

AGENDA ITEM SUMMARY

DATE: 08/30/2012 **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 renewal, it has been approved by the Hailey Police Department:

Freshies

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 # _____

CITY OF HAILEY
115 MAIN STREET SOUTH, SUITE H
HAILEY, ID 83333
PH 788-4221 / FAX 788-2924

RECEIVED
AUG 23 2012

ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

Freshies
Box 2595
Hailey ID 83333

Date: 07/02/2012

It is time to renew your alcohol beverage business license with the City of Hailey. Please review the information we have on record for your business. Make note of changes or corrections and return the signed application and supplemental information, along with your payment, to City Hall by 09/01/2012.

Business Name: Freshies

Acct #: 1125

Business Address: 122 Main St. S

Business Phone: 788-3621

Mailing Address: Box 2595 Hailey ID 83333

Business Email: phunked1@msn.com or liquidpowder@hotmail.com Business Fax:

Owner Name: Jason & Adam Kraft.

Owner Phone: 720-8196

Owner Address: Box 2595 Hailey ID 83333

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

License Fees:

check all that apply

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

Total Amount Due:

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)

All Applicants must submit a copy of:

1. A copy of your State of Idaho Alcohol License
2. A copy of your Blaine County License
3. Attach Corporation Questionnaire and Personal Affidavit in Support of Alcohol Business License. (c-attached)

Liquor License Applicants must also submit:

1. A detailed statement of the assets and liabilities of the applicant
2. A copy of the articles of incorporation and bylaws of any corporation; the articles of association and bylaws of any association; or the articles of partnership for any partnership.

OFFICIAL USE ONLY

State License No. _____ County License No. _____ City License No. _____
 Date Approved by Council _____
 Chief of Police Approval _____

AGENDA ITEM SUMMARY

DATE: 08/30/2012 **DEPARTMENT:** Clerk's Office **DEPT. HEAD SIGNATURE:** MHC

SUBJECT:

Maintenance agreement with Avaya, Inc. to cover any hardware failures with the current city hall phone system.

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

City of Hailey has an Avaya Partner phone system and the hardware is aging. We have plans in the coming year or two to replace this phone system with a more updated one. In the meantime, we need to update our maintenance contract with Avaya as our current contract will expire on September 26, 2012. Our current Quarterly payment is \$363.78. We can expect up to a \$90 increase (25%) quarterly.

Once we update our phone system at city hall with a VOIP phone system or equivalent technology, our maintenance contract, we can expect to decrease considerably.

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS

Case # _____
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	___ <input checked="" type="checkbox"/> City Clerk	___ Engineer	___ Building
___ Library	___ Planning	___ Fire Dept.	___
___ Safety Committee	___ P & Z Commission	___ Police	___
___ Streets	___ Public Works, Parks	___ Mayor	___

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Motion to authorize mayor to sign 1 year agreement with Avaya, Inc. to cover our city hall phone hardware in case of equipment failure.

FOLLOW-UP REMARKS:

*

To Whom It May Concern:

This document gives Avaya permission to forward a copy of our records including monthly maintenance and detail charges to (SPS)
Please list Sold-To Number(s) 4955558

1) Please check all options that apply:

