

AGENDA ITEM SUMMARY

DATE: 4/18/2011 **DEPT.:** Historic Preservation Commission / Admin **DEPT. HEAD SIGNATURE:** _____

SUBJECT:

State Historic Preservation Office
Idaho State Historical Society
Idaho Certified Local Government Program
Grant Agreement for Historic Hailey Crossroads Brochure

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

The State Historic Preservation Office has requested that Hailey submit a revised scope of work and budget for the Historic Hailey Crossroads Brochure. The project was originally conceived as consisting of a brochure and interpretive panel, but SHPO has advised Hailey the interpretive panel is not an allowable cost with these grant funds.

The revised scope of work and budget includes only the production of the Historic Hailey Crossroads Brochure. The budget has been reduced accordingly, with the federal share being \$1,650, Hailey's cash share being \$850 and Hailey's in-kind labor (staff and volunteer) being \$826, for a total project budget of \$3,326. The original total project budget was \$7,555.

At this time, the HPC and city staff request authorization for Mayor Rick Davis to sign the revised scope of work and budget.

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:

Authorize Mayor Davis to sign revised scope of work and budget.

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 # _____

A. PROJECT DESCRIPTION

Historic Hailey Crossroads Brochure

1. Project Staff

Grant Administrator

Tracy Anderson
City of Hailey
115 Main St. S, Suite H
Hailey, ID 83333
(208) 788-4221, ext. 26
tracy.anderson@haileycityhall.org

Project Manager

Rob Lonning
Chair, Hailey Historic Preservation Commission
115 Main St. S, Suite H
Hailey, ID 83333
(208) 788-9654
ralonning@mac.com

Ms. Anderson will manage all administrative aspects of the grant and will support the project manager with project implementation. She is Hailey's Grant Administrator, responsible for a current roster of nine grant projects from both federal and state agencies, with a combined project value of approximately \$800,000. Ms. Anderson is also skilled in the development of brochures and exhibits, as well as other promotional materials, and will provide project support in this regard.

Mr. Lonning will be the overall lead for implementation of the project. He has nearly forty years of experience as an educator and has been involved with the Hailey Historic Preservation Commission (HPC) since its inception. During his tenure as chair of the HPC three historic buildings in Hailey have been added to the National Register of Historic Places and in 2009 he was co-director of a successful State Historic Records Advisory Board (SHRAB) grant that resulted in the digitization and uploading to the World Wide Web of the historic Martyn Mallory Photographic Collection.

Résumés for Ms. Anderson and Mr. Lonning are included in this application.

The project will also involve contracting with an historian, through a bid process, to assist with research and developing the brochure content.

2. Goals and Objectives

The Historic Crossroads Brochure is intended to commemorate the four historic buildings at the intersection of Bullion St. and 2nd Avenue. Three of the four buildings (the Masonic Lodge, Episcopal Church and Eben and Elizabeth Chase House) are listed in the National Register of Historic Places. The fourth building – the Fox House – is currently pending listing. The brochure will be available at Hailey City Hall, the Hailey Chamber of Commerce Visitor's Center, the Hailey Public Library, the Blaine County Historical Museum and the City of Hailey website.

The project will be accomplished with a team that includes the Project Manager, Grant Administrator, an historian to assist with research and developing the brochure content, a graphic



designer for layout of the brochure and printing services. A guided tour will be held at the project's conclusion.

The HPC will provide review and approval of the project throughout its implementation; this will be provided through the venue of the monthly HPC meetings.

3. Identification of Final Products

The final product of the project is one brochure.

4. Meets Secretary of Interior's Standards

The project deliverables will conform to the Secretary of Interior's *Standards for Historical Documentation*.

5. Timetable for Completion of Project and Submission of Reports

March 1, 2011 SHPO notification of pending award
April 26, 2011 Hailey submits revised budget and project description to SHPO
April 29, 2011 Request for quotes issued / historian and graphic designer
June 17, 2011 Research complete
June 30, 2011 Mid-project report to SHPO
July 8, 2011 First draft of brochure complete
July 22, 2011 Final draft of brochure to SHPO
August 15, 2011 Printing of brochure complete
August 31, 2011 Project complete; submit billing and product to SHPO

6. Repository for Final Product

A copy of the research and six copies of the brochure will be sent to SHPO. The research and digital copies of the brochure will be housed at Hailey City Hall.

