

AGENDA ITEM SUMMARY

DATE: 07/27/2009 **DEPARTMENT:** Finance & Records **DEPT. HEAD SIGNATURE:** Mary Cone

SUBJECT

Friedman Memorial Airport grant acceptance for AIP Project No. 3-16-0016-034. This grant was approved by council in the June 8, 2009 meeting via Resolution 2009-09.

AUTHORITY: ID Code IAR _____ City Ordinance/Code _____

BACKGROUND:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

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

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 acceptance and authorize the Mayor and City Attorney to sign.

FOLLOW UP NOTES:



FRIEDMAN MEMORIAL AIRPORT

P.O. BOX 929 HAILEY, IDAHO 83333 • 208.788.4956 • FAX 208.788.9852 • friedmanairport.com

RECEIVED

JUL 20 2009

MHC

July 21, 2009

Mr. Ned C. Williamson, Esq.
City of Hailey
115 Main St. S., Ste. H.
Hailey, ID 83333

Re: Grant Offer for Friedman Memorial Airport
AIP Project No. 3-16-0016-034

Dear Mr. Williamson:

The Airport is in receipt of the FAA Grant Offer for the above referenced project. To facilitate the grant acceptance process, I have enclosed:

1. A copy of correspondence dated July 9, 2009 addressed to the Airport Manager from Ms. Carol Suomi, Manager, FAA Seattle Airports District Office. Enclosed with this correspondence is a copy of the entire Grant Agreement for your review.
2. Three original signature pages (6 of 7 of the Grant Agreement)
3. A copy of City of Hailey Resolution 2009-09.

Please review the enclosed documents, complete the City's portion of the acceptance process and return all three signature pages to our office. I am providing the County with the same information and their original signature pages. Once I have both organization's signature pages, I will reinsert them into the original Grant Agreement and provide both the City and the County with a complete copy for use and files.

Should you have any questions, or if you need additional information, please contact our office at your earliest convenience.

Sincerely,

Lisa N. Emerick
Contracts/Finance Administrator

Enclosures

c: Barry J. Luboviski, Esq.

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U.S. Department
of Transportation
**Federal Aviation
Administration**

Federal Aviation Administration
Northwest Mountain Region

Seattle Airports District Office
1601 Lind Avenue, S.W., Suite 250
Renton, Washington 98057-3356

July 9, 2009

Friedman Memorial Airport
FILE ORIGINAL / COPY

Mr. Rick Baird
Airport Manager
Friedman Memorial Airport
P.O. Box 929
Hailey, Idaho 83333

Received: JUL 14 2009

C: RB

Dear Mr. Baird:

Grant Offer for
Friedman Memorial Airport; Hailey, Idaho
AIP Project Number 3-16-0016-034

Enclosed are three copies of the subject grant offer. Please note that:

- a. The grant offer must be accepted by each cosponsor on or before August 9, 2009.
- b. The grant offer must be accepted by an official authorized by the governing agencies to do so.
- c. The "Certification of Sponsor's Attorney" relates to the acceptance and, therefore, must be made **after** the Sponsor's acceptance.
- d. After execution is completed, please return an executed copy of the grant agreement to this office by mail.

All applicable project-related requirements pertaining to environmental analysis and approval for this grant have been met in accordance with the guidelines contained in FAA Order 5050.4B, Airport Environmental Handbook.

If you have any questions in regard to acceptance of the grant offer, please contact your project manager.

Sincerely,

Carol Suomi
Manager, Seattle Airports District Office

Enclosures

cc: Idaho Department of Transportation, Aeronautics Division

Grant Agreement
Part 1 - Offer

Date of Offer: July 9, 2009

Friedman Memorial Airport
Hailey, Idaho

Project Number: 3-16-0016-034

Contract Number: DOT-FA09NM-0153

To: The City of Hailey, Idaho and the County of Blaine, Idaho (herein called the "Sponsor")

From: The United States of America (acting through the Federal Aviation Administration, herein called the "FAA")

WHEREAS, the Sponsor has submitted to the FAA a Project Application dated May 21, 2009, for a grant of Federal funds for a project at or associated with the Friedman Memorial Airport which Project Application, as approved by the FAA, is hereby incorporated herein and made a part hereof; and

WHEREAS, the FAA has approved a project for the Airport (herein called the "Project") consisting of the following:

Acquire snow removal equipment (SRE) (broom and plow) (Phase 2); Rehabilitate apron (Phase 1), design only; Rehabilitate parallel taxiway (Phase 1), design only; Rehabilitate taxilanes (Phase 1), design only;

all as more particularly described in the Project Application.

NOW THEREFORE, pursuant to and for the purpose of carrying out the provisions of Title 49, United States Code, and in consideration of (a) the Sponsor's adoption and ratification of the representations and assurances contained in said Project Application and its acceptance of this Offer as hereinafter provided, and (b) the benefits to accrue to the United States and the public from the accomplishment of the Project and compliance with the assurances and conditions as herein provided, THE FEDERAL AVIATION ADMINISTRATION, FOR AND ON BEHALF OF THE UNITED STATES, HEREBY OFFERS AND AGREES to pay, as the United States share of the allowable costs incurred in accomplishing the Project, ninety-five (95) percentum of all allowable Project costs.

This Offer is made on and subject to the following terms and conditions:

Conditions

1. The maximum obligation of the United States payable under this Offer shall be \$266,000.00. For the purposes of any future grant amendments which may increase the foregoing maximum obligation of the United States under the provisions of Section 47108(b) of the Act, the following amounts are being specified for this purpose:

\$	0.00	for planning
\$266,000.00		for airport development or noise program implementation
2. The allowable costs of the project shall not include any costs determined by the FAA to be ineligible for consideration as to allowability under the provisions of the Act.
3. Payment of the United States' share of the allowable project costs will be made pursuant to and in accordance with the provisions of such regulations and procedures as the Secretary shall prescribe. Final determination of the United States' share will be based upon the final audit of the total amount of allowable project costs and settlement will be made for any upward or downward adjustments to the Federal share of costs.
4. The Sponsor shall carry out and complete the Project without undue delays and in accordance with the terms hereof, and such regulations and procedures as the Secretary shall prescribe, and agrees to comply with the assurances which were made part of the project application.
5. The FAA reserves the right to amend or withdraw this Offer at any time prior to its acceptance by the Sponsor.
6. This Offer shall expire and the United States shall not be obligated to pay any part of the costs of the project unless this Offer has been accepted by the Sponsor on or before August 9, 2009, or such subsequent date as may be prescribed in writing by the FAA.
7. The Sponsor shall take all steps, including litigation if necessary, to recover Federal funds spent fraudulently, wastefully, or in violation of Federal antitrust statutes, or misused in any other manner in any project upon which Federal funds have been expended. For the purposes of this grant agreement the term "Federal funds" means funds however used or disbursed by the Sponsor that were originally paid pursuant to this or any other Federal grant agreement. It shall obtain the approval of the Secretary as to any determination of the amount of the Federal share of such funds. It shall return the recovered Federal share, including funds recovered by settlement, order, or judgment to the Secretary. It shall furnish upon request, all documents and records pertaining to the

determination of the amount of the Federal share or to any settlement, litigation, negotiation, or other efforts taken to recover such funds. All settlements or other final positions of the Sponsor, in court or otherwise, involving the recovery of such Federal share shall be approved in advance by the Secretary.

8. The United States shall not be responsible or liable for damage to property or injury to persons which may arise from, or be incident to, compliance with this grant agreement.

9. Trafficking in persons:

a. **Provisions applicable to a recipient that is a private entity.**

1. You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not –

- i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
- ii. Procure a commercial sex act during the period of time that the award is in effect; or
- iii. Use forced labor in the performance of the award or subawards under the award.

2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –

- i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
- ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either ---

A. Associated with performance under this award; or

B. Imputed to your or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 49 CFR Part 29.

b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity –

1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either –

- i. Associated with performance under this award; or
- ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 49 CFR Part 29.

c. Provisions applicable to any recipient.

1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.
2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
 - i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104 (g)), and
 - ii. Is in addition to all other remedies for noncompliance that are available to us under this award.
3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

d. Definitions. For purposes of this award term:

1. "Employee" means either:
 - i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
3. "Private entity":
 - i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
 - ii. Includes:
 - A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
 - B. A for-profit organization.
4. "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102).