- Business Intelligence (BI) Report: (Applies to Support Advantage-eligible releases of Communication Manager/Aura, Call Center and Modular Messaging. The report will include output for pre-Support Advantage-eligible releases of Communication Manager and Modular Messaging, CMS, DEFINITY®, MultiVantage™ and Voice Messaging systems eligible for utility maintenance.) This information is necessary for accurate quoting of Support Advantage with or without accompanying utility-based products. *Note to BusinessPartners/Distributors: Submission of a BI report is not applicable to Point-of-Sale new system or upgrade sales including Support Advantage but is required for renewals and re-casts within Support Advantage or from another offer to Support Advantage when all hardware and software is preexisting*
- CIRP Report: (Applies for DEFINITY®, MultiVantage™ Software Systems, Communication Manager, Call Management Systems (CMS), and Voice Messaging systems ONLY.) This information is necessary for accurate quoting of a utility-based Avaya maintenance contract. This report is to be used only if you do not have any Support-Advantage-eligible products at the requested sold-to numbers or if you are renewing an existing SS/SSU contract and want to quote Utility Hardware Maintenance on the CM. *Note to BusinessPartners/Distributors: please remember to forward a copy of the CIRP report to the BPCC when you submit the CSA.*
- IL03 (The Avaya SAP equipment list with material codes; this information is always required.)
- Site Administration (ZTSA or ZTSV) Listing of SAP material code and any applicable maintenance coverage
- PIE Report (when the customer's DEFINITY®, MultiVantage™ or Communication Manager, is under an existing Avaya Maintenance Agreement that does not allow for the new utility-based pricing.) *Note to BusinessPartners/Distributors: please remember to forward a copy of the PIE report to the BPCC when you submit the CSA. Please cite reason(s) why the PIE is needed OR reports may not be supplied:*
- When there are multiple cabinets or media modules including Expansion Port Network(s) (EPN), Local Survivable Processor(s) (LSP), Survivable Processor(s) (SRP) or WAN Spare Processor(s), or Media Modules, list the Sold-Tos and associated cabinet numbers on the following page and include with this request. This information is required only when a Survey is needed.
- On Demand Poll (only needed if the 30 day automatic poll is not adequate due to significant changes that were not captured). Please cite reason(s) why the 30 day poll is not adequate OR reports may not be supplied:
- Right to Terminate Orders: (Applies any orders associated with the Sold-To and/or Account numbers above. **CUSTOMER SHALL REMAIN LIABLE FOR ANY TERMINATION FEES, IF ANY, RESULTING FROM THE TERMINATION OF ANY ORDERS PURSUANT TO THIS LOA.** Except as expressly provided otherwise in the Agreement and termination for uncured breach, any termination of the Agreement will not affect any rights or obligations of the parties under any order accepted before the termination of the Agreement became effective.

2) Please forward records to:

Business Partner/Distributor Name: SPS
Business Partner/Distributor Contact: Deborah Bauman
Business Partner/Distributor Phone Number: 303 350 2339
Business Partner/Distributor Address: 300 Littleton rd., Parsippany NJ 07054
Business Partner/Distributor Email: dbauman@spscom.com

3) End User Customer Approval Contact Name: MARY CONE

Title: CITY CLERK
Site Business Name: CITY OF HAILEY
Customer Telephone Number: 208 788 4221
Customer Address: 115 SOUTH MAIN STREET STE C, HAILEY, ID 83333
Email Address: mary.cone@haileycityhall.org
Date: August 13, 2012

Term: The LOA remains in effect for a default of 180 days unless indicated otherwise from the Customer Approver
CUSTOMER SIGNATURE 

AGENDA ITEM SUMMARY

DATE: 09-17-12 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for UCF 19, will be held at WRHS Gymnasium, Friday, October 27, 2012 from 7:00 p.m. - 10:00 p.m.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code _____
(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 Administrator | <input type="checkbox"/> Library | <input type="checkbox"/> Benefits Committee |
| <input type="checkbox"/> City Attorney | <input type="checkbox"/> Mayor | <input type="checkbox"/> Streets |
| <input type="checkbox"/> City Clerk | <input type="checkbox"/> Planning | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Building | <input checked="" type="checkbox"/> Police | _____ |
| <input checked="" type="checkbox"/> Engineer | <input type="checkbox"/> Public Works, Parks | _____ |
| <input checked="" type="checkbox"/> Fire Dept. | <input type="checkbox"/> P & Z Commission | _____ |

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

- Certificate of Insurance will need to be submitted.

Motion to approve the UCF 19 October 2012 and authorize the Mayor to sign.

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./Agrmt./Order Originals: Record
Copies (all info.): _____
Instrument # _____

*Additional/Exceptional Originals to: _____
Copies (AIS only)



EMAIL TO DEPT HEADS: 813-12
 HFD: CERT INSURANCE:
 HPD: STR CLOSURE:
 HBLDG: BARRICADE MAP:
 HENG: CATERING PERMIT:
 HPD SEC: AMPL PERMIT:
 SIGN PERMIT:

RECEIVED
 AUG 09 2012

SPECIAL EVENT PERMIT APPLICATION

EVENT NAME: UCF 19

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
WOOD RIVER HIGH SCHOOL Gymnasium

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
Oct 27 th	Start Time: 7:00pm End Time: 10:00pm	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 \$125⁰⁰
 Events that meet the following criteria may be exempted from Park Rental Fee by resolution of the City Council:
 Non-profit event that is held annually within the City of Hailey for at least ten consecutive years and consistently draw large numbers of participants and spectators. Tax Exempt #: _____
 Promoted locally and regionally within the state and the northwest.
 Per Day Park Rental Fee \$200 _____
 Tax (on park rental fees only) 6% _____
 Security Services Deposit \$125⁰⁰
TOTAL DUE \$125⁰⁰

