at Spud</i>
X		Gray Water Barrel / Grease Barrel (circle /detail # and locations) <i>Inside</i>	#	X	Barricades. How many identify locations and attach logistics map
X		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		EVENT estimated attendance <i>50-65</i>
#		Porta Toilets / Wash Stations (Quantity ADA Regular)	#	3	Number of staff working event
2		<i>2 Inside restrooms</i>	#	9	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:  Date: 2/27/2010

AGENDA ITEM SUMMARY

DATE: 05/24/2010 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for the Holy Tomato! Plant Sale Special Event. To be held at 208 River Street North (North of Zaney's Coffee House) on 05/29/10.

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 have approved with the following comment.

- Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- This special event is within the Business (B) zoning district and Arts, Entertainment, and Recreation is a permitted use.

FOLLOW-UP REMARKS:

*

DECISION

Based on the Application for a Special Event Permit for the Holy Tomato! Plant Sale, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

- a. The Applicant shall comply with the terms, plans, covenants and provisions of the Application, as approved or as modified by the City of Hailey.
- b. The Applicant shall comply with all applicable local, state and federal laws, regulations and ordinances before, during and after the Special Event(s).
- c. The Applicant shall execute an agreement, relating to the reimbursement of expenses, indemnification and other provisions immediately upon the approval of the application for the Special Events Permit.
- d. In the event the Applicant fails to comply with all the conditions set forth herein, the City may revoke the Special Events Permit, in whole or in part.
- e. The Applicant shall maintain in full force and effect general liability coverage during the Special Event(s) in the amount of \$1,000,000, with the City of Hailey as an additional named insured.

Other Condition

- a. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- b. This special event is within the Business (B) zoning district and Arts, Entertainment, and Recreation is a permitted use.

DATED this 24th day of May, 2010.

CITY OF HAILEY

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, its City Clerk

CITY OF HAILEY ■ 115 MAIN ST. S., SUITE H ■ HAILEY, IDAHO 83333 ■ 788-4221



RECEIVED

APR 30 2010

SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Holy Tomato! Plant Sale #1020

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

Public Property Private Property

208 North River Street

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
5/29/10	Start Time: 9:00 am End Time: 2:00 pm	One Hour Interval: All Day: 400
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
5/29	Start Time: 6:00 am End Time: 9:00 am	
Date of Tear Down		
5/30	Start Time: End Time:	

IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>125</u>
Per Day Park Rental Fee	\$200	<input type="checkbox"/>	_____
Security Deposit	\$500	<input type="checkbox"/>	<u>on file from 07</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	_____
TOTAL DUE			<u>125</u>
Additional Deposit Required		<input type="checkbox"/>	_____

V. ORGANIZATION INFORMATION

Applicant's Name: Judd McMahan Title: Owner

Mailing Address: 26 Townsend Gulch Rd Zip Code: 83313

Street Address: same City: Bellevue State: ID

Day Telephone: (208) 450-9167 Evening Telephone: (208) 578-5243

FAX Number: call first E-Mail Address: woodriversorganics@gmail.com

Applicant Driver's License #: Idaho FA110663J
Sponsoring Organization: Wood River Organics
Non-Profit: Yes No Tax Exempt #: _____
Federal Tax #: 25-1910846 State Tax #: 002841762-5

VI. EVENT INFORMATION

New Event: Yes _____ No Annual Event: Yes No _____ Years Operating 6

Event Category: Commercial Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): \$17,000

Description of Event:
Locally grown plant starts and potted plants

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: Obenchain Insurance Agent Name: Sandra Sullivan