Special Conditions

10. It is mutually understood and agreed that if, during the life of the project, the FAA determines that the maximum grant obligation of the United States exceeds the expected needs of the Sponsor the maximum obligation of the United States can be unilaterally reduced by letter from the FAA advising of the budget change. Conversely, if there is an overrun in the total actual eligible and allowable project costs, FAA may increase the maximum grant obligation of the United States to cover the amount of the overrun not to exceed the statutory percent limitation and will advise the Sponsor by letter of the increase. It is further understood and agreed that if, during the life of the project, the FAA determines that a change in the grant description is advantageous and in the best interests of the United States, the change in grant description will be unilaterally amended by letter from the FAA. Upon issuance of the aforementioned letter, either the grant obligation of the United States is adjusted to the amount specified or the grant description is amended to the description specified.

11. Unless otherwise approved by the FAA, the Sponsor will not acquire or permit any contractor or subcontractor to acquire any steel or manufactured products produced outside the United States to be used for any project for airport development or noise compatibility for which funds are provided under this grant. The Sponsor will include in every contract a provision implementing this special condition.
12. It is understood and agreed that the City of Hailey, Idaho and the County of Blaine, Idaho authorized the execution of the Application for Federal Assistance and Standard DOT Title VI Assurances both dated May 21, 2009, on their behalf by Tom Bowman, Vice Chair, Airport Authority, and that they jointly and severally adopted and ratified the representations and assurances contained therein; and that the word "Sponsor" as used in the project application and other assurances is deemed to include the City of Hailey, Idaho and the County of Blaine, Idaho.
13. The Sponsor agrees to request cash drawdowns on the letter of credit only when actually needed for its disbursements and to timely reporting of such disbursements as required. It is understood that failure to adhere to this provision may cause the letter of credit to be revoked.

The Sponsor's acceptance of this Offer and ratification and adoption of the Project Application incorporated herein shall be evidenced by execution of this instrument by the Sponsor, as hereinafter provided, and this Offer and Acceptance shall comprise a Grant Agreement, as provided by the Act constituting the contractual obligations and rights of the United States and the Sponsor with respect to the accomplishment of the Project and compliance with the assurances and conditions as provided herein. Such Grant Agreement shall become effective upon the Sponsor's acceptance of this Offer.

UNITED STATES OF AMERICA
FEDERAL AVIATION ADMINISTRATION

By Carol Suomi
Carol Suomi, Manager, Seattle Airports District Office

Part II - Acceptance

The Sponsor does hereby ratify and adopt all assurances, statements, representations, warranties, covenants, and agreements contained in the Project Application and incorporated materials referred to in the foregoing Offer and does hereby accept this Offer and by such acceptance agrees to comply with all of the terms and conditions in this Offer and in the Project Application.

Executed this day of, 2009.
City of Hailey, Idaho

(SEAL)

By
Sponsor's Designated Official Representative
Title:

Attest:
Title:

CERTIFICATE OF SPONSOR'S ATTORNEY

I,, acting as Attorney for the Sponsor do hereby certify:

That in my opinion the Sponsor is empowered to enter into the foregoing Grant Agreement under the laws of the State of Idaho. Further, I have examined the foregoing Grant Agreement and the actions taken by said Sponsor and Sponsor's official representative has been duly authorized and that the execution thereof is in all respects due and proper and in accordance with the laws of the said State and the Act. In addition, for grants involving projects to be carried out on property not owned by the Sponsor, there are no legal impediments that will prevent full performance by the Sponsor. Further, it is my opinion that the said Grant Agreement constitutes a legal and binding obligation of the Sponsor in accordance with the terms thereof.

Dated at this day of, 2009.

.....
Signature of Sponsor's Attorney

Part II - Acceptance

The Sponsor does hereby ratify and accept all assurances, statements, representations, warranties, covenants, and agreements contained in the Project Application and incorporated materials referred to in the foregoing Offer and does hereby accept this Offer and by such acceptance agrees to comply with all of the terms and conditions in this Offer and in the Project Application.

Executed this day of, 2008.

County of Blaine, Idaho

(SEAL)

By.....

Sponsor's Designated Official Representative

Title:.....

Attest:.....

Title:.....

CERTIFICATE OF SPONSOR'S ATTORNEY

I,, acting as Attorney for the Sponsor do hereby certify:

That in my opinion the Sponsor is empowered to enter into the foregoing Grant Agreement under the laws of the State of Idaho. Further, I have examined the foregoing Grant Agreement and the actions taken by said Sponsor relating thereto, and find that the acceptance thereof by said Sponsor and Sponsor's official representative has been duly authorized and that the execution thereof is in all respects due and proper and in accordance with the laws of the said State and Title 49, U.S.C., Subtitle VII, Part B. In addition, for grants involving projects to be carried out on property not owned by the Sponsor, there are no legal impediments that will prevent full performance by the Sponsor. Further, it is my opinion that the said Grant Agreement constitutes a legal and binding obligation of the Sponsor in accordance with the terms thereof.

Dated at this day of, 2008.

.....
Signature of Sponsor's Attorney

copy

JUL 16 2009

FRIEDMAN MEMORIAL AIRPORT

CITY OF HAILEY RESOLUTION NO. 2009-09
BEFORE THE CITY COUNCIL OF HAILEY, IDAHO

A RESOLUTION OF THE CITY OF HAILEY, AS CO-SPONSOR OF THE FRIEDMAN MEMORIAL AIRPORT, AUTHORIZING THE EXECUTION OF THE APPLICATION FOR FEDERAL ASSISTANCE DATED MAY 21, 2009, AND THE STANDARD DOT TITLE VI ASSURANCES DATED MAY 21, 2009, AND ADOPTING AND RATIFYING THE REPRESENTATIONS AND ASSURANCES CONTAINED THEREIN, AND FURTHER AUTHORIZING THE MAYOR OF THE CITY OF HAILEY TO RATIFY, ACCEPT AND EXECUTE THE GRANT OF FEDERAL FUNDS FOR A PROJECT AT, OR ASSOCIATED WITH, THE FRIEDMAN MEMORIAL AIRPORT (AIP-34).

WHEREAS, the City of Hailey, along with the County of Blaine, Idaho, as Sponsors of the Friedman Memorial Airport, have submitted a Project Application dated May 21, 2009 to the Federal Aviation Administration, U.S. Department of Transportation, for a grant of Federal funds for a project at, or associated with, the Friedman Memorial Airport, which Project Application has been approved by the FAA. Such project consists of snow removal equipment procurement and pavement rehabilitation of aprons, taxiways and taxilanes.

WHEREAS, the City Council hereby authorizes the execution of the Application for Federal Assistance dated May 21, 2009, and Standard DOT Title VI Assurances dated May 21, 2009, on its behalf, as Co-Sponsor of the Friedman Memorial Airport, along with Blaine County, Idaho, by Richard R. Baird, Airport Manager.

WHEREAS, the City Council hereby adopts and ratifies the representations and assurances contained in the Application for Federal Assistance, and the Standard DOT Title VI Assurances, both dated May 21, 2009.

WHEREAS, the City Council hereby authorizes the Mayor to ratify, accept and execute said Grant of Federal funds for the above-stated project, and as Co-Sponsor, further adopts and ratifies any terms and conditions of such Grant.

ADOPTED AND APPROVED this 04 day of June, 2009.



By Rick Davis
The Honorable Rick Davis
Mayor, City of Hailey

ATTEST:

Mary Cone
Mary Cone, City Clerk

AGENDA ITEM SUMMARY

DATE: 07/27/09 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Hailey Skate Show & Competition Special Event on 08/09/09, at the Skate Park.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code Chapter 12.14
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Caselle# _____
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)

<input type="checkbox"/> City Attorney	<input checked="" type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input checked="" type="checkbox"/> Building
<input type="checkbox"/> Library	<input checked="" type="checkbox"/> Planning	<input checked="" type="checkbox"/> Fire Dept.	
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Streets
<input checked="" type="checkbox"/> Public Works	<input type="checkbox"/> Parks	<input type="checkbox"/> Mayor	

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Special Event Heads approved and submitted recommendations. Recommendations/conditions are listed on the attached Decision document.