V. ORGANIZATION INFORMATION

Sponsoring Organization: USA Grappling Academy
 Applicant's Name: LEE ANDERSON Title: OWNER
 Address: PO Box 645 City: Bellvue State: ID Zip: 83313
 Telephone Day: (208) 720-3519 Evening: _____ FAX: _____
 Applicant Driver's License #: MN250669H EMAIL: Superstarleeanderson@yahoo.com
 Federal Tax #: EIN# 82-0478625 State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes _____ No Annual Event: Yes No _____ Years Operating 8yrs
 Event Category: Commercial Noncommercial
 Estimate of Gross Ticket Sales & Revenues (commercial event only): 300 tickets \$2000-5000⁰⁰
 Description of Event: PRO/AM MIXED MARTIAL ARTS EVENT, FUN Family EVENT, with NO Alcohol
 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: W.R. Insurance Agent Name: Rebecca Rulter Phone: 788-1100

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.

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
	<input checked="" type="checkbox"/>	Street Closures & Access / Parade (if yes) <ul style="list-style-type: none"> Street Closure for Special Event Application and detailed map listing areas of closure, parade route is required. <i>An ITD permit is required for Main Street.</i> Your Event Coordinator is required to have the Notification Certification completed by all affected businesses, churches, schools and neighborhoods. 		<input checked="" type="checkbox"/>	Alcohol Served (Free of Charge) (name of provider)
	<input checked="" type="checkbox"/>	Canopies/Tents/Membranes/Temporary Structures (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement may require a permit for tents, canopies, membrane, or temporary structures over 200 sq. ft.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
#	<input checked="" type="checkbox"/>	Security (detail who, number of officers, times. Attach plan) <u>HPD OFFICERS + security</u>		<input checked="" type="checkbox"/>	Food/Beverages will be served (List Caterers): <u>W.R. High School</u>
<input checked="" type="checkbox"/>		Medical Services (Circle) First Aid and/or EMS Services *Determination of EMS services is dependent on event size and type. Who is providing this service: <u>W.R. FIRE RESCUE</u>		<input checked="" type="checkbox"/>	Vendors items sold/ solicitation
	<input checked="" type="checkbox"/>	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)	#	<input checked="" type="checkbox"/>	Booths: Profit / Non-Profit
#	<input checked="" type="checkbox"/>	Electricity / Generators (Size _____) Attach detailed electrical plan.		<input checked="" type="checkbox"/>	Activities / Entertainment (Agenda) Other equipment or entertainment
	<input checked="" type="checkbox"/>	Lighting plan: attach plan		<input checked="" type="checkbox"/>	Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	<input checked="" type="checkbox"/>	Gray Water Barrel / Grease Barrel (circle /detail # and locations)		<input checked="" type="checkbox"/>	Stages (Number and Size(s) _____)
<input checked="" type="checkbox"/>		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	<input checked="" type="checkbox"/>	Barricades. How many identify locations and attach logistics map
#	<input checked="" type="checkbox"/>	Porta Toilets / Wash Stations (Quantity ADA Regular _____)	#	<input checked="" type="checkbox"/>	EVENT estimated attendance: <u>300</u> Number of staff working event: <u>25</u> Number of volunteers working event: <u>10</u>
<input checked="" type="checkbox"/>		Water Drinking / Washing (circle)			Amplified Sound Permit-the allowable sound decibel level - (90) dB maximum

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: [Signature] Date: 8/2/12

DECISION

Based on the Application for a Special Event Permit for the UCF 19 October 2012, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

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

Other Conditions

- Certificate of Insurance will need to be submitted.

DATED this 17th day of September, 2012.

CITY OF HAILEY

By: _____
Fritz Haemmerle, its Mayor

ATTEST:

Mary Cone, City Clerk

AGREEMENT

In consideration of the granting of a special event permit by the City of Hailey ("the City") for the UCF 19 Boxing that will occur on October 27, 2012 from 7:00 p.m. to 10:00 p.m., plus specified set up and teardown time, ("the Event"), and pursuant to Section 12.14 of the Hailey Municipal Code, the undersigned, as the applicant ("Applicant") of a Special Event Permit from the City for the Event, does hereby agree to reimburse the City for any costs incurred by the City in repairing damage or providing any services or materials resulting from the Event. The Applicant agrees that such costs may be deducted from a non-refundable security deposit or additional deposit as established by the City, and that if costs exceed any deposit made