Address: 102 N. Main, Hailey Phone: 788-7488

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
	✓	Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		✓	Alcohol Served (Free of Charge) (name of provider)
				✓	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
	✓	Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods		✓	Food/Beverages will be served (List Caterers):
# 2		Canopies/Tents/Membranes/Temporary Structures (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement 10'x10'	# 1		Vendors items sold/ solicitation <i>Wood River Organics - Plant Starts</i>
	✓	Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____			
#	✓	Security (detail who, number of officers, times. Attach plan)	# 1		Booths: <u>Profit</u> / Non-Profit
	✓	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)		✓	Lighting plan: attach plan
#	✓	Electricity / Generators (Size _____) Attach detailed electrical plan.		✓	Activities / Entertainment (Agenda) Other equipment or entertainment
			✓		Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	✓	Water Drinking / Washing (circle)		✓	Stages (Number and Size(s) _____)
	✓	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	✓	Barricades. How many identify locations and attach logistics map
@ Entrance @ registers		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	# 400		EVENT estimated attendance
#	✓	Porta Toilets / Wash Stations (Quantity ADA Regular _____)	# 5		Number of staff working event
			# 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.

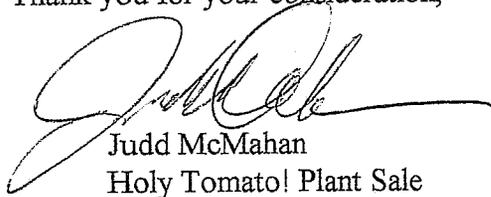
Event Organizer's Signature: _____

Date: 4/26/10

To whom it may concern,

We are requesting to temporarily post signs on Main Street on the day of the plant sale: May 29, 2010. As in years past, we are asking for your permission to display two signs directing people to our event. Each sign will be constructed out of paperboard and will not exceed six square feet of display space. These signs will be removed after the event, during tear-down.

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Judd McMahan", with a long horizontal flourish extending to the right.

Judd McMahan
Holy Tomato! Plant Sale
Wood River Organics
20 Townsend Gulch Rd
Bellevue, ID 83313

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID TM
WRORG-1

DATE (MM/DD/YYYY)
04/27/10

PRODUCER Obenchain Insurance/Hailey P.O. Box 269 Twin Falls ID 83301 Phone: 208-733-1076 Fax: 208-733-1093	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 Wood River Organics LLC Judd McMahan 26 Townsend Gulch Rd. Bellevue ID 83313	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Agribusiness</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Agribusiness		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Travelers Agribusiness													
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 ADD'L 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 CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	7002119N254TIA10	01/15/10	01/15/11	EACH OCCURRENCE \$ 1000000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000
					MED EXP (Any one person) \$ 5000
					PERSONAL & ADV INJURY \$ excld
					GENERAL AGGREGATE \$ 2000000
					PRODUCTS - COMP/OP AGG \$ 2000000
					GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>
	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 STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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
 Plant sale at location of 208 N River St Hailey, Id on May 29th

CERTIFICATE HOLDER

CITYH-1

City of Hailey
 P. O. Box 945
 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 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
 Sandra J. Sullivan, CIC

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

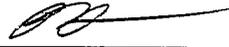
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

AGENDA ITEM SUMMARY

DATE: 05/24/2010 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for The Sun Valley Center for the Arts – Fandango Special Event at 314 Second Ave S to be held on 06/18/2010, 7:00PM-9:30PM.

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

Note: Applicant received all neighbor's signature approval for the event.

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	<u>XX</u> Engineer	<u>XX</u> Building
_____ Library	<u>XX</u> Planning	<u>XX</u> Fire Dept.	_____
_____ Safety Committee	_____ P & Z Commission	<u>XX</u> Police	_____
_____ Streets	<u>XX</u> Public Works, Parks	_____ Mayor	_____

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department heads have approved and submitted the following recommendations:

- Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- This special event is within the Business (B) zoning district and Arts, Entertainment, and Recreation is a permitted use.

FOLLOW-UP REMARKS:

*

DECISION

Based on the Application for a Special Event Permit for the SV Center Fandango, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

- a. The Applicant shall comply with the terms, plans, covenants and provisions of the Application, as approved or as modified by the City of Hailey.
- b. The Applicant shall comply with all applicable local, state and federal laws, regulations and ordinances before, during and after the Special Event(s).
- c. The Applicant shall execute an agreement, relating to the reimbursement of expenses, indemnification and other provisions immediately upon the approval of the application for the Special Events Permit.
- d. In the event the Applicant fails to comply with all the conditions set forth herein, the City may revoke the Special Events Permit, in whole or in part.
- e. The Applicant shall maintain in full force and effect general liability coverage during the Special Event(s) in the amount of \$1,000,000, with the City of Hailey as an additional named insured.