FOLLOW-UP REMARKS:



SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Hailey Skate Show and Competition #11437

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
Hailey Skate 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>8/9/09</u>	Start Time: <u>6:00 pm</u> End Time: <u>9:00 pm</u>	One Hour Interval: All Day:
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
	Start Time: End Time:	
Date of Tear Down		
	Start Time: End Time:	

IV. FEES

Special Event Permit Application Fee \$125 62⁵⁰

Per Day Park Rental Fee ~~\$500~~ 100⁰⁰
(Waived for non-profits) \$200

Security Deposit \$500 500⁰⁰

Tax (on park rental fees only) 6% _____

TOTAL DUE _____

Additional Deposit Required _____

V. ORGANIZATION INFORMATION

Applicant's Name: Kelly Nicholson / YAK Title: YAK! Coordinator

Mailing Address: 417 N Main Zip Code: 83333

Street Address: 417 N Main City: Hailey State: ID

Day Telephone: 727-8735 Cell Telephone: 816-935-5737
Evening Telephone:

FAX Number: 788-0968 E-Mail Address: nicholsk@slrnc.org

City of Hailey cosponsor 1/2 of fees.

Applicant Driver's License #: FA131176D
 Sponsoring Organization: St. Luke's YAK!
 Non-Profit: Yes No Tax Exempt #: yes
 Federal Tax #: 84-142-665 State Tax #: _____

VI. EVENT INFORMATION

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

Event Category: Commercial Noncommercial

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

Description of Event: The event will start with a skate show divided into beginner, intermediate and advanced. After warm up/slow the competition will start and be into 7-10, 11-14 and 15+ up levels. After event and during breaks the crowd will be able to see the new state plaza plans

Additional Details: This show currently has 56 Hailey youth signed up from ages 7-18. I am organizing this event so the youth have a very active role in designing and planning it. So far they have been GREAT!! Music may or may not be amplified. Helmet is required for participation.

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: ICamp w/ Waiver form at St Lukes 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
	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	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):
#		Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) <u>YAK</u>) City of Hailey Fire Department, Fire Code Enforcement <u>10x10 Hailey Park Foundation</u>	#		Vendors items sold/ solicitation
		Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____		X	
#	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
#	?	Dependent on band amp needs Electricity / Generators (Size _____) Attach detailed electrical plan.	?		Activities / Entertainment (Agenda) <u>Music</u> 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
1		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		EVENT estimated attendance <u>150</u>
#		Porta Toilets / Wash Stations (Quantity <u>ADA</u> Regular _____)	#	1	Number of staff working event
			#	3	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: _____

Kelly Dickson

Date: _____

7/7/09

12/22/2008

Becki Keefe
 Hailey Park Foundation

[Signature]

RELEASE OF LIABILITY/LIABILITY WAIVER FORM

By signing below, I, _____, acknowledge that skateboarding is likely to be extremely hazardous and may result in accident, loss, damage, or injury ranging from broken bones to paralysis or death. Such events may result from any maneuver, whether difficult or not, or could result from defective equipment.

With full knowledge of these dangers, and intending to be legally bound, I hereby agree for myself and on behalf of all of my family and heirs to RELEASE the City of Hailey and any of its representatives, agents, directors, officers, members, and owners of any equipment or property upon which the park is located, including but not limited to any and all liability claims, demands or any causes of action, and NOT TO SUE OR OTHERWISE make ANY CLAIMS against the City of Hailey or Owners whatsoever which may arise during my participation in any activities at the skatepark.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death RESULTS FROM THE NEGLIGENCE of the City of Hailey. I understand that negligence means a failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect him or herself, or others, from accident, injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities sponsored or conducted by the City of Hailey, including inspecting all equipment and make my own assessment as to whether it is safe and free from all defects. This RELEASE AND WAIVER is given in the interest of permitting the City of Hailey to exist and serve the skating community and to enable my fellow skaters, and me to feel free to donate our services and to help each other without fear of liability. I understand that any claim for coverage of medical bills will be submitted to my own insurance company.

My release is given in exchange for the ability to use the Skatepark, located on City of Hailey's property. This RELEASE AND WAIVER has no expiration date.

Signature _____ Date _____

In EMERGENCY, contact _____ addr. _____ phone _____

IF ANY PARTICIPANT IS UNDER 18, PARENT OR GUARDIAN MUST READ AND SIGN BELOW.

I am the legal guardian of the above minor participant and have read the above RELEASE AND WAIVER. I hereby consent to the terms stated above on behalf of named minor participant, and give my consent to the participation of the above named minor in all activities.

Signature _____ Date _____
Parent or Legal Guardian

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/15/2009

PRODUCER Moreton & Company - Idaho P.O. Box 191030 Boise, ID 83719 208 321-9300	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	NAIC #
INSURED St Luke's Health System LTD Attn: Nicki Baughman 190 E. Bannock St. Boise, ID 83712-6298	INSURER A: Lexington Insurance Company	
	INSURER B: Safety National	
	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 <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6791689	01/01/09	01/01/10	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	\$3,000,000
						PRODUCTS - COMP/OP AGG	\$XXX
		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	\$
							\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below.	SP3B07ID	07/01/09	07/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
		OTHER					

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

RE: Skate Park event, August 9, 2009.
Certificate Holder is Additional Insured regarding General Liability.

CERTIFICATE HOLDER City of Hailey, Blaine County, Idaho 115 Main St. S. Hailey, ID 83333	CANCELLATION 10 Days for Non-Payment
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 

IMPORTANT

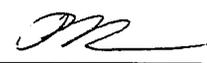
If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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: 07/27/09 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Beauty & The Beast Skateboard Demo Special Event on 08/08/09, at the Skate Park.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code Chapter 12.14
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Caselle# _____
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)

<input type="checkbox"/> City Attorney	<input checked="" type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input checked="" type="checkbox"/> Building
<input type="checkbox"/> Library	<input checked="" type="checkbox"/> Planning	<input checked="" type="checkbox"/> Fire Dept.	
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Streets
<input checked="" type="checkbox"/> Public Works	<input type="checkbox"/> Parks	<input type="checkbox"/> Mayor	

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Special Event Heads approved and submitted recommendations. Recommendations/conditions are listed on the attached Decision document.

FOLLOW-UP REMARKS:



RECEIVED

JUL 01 2009

SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Beauty & The Beast Skateboard Demo

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
Hailey Skate 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.

Table with 3 columns: Date(s) of Event, Hours, Estimated # of Attendees. Includes rows for event dates (8/8/09) and set-up/tear-down times.

IV. FEES

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

125-
500- Refund will go to Hailey Park Foundation

V. ORGANIZATION INFORMATION

Applicant's Name: Andy Gilbert Title: Skateboarder
Mailing Address: Box 3302 Ketchum, ID Zip Code: 83340
Street Address: 105 Abby RD. City: Hailey State: ID
Day Telephone: 208-720-5005 Evening Telephone: 208-788-4387
FAX Number: E-Mail Address: andy@SVSEF.ORG

no-ct

#6109 - Co Sponsors: City of Hailey / Hailey Parks Foundation
12/22/2008 62.50 / 1/2 of App. Fee. to go to Hailey Park Foundation From City
Becki Keefar, Less 1/2 of extra porta potty \$31.97 = \$30.53 App. Fee
Hailey Parks Foundation - 22 -

Applicant Driver's License #: FA102860D
Sponsoring Organization: Hailey Parks Foundation
Non-Profit: Yes No Tax Exempt #: _____
Federal Tax #: _____ State Tax #: _____

VI. EVENT INFORMATION

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

Event Category: Commercial Noncommercial

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

Description of Event: Skate board Demonstration by professional skate boarder for the general public free of charge.

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: JCrmp Agent Name: _____

Address: _____ Phone: _____

w/ Waiver Form

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.

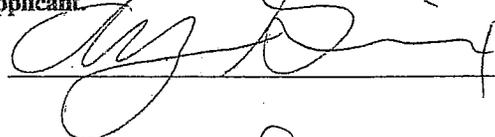
(Attach any additional pages as needed)

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.