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

by the applicant, further reimbursement will be made to the City upon demand. The Applicant hereby agrees to indemnify, defend and hold harmless the City and its officers and employees, in their official and individual capacities, from any and all claims, demands, obligations, liabilities, lawsuits, judgments, attorneys' fees, costs, expenses and damages of any nature caused by or arising out of, or connected with the Event. In the event either party hereto is required to retain counsel to enforce a provision of this Agreement, or to recover damages resulting from a breach hereof, the prevailing party shall be entitled to recover from the other party all reasonable attorney's fees incurred herein or on appeal, or in bankruptcy proceedings. The Applicant agrees to comply with all the laws and ordinances of the City of Hailey, Idaho applicable to the subject matter thereof, and to conduct the Event in accordance with the terms and provisions of the application for a Special Event Permit, as approved or as modified by the City, and all conditions of the Special Event Permit. The Applicant agrees that the Special Event Permit is nontransferable and shall be conducted only for the dates and locations as approved by the City.

IN WITNESS WHEREOF, Applicant and the City have executed this Agreement on this 17th day of September, 2012.

APPLICANT:

By: _____

(please sign and print name and title, if applicable)

CITY OF HAILEY:

By: _____
Fritz Haemmerle, its Mayor

ATTEST:

Mary Cone, its City Clerk

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

AGENDA ITEM SUMMARY

DATE: 09-17-12 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Boxing Smoker, will be held at Hailey Armory, Saturday, September 22, 2012 from 7:00 p.m. - 10:00 p.m.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code _____
(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 Administrator | <input type="checkbox"/> Library | <input type="checkbox"/> Benefits Committee |
| <input type="checkbox"/> City Attorney | <input type="checkbox"/> Mayor | <input type="checkbox"/> Streets |
| <input type="checkbox"/> City Clerk | <input type="checkbox"/> Planning | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Building | <input checked="" type="checkbox"/> Police | _____ |
| <input checked="" type="checkbox"/> Engineer | <input type="checkbox"/> Public Works, Parks | _____ |
| <input checked="" type="checkbox"/> Fire Dept. | <input type="checkbox"/> P & Z Commission | _____ |

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

- Certificate of Insurance will need to be submitted.

Motion to approve the Boxing Smoker September 2012 and authorize the Mayor to sign.

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./Agrmt./Order Originals: Record
Copies (all info.): _____
Instrument # _____

*Additional/Exceptional Originals to: _____
Copies (AIS only)



HFD: CERT INSURANCE: YES
 HPD: STR CLOSURE: NO
 HBLDG: BARRICADE MAP: NO
 HENG: CATERING PERMIT: NO
 HPD SEC: YES AMPL PERMIT: NO
 SIGN PERMIT: NO

RECEIVED

SPECIAL EVENT PERMIT APPLICATION AUG 09 2012

EVENT NAME: BOXING SMOKER

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 Armory

III. EVENT SCHEDULE

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

Date(s) of Event	Hours	Estimated # of Attendees
<u>Sept 21st</u> <u>Saturday</u>	Start Time: <u>7:00pm</u> End Time: <u>10:00pm</u>	One Hour Interval: All Day:
<u>None</u>	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 \$125⁰⁰

Events that meet the following criteria may be exempted from Park Rental Fee by resolution of the City Council:
 Non-profit event that is held annually within the City of Hailey for at least ten consecutive years and consistently draw large numbers of participants and spectators. Tax Exempt #: _____
 Promoted locally and regionally within the state and the northwest.

Per Day Park Rental Fee \$200 _____

Tax (on park rental fees only) 6% _____

Security Services Deposit \$125⁰⁰

TOTAL DUE

V. ORGANIZATION INFORMATION

Sponsoring Organization: USA Grappling Academy

Applicant's Name: LEE ANDERSON Title: OWNER

Address: PO. BOX 645 City: Belleve State: ID Zip: 83313

Telephone Day: (208) 720-3519 Evening: _____ FAX: _____

Applicant Driver's License #: MN250669H EMAIL: Superstarleeanderson@yahoo

Federal Tax #: EIN# 82-0478625 State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes _____ No Annual Event: Yes No _____ Years Operating 1

Event Category: Commercial Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): \$500 - \$1,000 100-200 tickets

Description of Event: Boxing Smoker, Fun, Family Event w/ no Alcohol, FundRaiser!

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: WR. INSURANCE Agent Name: Rebecca Rubter Phone: 788-1100

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.