Other Condition

- a. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- b. This special event is within the Business (B) zoning district and Arts, Entertainment, and Recreation is a permitted use.

DATED this 24th day of May, 2010.

CITY OF HAILEY

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, its City Clerk

CITY OF HAILEY ■ 115 MAIN ST. S., SUITE H ■ HAILEY, IDAHO 83333 ■ 788-4221

MAR 22 2010



SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Fandango Concert + Picnic (Sun Valley Center for the Arts)

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

Public Property Private Property

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
June 18 th , 2010	Start Time: <u>7pm</u> End Time: <u>9:30 pm</u>	One Hour Interval: All Day: <u>500 per hr.</u>
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
June 18 th , 2010	Start Time: <u>8am</u> End Time: <u>10pm</u>	
Date of Tear Down	Start Time: End Time:	

IV. FEES

Special Event Permit Application Fee \$125 \$125
 Per Day Park Rental Fee \$200
 Security Deposit \$500
 Tax (on park rental fees only) 6% tax exempt
TOTAL DUE \$125
 Additional Deposit Required

V. ORGANIZATION INFORMATION

Applicant's Name: Matt Connor (SVCA) Title: Art + Event Logistics
 Mailing Address: PO Box 656, Sun Valley ID Zip Code: 83353
 Street Address: 191 5th Street E City: Ketchum State: ID
 Day Telephone: 208-720-7104 Evening Telephone: —
 FAX Number: 208-726-2344 E-Mail Address: mconnor@sunvalleycenter.org

Applicant Driver's License #: _____
 Sponsoring Organization: Sun Valley Center for the Arts + C.S.I.
 Non-Profit: Yes No Tax Exempt #: _____
 Federal Tax #: 23-7113876 State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes _____ No Annual Event: Yes No _____ Years Operating 4

Event Category: Commercial Noncommercial

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

Description of Event:
Music, Food, Beverages on the lawn of our Hailey location - Picnic style setting. We block off the street in front of the house (2nd street, between Walnut + Pine).

Additional Details:
This is not a Rock Concert, in fact it is rather tame. I will make sure to inform the neighbors of our event. The Art Center will be serving beer and wine. I am currently in the process of obtaining a permit. If you have any questions please feel free to call me @ 720-7104 matt connor

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: Sateco Policy # 01-54-323034-50 Agent Name: _____
 Address: _____ Phone: _____

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.

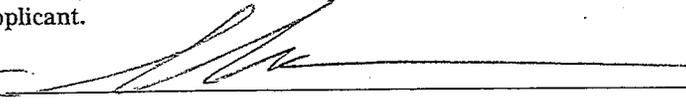
(Attach any additional pages as needed)

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
✓		Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.	✓		Alcohol Served (Free of Charge) (name of provider) Sun Valley Center for Arts
		Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	✓		Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
#	✓	Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation
✓		Medical Services (Circle) First Aid and/or EMS Services Who is providing services? <u>HFD</u>	#		
#	✓	Security (detail who, number of officers, times. Attach plan)	#		Booths: Profit / Non-Profit
		Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)			Lighting plan: attach plan
#		Electricity / Generators (Size _____) Attach detailed electrical plan.	✓		Activities / Entertainment (Agenda) Other equipment or entertainment
					Signs or Banners: sign permit may be required by the City Planning and Zoning Department
		Water Drinking / Washing (circle)	✓		Stages (Number and Size(s) _____)
		Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	2	Barricades: How many identify locations and attach logistics map
		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	500	EVENT estimated attendance
#	✓	Porta Toilets / Wash Stations (Quantity ADA Regular)	#	10	Number of staff working event
		6 1 5	#	10	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:  Date: 3-10-2010

Sun Valley Center for the Arts June 18th Special Event Permit

Parking Control Plan:

Guests and Residents will be encouraged to ride their bike and/or walk to the event.