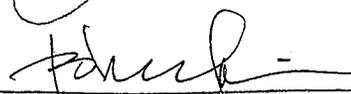
Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	Alcohol Served (Free of Charge) (name of provider)
	X	Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods		X	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):
#		Canopies/Tents/Membranes/Temporary Structures (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation
2		Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____	#	X	
	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
#	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
1		Sanitation (Trash bins) Dumpsters, Recycle (circle /detail # and locations)	#	150	EVENT estimated attendance
#		Porta Toilets / Wash Stations (Quantity ADA Regular _____)	#	X	Number of staff working event
1			#	5	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: 7/1/09

12/22/2008

of Becki Keifer



RELEASE OF LIABILITY/LIABILITY WAIVER FORM

By signing below, I, _____, acknowledge that skateboarding is likely to be extremely hazardous and may result in accident, loss, damage, or injury ranging from broken bones to paralysis or death. Such events may result from any maneuver, whether difficult or not, or could result from defective equipment.

With full knowledge of these dangers, and intending to be legally bound, I hereby agree for myself and on behalf of all of my family and heirs to RELEASE the City of Hailey and any of its representatives, agents, directors, officers, members, and owners of any equipment or property upon which the park is located, including but not limited to any and all liability claims, demands or any causes of action, and NOT TO SUE OR OTHERWISE make ANY CLAIMS against the City of Hailey or Owners whatsoever which may arise during my participation in any activities at the skatepark.

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death RESULTS FROM THE NEGLIGENCE of the City of Hailey. I understand that negligence means a failure to do an act which a reasonably careful person would do, or the doing of an act which a reasonably careful person would not do, under the same or similar circumstances to protect him or herself, or others, from accident, injury or death.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in activities sponsored or conducted by the City of Hailey, including inspecting all equipment and make my own assessment as to whether it is safe and free from all defects. This RELEASE AND WAIVER is given in the interest of permitting the City of Hailey to exist and serve the skating community and to enable my fellow skaters, and me to feel free to donate our services and to help each other without fear of liability. I understand that any claim for coverage of medical bills will be submitted to my own insurance company.

My release is given in exchange for the ability to use the Skatepark, located on City of Hailey's property. This RELEASE AND WAIVER has no expiration date.

Signature _____ Date _____

In EMERGENCY, contact _____ addr. _____ phone _____

IF ANY PARTICIPANT IS UNDER 18, PARENT OR GUARDIAN MUST READ AND SIGN BELOW.

I am the legal guardian of the above minor participant and have read the above RELEASE AND WAIVER. I hereby consent to the terms stated above on behalf of named minor participant, and give my consent to the participation of the above named minor in all activities.

Signature _____ Date _____
Parent or Legal Guardian

AGENDA ITEM SUMMARY

DATE: 07/27/09 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Hailey Fire Fighter Special Event on 08/13/09.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code Chapter 12.14
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

Businesses on this block have been informed of the event and signed off of an acknowledgement form.

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Caselle# _____
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 Engineer Building
 Library Planning Fire Dept.
 Safety Committee P & Z Commission Police Streets
 Public Works Parks Mayor

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Special Event Heads approved and submitted recommendations. Recommendations/conditions are listed on the attached Decision document.

FOLLOW-UP REMARKS:



RECEIVED

MAY 30 2009

SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Hailey Fire Fighter Assoc. #5188

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

August 13th - Downtown Crox Street Between Main & River

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.

Table with 3 columns: Date(s) of Event, Hours, Estimated # of Attendees. Includes rows for event dates (8/13/09), set-up (8/13/09), and tear down (8/13/09) with start/end times and attendee estimates.

IV. FEES

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

V. ORGANIZATION INFORMATION

Applicant's Name: Hailey Fire Fighter Assoc. Title: President
Mailing Address: POB 1192 Hailey Zip Code:
Street Address: Hailey Fire Dept - 3rd Ave City: State:
Day Telephone: 788-3147 Evening Telephone:
FAX Number: 726-848 E-Mail Address:

Tom Harnid - 720-7297

Applicant Driver's License #:

FA119893C

Sponsoring Organization:

Hailey Volunteers Fire Fighters Assoc

Non-Profit: Yes No

Tax Exempt #:

City

Federal Tax #:

State Tax #:

VI. EVENT INFORMATION

New Event: Yes No

Annual Event: Yes No

Years Operating

Event Category:

Commercial

Noncommercial

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

Description of Event:

Music, BBQ stand, Beer stand - Street party/fundraiser

Additional Details:

Street will be ~~used~~ blocked off with fire engines or cones. Trash & porta-potties will be set off curb. Parking will be available in the public lot at Bullion & River

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:

ICRMP

Agent Name:

City of Hailey Potzky

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
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		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): <i>Hot Dogs / Dominos / Local Restaurants</i>
#	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	
#	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
#	X	Electricity / Generators (Size _____ Attach detailed electrical plan.			Activities / Entertainment (Agenda) <i>Slow Children playing</i> Other equipment or entertainment
					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 <i>Fire Trucks + cones both ends</i> identify locations and attach logistics map @
X		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail# and locations) <i>4-6 & 1 needed</i>	#	75-100 per hr	EVENT estimated attendance <i>200</i>
#	X	Porta Toilets / Wash Stations (Quantity ADA Regular _____)	#	5	Number of staff working event
		<i>Indoor Businesses + 1 Porta</i>	#	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: *Jim Howard* Date: *5/28/09*

A Hailey Fire "125th Anniversary" Event

A "Burn-Out Fund" Fundraiser

What: Burgers, Bands and Beer

When: Thursday August 13th, from 5:00p.m. to 10:00 p.m.

Where: Downtown Hailey, Croy Street between Main and River.

The Hailey Fire-fighter Association will host an evening of food and music as part of its' 125th Anniversary celebration. There will be a band playing music and we will host a beer tent as well as a burger and hot dog BBQ. The event will take place Thursday August 13th from 5:00 to 10:00 p.m. The event will be located on Croy Street between River and Main Streets. This portion of Croy Street will be closed during the set-up and take-down, plus the event (from 4:00 to 11:00 p.m.). We anticipate approximately 200 people, off-and-on, throughout the night. We encourage any businesses that wish to benefit from the evenings gatherers to stay open, however parking will become limited to side streets and the Hailey public spaces on the corner of Bullion and River.

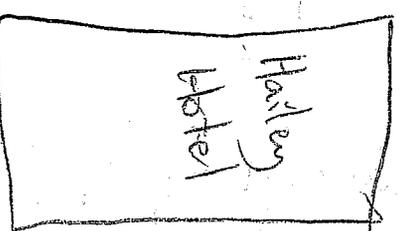
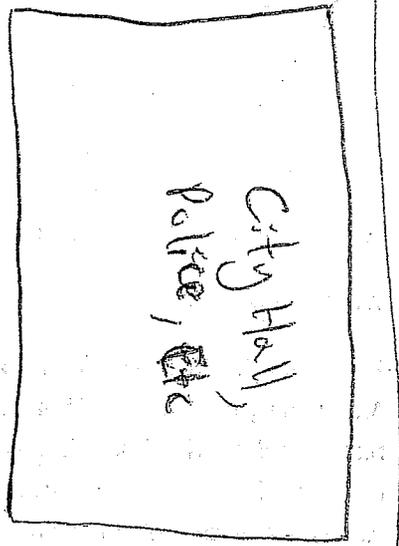
The City of Hailey wishes us to inform the local businesses of our desires and have the owners/managers sign this form with their businesses consent. By signing below you acknowledge that you have been informed of the event's date, location and duration.

We hope to see you there.