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
	<input checked="" type="checkbox"/>	Street Closures & Access / Parade (if yes) <ul style="list-style-type: none"> Street Closure for Special Event Application and detailed map listing areas of closure, parade route is required. <i>An ITD permit is required for Main Street.</i> Your Event Coordinator is required to have the Notification Certification completed by all affected businesses, churches, schools and neighborhoods. 		<input checked="" type="checkbox"/>	Alcohol Served (Free of Charge) (name of provider)
	<input checked="" type="checkbox"/>	Canopies/Tents/Membranes/Temporary Structures (Number & Size(s)) City of Hailey Fire Department, Fire Code Enforcement may require a permit for tents, canopies, membrane, or temporary structures over 200 sq. ft.		<input checked="" type="checkbox"/>	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
#	<input checked="" type="checkbox"/>	Security (detail who, number of officers, times. Attach plan) <i>ZMPD officers + Security</i>		<input checked="" type="checkbox"/>	Food/Beverages will be served (List Caterers):
<input checked="" type="checkbox"/>		Medical Services (Circle) First Aid and/or EMS Services *Determination of EMS services is dependent on event size and type. Who is providing this service: <u>WR. FIRE</u> <i>Rescue</i>		<input checked="" type="checkbox"/>	Vendors items sold/ solicitation
	<input checked="" type="checkbox"/>	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)	#	<input checked="" type="checkbox"/>	Booths: Profit / Non-Profit
#	<input checked="" type="checkbox"/>	Electricity / Generators (Size _____) Attach detailed electrical plan.		<input checked="" type="checkbox"/>	Activities / Entertainment (Agenda) Other equipment or entertainment
	<input checked="" type="checkbox"/>	Lighting plan: attach plan		<input checked="" type="checkbox"/>	Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	<input checked="" type="checkbox"/>	Gray Water Barrel / Grease Barrel (circle /detail # and locations)		<input checked="" type="checkbox"/>	Stages (Number and Size(s) _____)
<input checked="" type="checkbox"/>		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	<input checked="" type="checkbox"/>	Barricades. How many identify locations and attach logistics map
#	<input checked="" type="checkbox"/>	Porta Toilets / Wash Stations (Quantity ADA Regular _____)	#	<input checked="" type="checkbox"/>	EVENT estimated attendance: <u>100-200</u> Number of staff working event: <u>20</u> Number of volunteers working event: <u>10</u>
<input checked="" type="checkbox"/>		Water Drinking / Washing (circle)			Amplified Sound Permit-the allowable sound decibel level - (90) dB maximum

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: [Signature] Date: 8/2/12

DECISION

Based on the Application for a Special Event Permit for the Boxing Smoker September 2012, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

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

Other Conditions

- Certificate of Insurance will need to be submitted.

DATED this 17th day of September, 2012.

CITY OF HAILEY

By: _____
Fritz Haemmerle, its Mayor

ATTEST:

Mary Cone, City Clerk

AGREEMENT

In consideration of the granting of a special event permit by the City of Hailey ("the City") for the Boxing Smoker that will occur on September 22, 2012 from 7:00 p.m. to 10:00 p.m., plus specified set up and teardown time, ("the Event"), and pursuant to Section 12.14 of the Hailey Municipal Code, the undersigned, as the applicant ("Applicant") of a Special Event Permit from the City for the Event, does hereby agree to reimburse the City for any costs incurred by the City in repairing damage or providing any services or materials resulting from the Event. The Applicant agrees that such costs may be deducted from a non-refundable security deposit or additional deposit as established by the City, and that if costs exceed any deposit made

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by the applicant, further reimbursement will be made to the City upon demand. The Applicant hereby agrees to indemnify, defend and hold harmless the City and its officers and employees, in their official and individual capacities, from any and all claims, demands, obligations, liabilities, lawsuits, judgments, attorneys' fees, costs, expenses and damages of any nature caused by or arising out of, or connected with the Event. In the event either party hereto is required to retain counsel to enforce a provision of this Agreement, or to recover damages resulting from a breach hereof, the prevailing party shall be entitled to recover from the other party all reasonable attorney's fees incurred herein or on appeal, or in bankruptcy proceedings. The Applicant agrees to comply with all the laws and ordinances of the City of Hailey, Idaho applicable to the subject matter thereof, and to conduct the Event in accordance with the terms and provisions of the application for a Special Event Permit, as approved or as modified by the City, and all conditions of the Special Event Permit. The Applicant agrees that the Special Event Permit is nontransferable and shall be conducted only for the dates and locations as approved by the City.

IN WITNESS WHEREOF, Applicant and the City have executed this Agreement on this 17th day of September, 2012.

APPLICANT:

By: _____

(please sign and print name and title, if applicable)

CITY OF HAILEY:

By: _____

Fritz Haemmerle, its Mayor

ATTEST:

Mary Cone, its City Clerk

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