Street parking will be available on East Pine and East Walnut, which are mostly residential blocks.

Additional parking is available at Hailey Elementary School. Mr. Tom Bailey has given approval on this.

The Event will start at 7:00pm and be over at 9:00pm.

Traffic Control Plan:

We will be blocking off 2nd Ave. S. between E. Walnut and E. Pine using street closed signs mounted on barriers (supplied by Road Works Ahead, MUTCD) from approximately 5:30pm to 9:30pm the night of June 18th (see attached map). The immediate neighbors will be notified about the event and the street closure by mail two weeks prior to the event.

Security Plan:

Security will be handled by Sun Valley Center for the Arts Staff and two additional security guards from Intermountain Security. The perimeter around the event will be fenced off.

Alcohol Served:

Sun Valley Center for the Arts will secure a permit for serving alcohol. Beer and Wine will be served to those 21 and older.

Activities/ Entertainment:

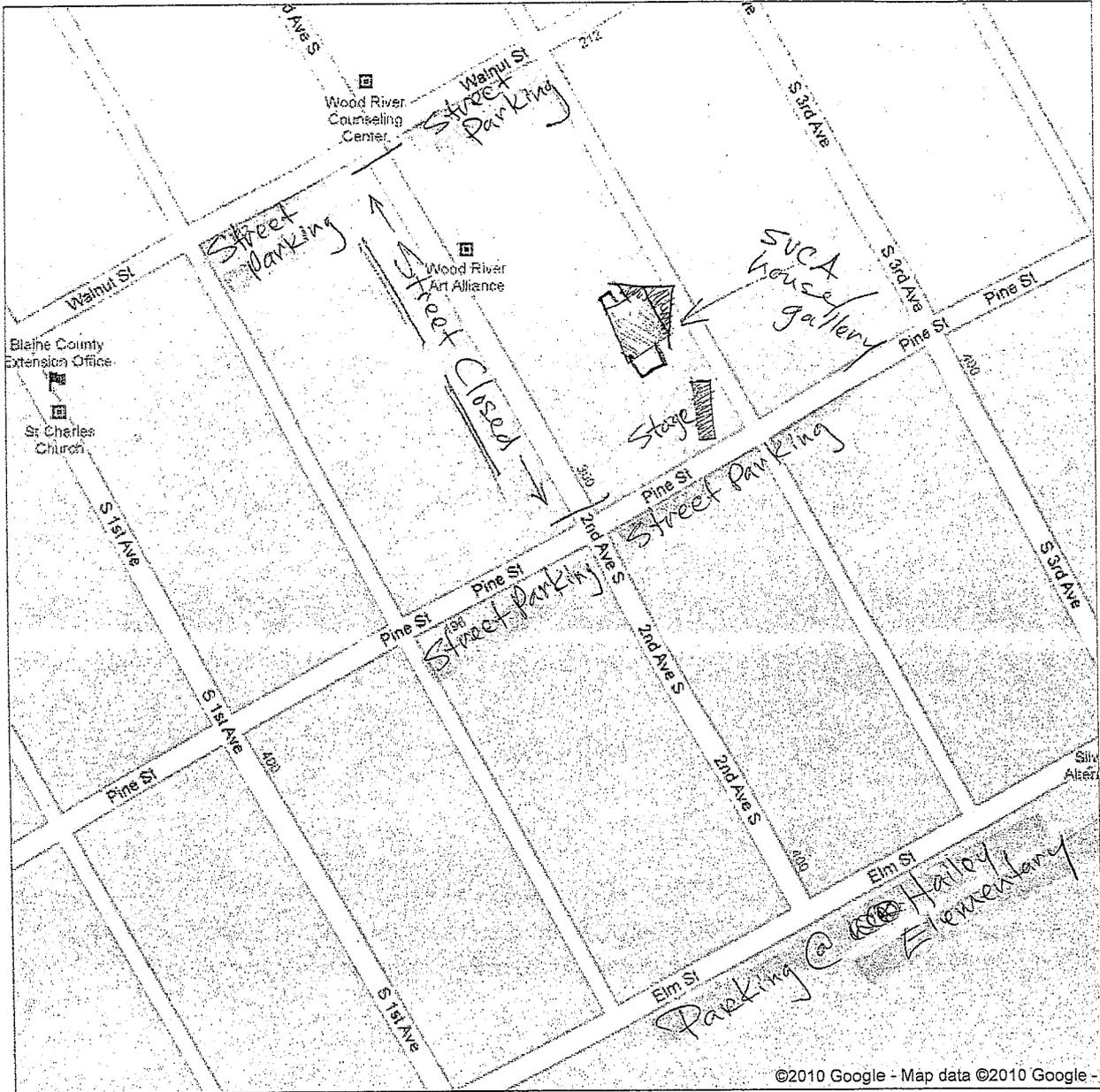
The band Jose Conde will play music between 7pm and 9pm on our 20'x20' stage set up in the yard at the Art Center, Hailey (McKercher House). There will be food served from a Taco Truck in the closed off street in front of the house and SVCA will serve beer and wine. This street area in front of the house will be secured by fencing.