Name	Address	Signature	Phone
Lago Azul	14 W Croy		578-1700
Tamarack Sport	15 W Croy		208 788-3388
Copy & Print	16 W. Croy		788-4200
Growing Concern	15 W. Croy		788 2015
Julie Bell	16 W Croy		788 9200
Steve Johnson	16 W Croy		928-7186
Paul Steps	16 W Croy		788-8993
Susan Engelhardt	16 W Croy		578-4412
Stacy Parker	16 W Croy		578-7999
Kathleen Parker	16 W Croy		319-2122
Tony Gaudin	16 W Croy		
Nancy Gurney	7 W Croy		788-2034
Steve Chapman	210 S		788-3140

H. Hota

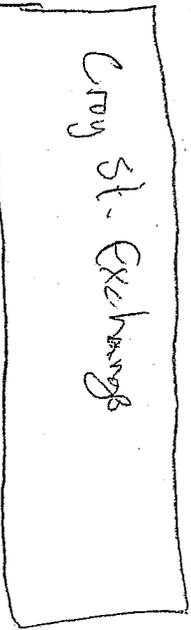
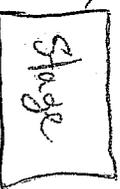
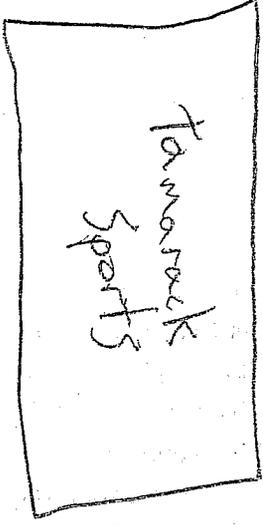
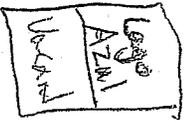
Main



Alley

Alley

No Parking Sign



River

24 hour bag II trailer

BBQ

cones

cones

Popcorn

Trash

Trash

Trash

Trash

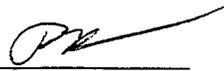
N

Alley

Alley

AGENDA ITEM SUMMARY

DATE: 07/27/09 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Burgess/Trahan Wedding Special Event at Heagle Park on 08/08/09.

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 _____ 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 a recommended lighting condition:

- Non-flashing lights only maybe used for decoration and must be off by 10:00 pm.

FOLLOW-UP REMARKS:

*



#6004

SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Burgess / Trahan Wedding

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

Heagle Park, Hailey ID 83333

RECEIVED
MAY 01 2009

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
8/8/09	Start Time: 5:00 PM End Time: 10:00 PM	One Hour Interval: All Day: 65-125
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
8/8/09	Start Time: 10:00 am End Time: 5:00 PM	
Date of Tear Down		
8/9/09	Start Time: 8:00 am End Time: 10:00 am	

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 checked="" type="checkbox"/>	<u>500-</u>
Security Deposit	\$500	<input checked="" type="checkbox"/>	<u>500-</u>
Tax (on park rental fees only)	6%	<input type="checkbox"/>	<u>30-</u>
TOTAL DUE			<u>1155-</u>
Additional Deposit Required		<input type="checkbox"/>	<u> </u>

V. ORGANIZATION INFORMATION

Applicant's Name: Holly Burgess Scott Trahan Title: engaged couple

Mailing Address: P.O. Box 55, Hailey ID Zip Code: 83333

Street Address: 228 9th St. Bellevue, ID State: _____

Day Telephone: 208-721-2282 Evening Telephone: 208-720-7163

FAX Number: _____ E-Mail Address: hollycorruneburgess@hotmail.com

Applicant Driver's License #: FA123647I

Sponsoring Organization: _____

Non-Profit: Yes No Tax Exempt #: _____

Federal Tax #: _____ State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes No _____ Annual Event: Yes _____ No Years Operating 0

Event Category: Commercial Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): 0

Description of Event: Wedding

Additional Details: _____

VII. INSURANCE REQUIREMENTS

W.R. 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: _____ 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)
	✓	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 <i>Tent size: 100 sq ft</i>
	✓	Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____			
#	✓	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.) <i>See Attached</i>	✓		Lighting plan: attach plan
#	✓	Electricity / Generators (Size _____) Attach detailed electrical plan.	✓		Activities / Entertainment (Agenda) Other equipment or entertainment <i>D.J.</i>
✓		Water Drinking / Washing (circle)		✓	Signs or Banners: sign permit may be required by the City Planning and Zoning Department
✓		Gray Water Barrel / Grease Barrel (circle /detail # and locations)			Stages (Number and Size(s) _____)
	✓	Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	125	EVENT estimated attendance <i>65-125</i>
#	✓	Porta Toilets / Wash Stations (Quantity ADA Regular _____) <i>Public Restrooms</i>	#	0	Number of staff working event
			#	0	Number of volunteers working

meet w/ park Director lay before

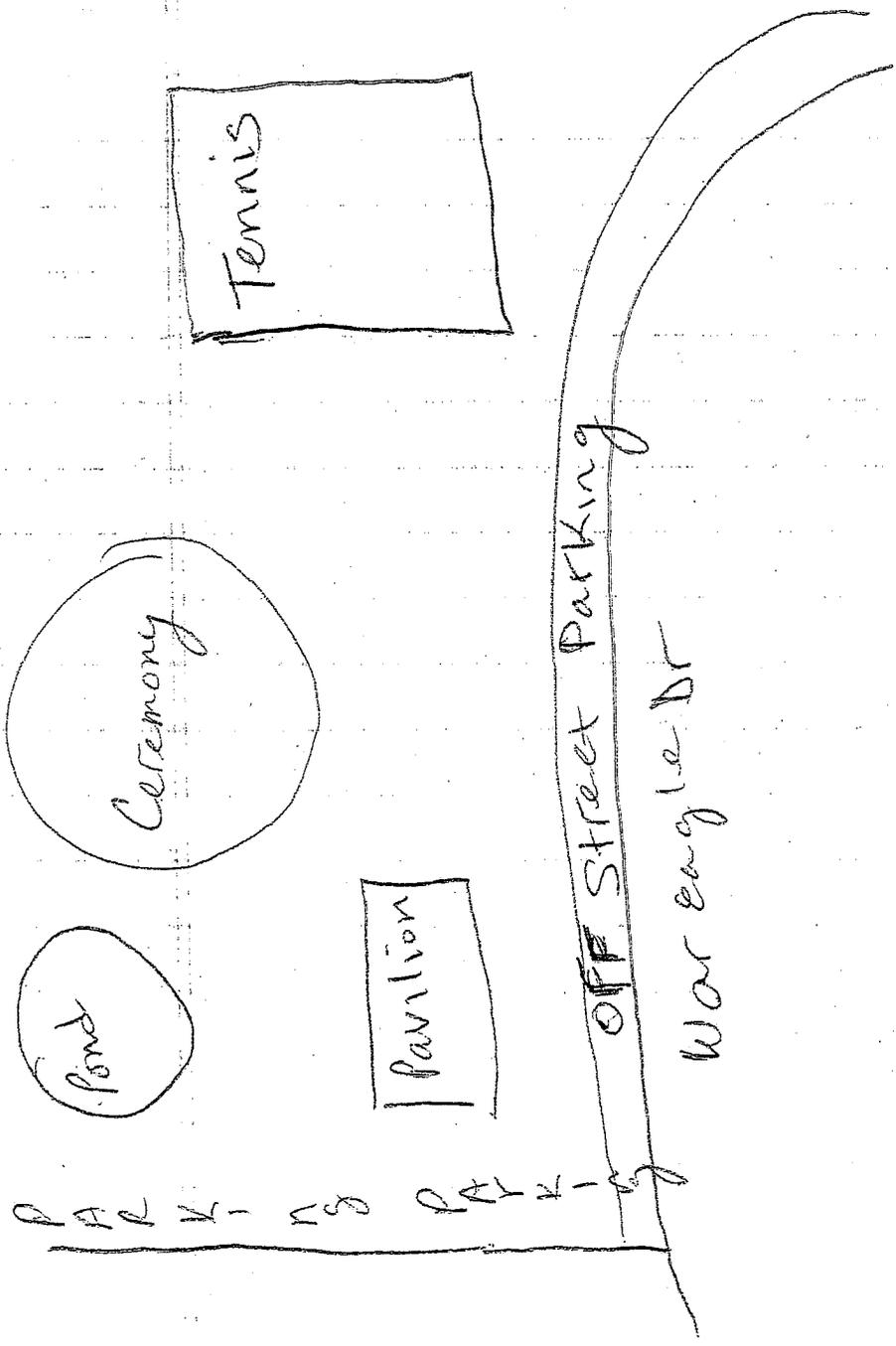
sub mit plan

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: 5/1/09

To: Holly 188-4104 FAX
From: Tricia 788-2924 FAX

Our parking plan is to have guests carpool as much as possible. Our ushers will also be parking and directing cars where to park - OFF Street parking only.

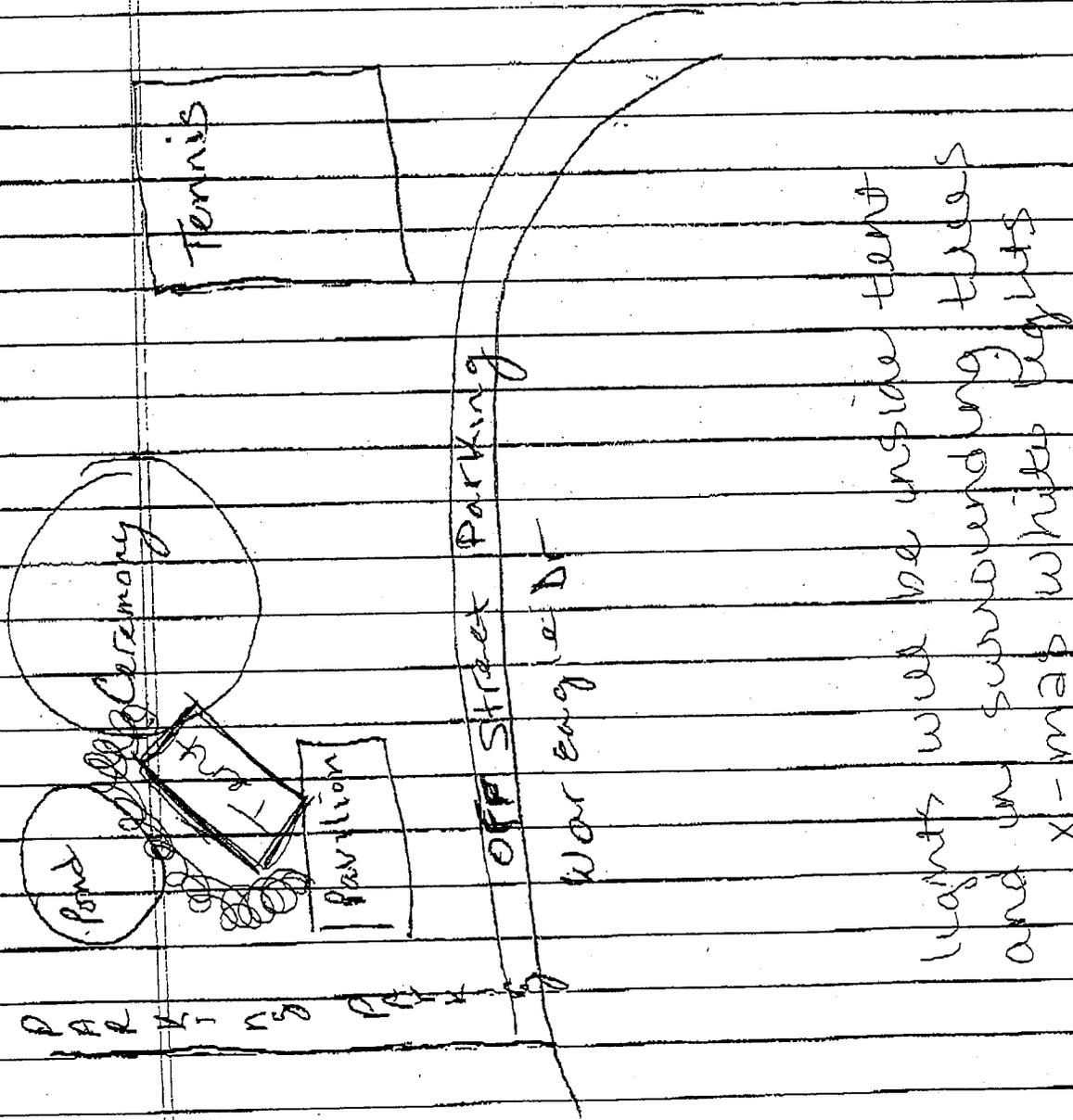


Scott Trahan would like to offer his free labor to paint the Pavilion at Lawrence Heagle Park. The only cost to the city would be supplies.

Scott Trahan
Holly Burgess
P.O. Bx 55
Harley, ID 83333
721-2282

To: Holly 188-9104 FAX
 From: Trina 788-2924 FAX

Our parking plan is to have guests carpool as much as possible. Our ushers will also be parking and directing cars where to park - OFF Street parking only.



AGENDA ITEM SUMMARY

DATE: 07/21/2009 DEPARTMENT: Clerk's Office DEPT. HEAD SIGNATURE:

SUBJECT:

Big Belly Deli
Alcohol Beverage License Application

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code 5.04, 5.08, 5.12
(IFAPPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

Approval of new beer license for Big Belly Deli. Application has been approved by HPD.

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

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

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IFAPPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Approve Big Belly Deli alcohol beverage license application.

ADMINISTRATIVE COMMENTS/APPROVAL:

City Administrator _____ Dept. Head Attend Meeting (circle one) Yes No

ACTION OF THE CITY COUNCIL:

Date _____
City Clerk _____

FOLLOW-UP:

*Ord./Res./Agmt./Order Originals: _____ *Additional/Exceptional Originals to: _____
Copies (all info.): _____ Copies
Instrument # _____

JUL 20 2009



ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 200-

Applicant Name: Tonya Schneider

Business Name: Big Belly Deli LLC

Business Physical Address: 171 N. main St. Hailey ID 83333

Business Mailing Address: same as above

Business Phone Number: 208-788-2411

Property Owner (if different from applicant): John Sofko

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

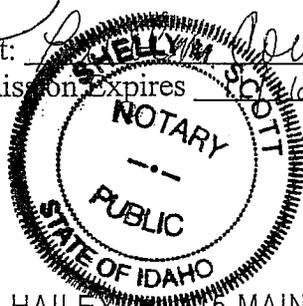
Tonya Schneider
Applicant Signature

July 20th 2009
Date

Subscribed and sworn to before me this 20th day of July, 2009

Shelly M. Scott
Notary Public OR City Clerk

Residing at: Blaine County
My Commission Expires 6/26/2011



Official Use Only

State License No. _____

County License No. _____

City License No. _____

Date Approved by Council _____

[Signature]
Chief of Police

CITY OF HAILEY ■ 175 MAIN ST. S., SUITE H ■ HAILEY, IDAHO 83333 ■ 788-4221

AGENDA ITEM SUMMARY

DATE: 07/21/2009 **DEPARTMENT:** Clerk's Office **DEPT. HEAD SIGNATURE:**

SUBJECT:

Alcohol Beverage License Renewals

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code 5.04, 5.08, 5.12
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

Annual renewal of alcohol beverage licenses, which expire each year on August 31.

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS: Caselle # _____
Budget Line Item # _____ YTD Line Item Balance \$ _____
Estimated Hours Spent to Date: _____ Estimated Completion Date: _____
Staff Contact: _____ Phone # _____

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Approve the following alcohol beverage license renewals, which have been approved by the Hailey Police Department:

Albertsons	Hitchrack	Cowboy Cocina	Three Ten Main
Albertsons Express	Mini Mart	daVinci's	Wicked Spud
Atkinson's	Valley Car Wash	Shorty's	Wiseguy Pizza Pie
Hailey Chevron	Chapala	Sun Valley Brewing	

ADMINISTRATIVE COMMENTS/APPROVAL:

City Administrator _____ Dept. Head Attend Meeting (circle one) Yes No

ACTION OF THE CITY COUNCIL:

Date _____
City Clerk _____

FOLLOW-UP:

*Ord./Res./Agmt./Order Originals: _____ *Additional/Exceptional Originals to: _____
Copies (all info.): _____ Copies
Instrument # _____



ALCOHOL BEVERAGE LICENSE APPLICATION

RECEIVED
JUN 30 2009

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: _____

Applicant Name: Jacob Greenberg

Business Name: Sharty's Restaurant, Inc.

Business Physical Address: 126 S. Main St. Hailey ID 83333

Business Mailing Address: Box 63 Hailey ID 83333

Business Phone Number: 208. 778. 1243

Property Owner (if different from applicant): Valley Entertainment

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

Jacob Greenberg
Applicant Signature

6.30.09
Date

Subscribed and sworn to before me this 30 day of June, 20 09

[Signature]

Notary Public OR City Clerk

Residing at: Hailey

My Commission Expires 4.21.12

SANDRA P. EHRMANTRAUT
 NOTARY PUBLIC
 STATE OF IDAHO

Official Use Only

State License No. _____
 County License No. _____
 City License No. _____
 Date Approved by Council _____

 Chief of Police

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



RECEIVED

JUL 01 2009

ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 250.