Canopies and Tents:

There will be a 20'x20' tent (canopy, with no walls) covering the stage, in addition to a 10'x10' canopy for sound equipment.

Google maps Address Hailey, ID

Get Google Maps on your phone
Text the word "GMAPS" to 466453



©2010 Google - Map data ©2010 Google -

RECEIVED

APR 16 2010

Dear Neighbors,

The Sun Valley Center for the Arts is planning its second annual Fandango on Friday, June 18th from 7:00 to 9:30 PM at our Center in Hailey at 314 2nd Ave. We are requesting that Second Ave. between Walnut and Pine be closed to traffic that evening from 6:00 to 10:00 PM on June 20th. If you live on Second Ave. between Walnut and Pine you will be able to get to your house but through traffic would be diverted. There will be live music, food and drinks (beer and wine) at the event. The event is in association with College of Southern Idaho's Summer Spanish Institute and we expect between 300 to 500 people. Parking has been arranged with Hailey Elementary School and we expect many people to walk or bike to the event.

All neighbors will be given two free tickets to this event.

Please sign below to indicate that you understand that we will be putting on the event and are okay with Sun Valley Center for the Arts presenting Fandango in Hailey.

Name	Signature	Address
Linda Chambers	Linda Chambers	206 E Walnut Ave
Luzia Gomez	Luzia Gomez	308 2nd Ave
Steve & Trish Smith	Trish Smith	313 So 2nd Ave
Ermo Aguayo	Ermo Aguayo	119 E. PINE ST.



CERTIFICATE OF LIABILITY INSURANCE

OP ID MMS
SVCEN-1

DATE (MM/DD/YYYY)

04/06/10

PRODUCER

Premier Insurance
P.O. Box 6
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.

INSURED

Sun Valley Center for the Arts
and Humanities
P.O. Box 656
Sun Valley ID 83353

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A Idaho State Insurance Fund
INSURER B American States
INSURER C Ace USA Insurance Company
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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	01CE9185278	10/01/09	10/01/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01CE9185278	10/01/09	10/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	01SU32303480	10/01/09	10/01/10	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	580813	01/01/10	01/01/11	WC STATUTORY LIMITS DTP-ER E.L. EACH ACCIDENT \$ 500000 E.L. DISEASE - EA EMPLOYEE \$ 500000 E.L. DISEASE - POLICY LIMIT \$ 500000
C	Equipment Floater	IMCI20150154	10/01/09	10/01/10	
B	Property Section	01CE9185278	10/01/09	10/01/10	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Certificate holder is Additional Insured in regards to how their interest may appear.

CERTIFICATE HOLDER

City of Hailey
City Hall
Fax# 208-788-2924
P.O. Box 945
Hailey ID 83333

CITYOFH

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