Applicant Name: Doyle J Troyer

Business Name: New Albertsons

Business Physical Address: 911 Main St North, Hailey ID 83333

Business Mailing Address: PO Box 20 Dept 70428 Boise ID 83726

Business Phone Number: (208) 395-6200

Property Owner (if different from applicant): _____

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

Doyle J Troyer
Applicant Signature

JUN 25 2009
Date

Subscribed and sworn to before me this 25 day of June, 2009

Jen Shankoltz
Notary Public OR City Clerk

Residing at: Boise ID
My Commission Expires 11-10-10

Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>AM</u>	_____
Chief of Police	_____



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

JUL 01 2009



ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor	\$562.50	<input type="checkbox"/>	_____
Wine by the Drink	\$200.00	<input type="checkbox"/>	_____
Beer by the Drink	\$200.00	<input type="checkbox"/>	_____
Grocery Sale of Wine	\$200.00	<input checked="" type="checkbox"/>	_____
Grocery Sale of Beer	\$50.00	<input checked="" type="checkbox"/>	_____

APPLICATION IS:

New License	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Transfer	<input type="checkbox"/>

TOTAL DUE: 250

Applicant Name: Doyle J Troyer

Business Name: New Albertsons

Business Physical Address: 911 Main St. Hailey, ID 83333

Business Mailing Address: PO Box 20 dept 70428 Boise ID 83726

Business Phone Number: (208) 395-6200

Property Owner (if different from applicant): _____

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

Doyle J Troyer
Applicant Signature

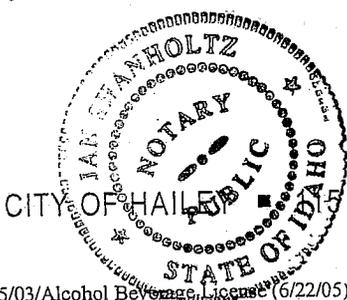
JUN 25 2009
Date

Subscribed and sworn to before me this 25 day of June, 2009

Jean Shanholtz
Notary Public OR City Clerk

Residing at: Boise Id.
My Commission Expires 11-10-10

Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
Chief of Police	<u>[Signature]</u>



CITY OF HAILEY ■ 15 MAIN ST. S., SUITE H ■ HAILEY, IDAHO 83333 ■ 788-4221



ALCOHOL BEVERAGE LICENSE APPLICATION

RECEIVED

JUL 06 2009

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 400⁰⁰

Applicant Name: Erik Heiden

Business Name: ~~Dirty Birds LLC~~ Dirty Birds LLC DBA Wiseguy Pizza Pie

Business Physical Address: 121 N Main Unit 3B Hailey

Business Mailing Address: 315 E. Carbonate St. Hailey

Business Phone Number: 208-788-8088

Property Owner (if different from applicant): John Sofro

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

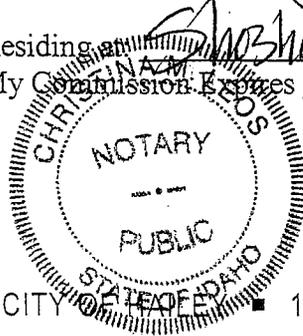
[Signature]
Applicant Signature

7/6/09
Date

Subscribed and sworn to before me this 6th day of July, 2009

[Signature]
Notary Public OR City Clerk

Residing at [Signature]
My Commission Expires 10/14/11



Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>[Signature]</u>	Chief of Police

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



RECEIVED

JUL 08 2009

ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 400-

Applicant Name: Flip and Pour Inc

Business Name: The Wicked Spud

Business Physical Address: 305 N MAIN

Business Mailing Address: 305 N MAIN

Business Phone Number: 788-0009

Property Owner (if different from applicant): _____

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

Mike Brown
Applicant Signature

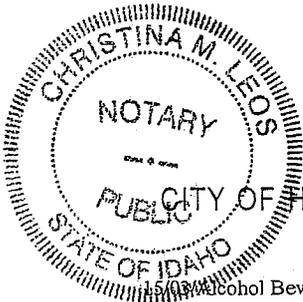
Date

Subscribed and sworn to before me this 8 day of July, 20 09

Christina M. Leos
Notary Public OR City Clerk

Residing at: Shoshone, ID
My Commission Expires 10/14/14

Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>M</u>	_____
Chief of Police	_____



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



ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50

Wine by the Drink \$200.00 200.00

Beer by the Drink \$200.00 200.00

Grocery Sale of Wine \$200.00

Grocery Sale of Beer \$50.00

APPLICATION IS:

New License

Renewal

Transfer

RECEIVED

JUL 09 2009

TOTAL DUE: 400.00

Applicant Name: Andrea Gallegos

Business Name: Three Ten Main Restaurant

Business Physical Address: 310 N. Main St. Hailey

Business Mailing Address: 409 S. 4th Ave., Hailey

Business Phone Number: 208-788-4161

Property Owner (if different from applicant): Laurie Riggio
(on file)

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached)

Applicant Signature: [Signature] Date: July 3, 2009

Subscribed and sworn to before me this 3rd day of July, 2009

Notary Public OR City Clerk: Jennifer L. Maddox

Residing at: Hailey
My Commission Expires 4-21-2014

JENNIFER L MADDOX
Notary Public
State of Idaho

Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
Chief of Police	<u>[Signature]</u>

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



RECEIVED

JUL 13 2009

ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 1012.50

Applicant Name: Sun Valley Brewing Co.

Business Name: Same

Business Physical Address: 202 N. main st.

Business Mailing Address: 1/

Business Phone Number: 788-5777

Property Owner (if different from applicant): Curry Corp.

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.) on file

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

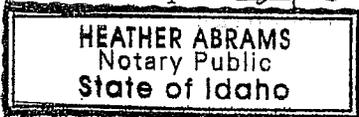
Applicant Signature: [Signature]

Date: 7/9/09

Subscribed and sworn to before me this 9th day of July, 2009.

Heather Abrams
Notary Public OR City Clerk

Residing at: Blaine Co.
My Commission Expires 2/15/2012



Official Use Only

State License No. _____

County License No. _____

City License No. _____

Date Approved by Council _____

[Signature]
Chief of Police

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



RECEIVED

JUL 14 2009

ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor	\$562.50	<input type="checkbox"/>	_____
Wine by the Drink	\$200.00	<input type="checkbox"/>	_____
Beer by the Drink	\$200.00	<input type="checkbox"/>	_____
Grocery Sale of Wine	\$200.00	<input checked="" type="checkbox"/>	_____
Grocery Sale of Beer	\$50.00	<input checked="" type="checkbox"/>	<u>250 -</u>

APPLICATION IS:

New License	<input type="checkbox"/>
Renewal	<input checked="" type="checkbox"/>
Transfer	<input type="checkbox"/>

TOTAL DUE: 2250 -

Applicant Name: NATHAN FIERMAN

Business Name: HITCHCOCK PARTNERS NBS LLC

Business Physical Address: 619 S. MAIN ST.

Business Mailing Address: 293 INDIAN CREEK RD

Business Phone Number: 208-788-0907

Property Owner (if different from applicant): _____

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

[Signature]
Applicant Signature

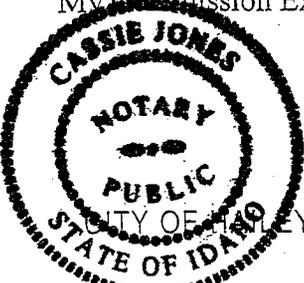
6/20/09
Date

Subscribed and sworn to before me this 1st day of July, 2009

Cassie Jones
Notary Public OR City Clerk

Residing at: Hailey, Id
My Commission Expires 7-26-10

Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>[Signature]</u>	_____
Chief of Police	



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



ALCOHOL BEVERAGE LICENSE APPLICATION

RECEIVED

JUL 14 2009

APPLICATION FOR:

Liquor	\$562.50	<input type="checkbox"/>	_____
Wine by the Drink	\$200.00	<input checked="" type="checkbox"/>	<u>200.00</u>
Beer by the Drink	\$200.00	<input checked="" type="checkbox"/>	<u>200.00</u>
Grocery Sale of Wine	\$200.00	<input type="checkbox"/>	_____
Grocery Sale of Beer	\$50.00	<input type="checkbox"/>	_____

APPLICATION IS:

New License	<input type="checkbox"/>
Renewal	<input checked="" type="checkbox"/>
Transfer	<input type="checkbox"/>

TOTAL DUE: 400.00

Applicant Name: MARGARITO MARIN

Business Name: CHAPALA, INC dba CHAPALA MEXICAN RESTAURANT

Business Physical Address: 502 N MAIN ST, HAILEY, ID 83333

Business Mailing Address: 119 E 42ND ST., BOISE, ID 83714

Business Phone Number: (208) 788-5065

Property Owner (if different from applicant): _____

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

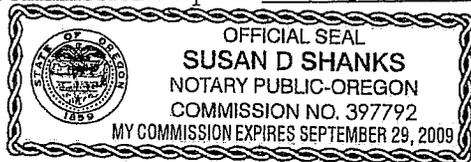
Salvador Fuentes
Applicant Signature

7-10-09
Date

Subscribed and sworn to before me this 10th day of July, 20 09

Susan D Shanks
Notary Public OR City Clerk

Residing at: Newport
My Commission Expires 9-29-2009



Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>M</u>	_____
Chief of Police	

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



RECEIVED

JUL 14 2009

ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 450.00

Applicant Name: Charles R. Atkinson

Business Name: Atkinsons' Market

Business Physical Address: 93 E Croy Hailey

Business Mailing Address: PO Box 2088 Ketchum ID 83340

Business Phone Number: 788-2294

Property Owner (if different from applicant): Alturas Partners

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

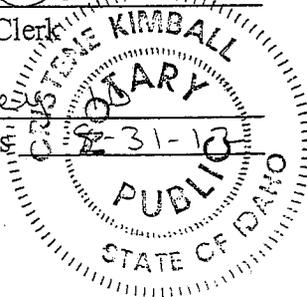
Charles R. Atkinson
Applicant Signature

7/10/2009
Date

Subscribed and sworn to before me this 10 day of July, 2009

Craig Kimball
Notary Public OR City Clerk

Residing at: Careys
My Commission Expires 8-31-13



Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>[Signature]</u>	_____
Chief of Police	

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



RECEIVED

JUL 16 2009

ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 250-

Applicant Name: Valley Gas, Inc

Business Name: HAILEY CHEVRON

Business Physical Address: 209 S. MAIN ST., HAILEY ID 83333

Business Mailing Address: BOX 4148, HAILEY ID 83333

Business Phone Number: 208 - 788 - 5408

Property Owner (if different from applicant): Bow & Arrow L.L.C.

Overlapping PRINCIPALS

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

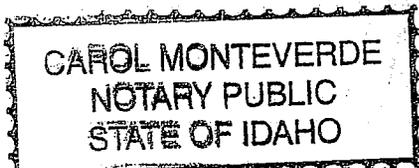
[Signature]
Applicant Signature

7-14-09
Date

Subscribed and sworn to before me this 14th day of July, 2009

Carol Monteverde
Notary Public OR City Clerk

Residing at: Hailey Idaho
My Commission Expires 08-31-2013



Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>[Signature]</u>	Chief of Police

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



RECEIVED

JUL 16 2009

ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: _____

Applicant Name: VALLEY GAS, INC

Business Name: VALLEY CAR WASH

Business Physical Address: 817 S. 3RD AVE, HAILEY, ID

Business Mailing Address: BOX 4148 HAILEY ID, 83333

Business Phone Number: 208-788-2460

Property Owner (if different from applicant): Rene Bine III (same principal)

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

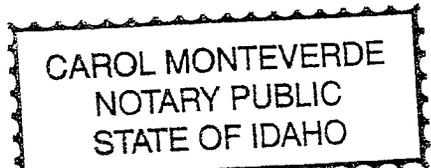
I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

Applicant Signature: _____ Date: 7-14-09

Subscribed and sworn to before me this 14th day of July, 2009

Notary Public OR City Clerk: Carol Monteverde

Residing at: Hailey Idaho
My Commission Expires 08-31-2013



Official Use Only

State License No. _____

County License No. _____

City License No. _____

Date Approved by Council _____

Chief of Police: [Signature]

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

RECEIVED

JUN 26 2009



ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor	\$562.50	<input type="checkbox"/>	_____
Wine by the Drink	\$200.00	<input type="checkbox"/>	_____
Beer by the Drink	\$200.00	<input type="checkbox"/>	_____
Grocery Sale of Wine	\$200.00	<input checked="" type="checkbox"/>	<u>200-</u>
Grocery Sale of Beer	\$50.00	<input checked="" type="checkbox"/>	<u>50-</u>

APPLICATION IS:

New License	<input type="checkbox"/>
Renewal	<input type="checkbox"/>
Transfer	<input type="checkbox"/>

TOTAL DUE: 250-

Applicant Name: DAVID M WENDLAND

Business Name: UPTOWN MINI MART

Business Physical Address: 600 N MAIN ST

Business Mailing Address: P.O. Box 790

Business Phone Number: 7884095

Property Owner (if different from applicant): _____

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

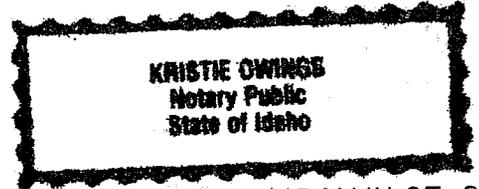
[Signature]
Applicant Signature

6/26/09
Date

Subscribed and sworn to before me this 26 day of June, 2009

[Signature]
Notary Public OR City Clerk

Residing at: US Bank
My Commission Expires 10/20/14



Official Use Only	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>[Signature]</u>	Chief of Police

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

RECEIVED

JUN 24 2009



ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50 _____
 Wine by the Drink \$200.00 _____
 Beer by the Drink \$200.00 _____
 Grocery Sale of Wine \$200.00 _____
 Grocery Sale of Beer \$50.00 _____

APPLICATION IS:

New License
 Renewal
 Transfer

TOTAL DUE: 400.00

Applicant Name: DICK LEMON

Business Name: Lemcow Inc dba Cowboy Cocina

Business Physical Address: 111 1st Ave North SUITE 1C, Hailey ID

Business Mailing Address: PO BOX 2230 Hailey ID

Business Phone Number: 208 788 0114

Property Owner (if different from applicant): _____

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached).

[Signature]
Applicant Signature

6/20/09
Date

Subscribed and sworn to before me this 20 day of June, 2009

[Signature]
Notary Public OR City Clerk

Residing at: Hailey
My Commission Expires 4.21.12

SANDRA P. EHRMANTRAUT
NOTARY PUBLIC
STATE OF IDAHO

<i>Official Use Only</i>	
State License No.	_____
County License No.	_____
City License No.	_____
Date Approved by Council	_____
<u>[Signature]</u>	Chief of Police

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

JUN 23 2009



ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor \$562.50

Wine by the Drink \$200.00

Beer by the Drink \$200.00

Grocery Sale of Wine \$200.00

Grocery Sale of Beer \$50.00

APPLICATION IS:

New License

Renewal

Transfer

TOTAL DUE: 400

Applicant Name: daVincis in Hailey LLC / Larry Schwartz

Business Name: daVincis

Business Physical Address: 17 W. Bullion St. Hailey, ID 83333

Business Mailing Address: Box 3623 Ketchum, Id. 83340

Business Phone Number: 208-788-7699

Property Owner (if different from applicant): Larry Schwartz - Same

(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.)

I hereby certify that the above statements are true, complete and correct to the best of my knowledge. I further certify that I have applied for and received the Idaho State Liquor License (copy attached) and the Blaine County Liquor License (copy attached)

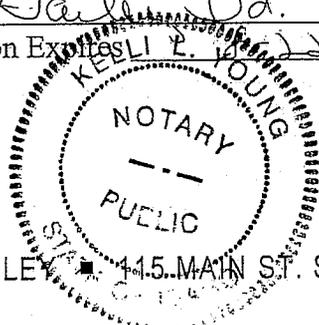
[Signature]
Applicant Signature

6/22/09
Date

Subscribed and sworn to before me this 22 day of June, 2009

[Signature]
Notary Public OR City Clerk

Residing at: 7400 Dd.
My Commission Expires 12-22-2011



Official Use Only

State License No. _____

County License No. _____

City License No. _____

Date Approved by Council _____

[Signature]
Chief of Police

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