7. State Priority

None

Mayor Rick Davis

April 26, 2011

Date



B. BUDGET

Historic Hailey Crossroads Interpretive Panel & Brochure

	FEDERAL	MATCH
Professional Services		
Historian Research / Brochure Content	\$1,000	\$0
Graphic Designer Brochure	150	850
Printer Brochure	500	0
SUBTOTAL	1,650	850
Administration & In-Kind Support		
Project Manager 25 hours @ \$20.25/hour	0	506
Grant Administrator / Project Support 10 hours @ \$32/hour	0	320
SUBTOTAL		826
GRAND TOTAL	\$1,650	\$1,676

Non-Federal Share

Donor: HHPC Chair
Source: Labor
Kind: In-Kind
Amount: \$506

Donor: City of Hailey
Source: Discretionary Fund
Kind: Cash
Amount: \$850

Donor: Hailey Grant Admin./City Crews
Source: Labor
Kind: Direct Expense
Amount: \$320

Total: \$1,676

Mayor Rick Davis

April 26, 2011

Date



AGENDA ITEM SUMMARY

DATE: 04/25/2011

DEPARTMENT: City Hall

DEPT. HEAD SIGNATURE:

SUBJECT:

Motion to ratify acceptance of donated office items from Power Engineers.

On Monday 04/18/11 the City of Hailey was given surplus office furniture from Power Engineers. We accepted 6 filing cabinets of various sizes, 3 L shaped desks and 2 roll away plan hangers. Our crew members picked up these items & delivered them to city hall.

Power Engineers offered these items at no charge and reciprocation is not expected.

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	___ Building
___ Library	___ Planning	___ Fire Dept.	_____
___ Safety Committee	___ P & Z Commission	___ Police	_____
___ Streets	___ Public Works, Parks	___ Mayor	_____

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

~~No~~ Action required.

Motion to ratify acceptance of donated office furniture from Power Engineers.

FOLLOW-UP REMARKS:

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REPORT

Submitted to the Board of Directors

of the [Company Name]

for the year ending [Date]

at [Location]

by [Name]

[Title]

[Address]

[City, State, Zip]

[Phone Number]

[Fax Number]

[E-mail Address]

[Web Address]

[Social Media Links]

[Other Contact Information]

[Additional Information]

[Notes]

[Comments]

[Signatures]

[Dates]

[Initials]

[References]

[Bibliography]

[Appendix]

[Index]

[Glossary]

[List of Figures]

[List of Tables]

[List of Exhibits]

[List of References]

[List of Sources]

[List of Contributors]

[List of Reviewers]

[List of Advisors]

[List of Mentors]

[List of Sponsors]

[List of Supporters]

[List of Donors]

[List of Volunteers]

[List of Staff]

[List of Board Members]

[List of Advisors]

[List of Contributors]

AGENDA ITEM SUMMARY

DATE: 04/25/11 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Lanzarone-Engkraf Wedding Special Event at Heagle Park, this event is scheduled to take place September 24, 2011.

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

*** Event will have amplified music.

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

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

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department Heads approved with no further contingencies.

FOLLOW-UP REMARKS:

*

DECISION

Based on the Application for a Special Event Permit for the Lanzarone-Engkraf Wedding, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

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

DATED this 25th day of April, 2011.

CITY OF HAILEY

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, its City Clerk

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

AGREEMENT

In consideration of the granting of a special event permit by the City of Hailey ("the City") for the Lanzarone-Engkraf Wedding that will occur on September 24, 2011 from 3:00 p.m. to 9:00 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 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 25th day of April, 2011.

APPLICANT:

By: _____

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

CITY OF HAILEY:

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, its City Clerk

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



SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Lanzarone / Enghraf wedding #7942

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

Lawrence Heagle 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
9/24/11	Start Time: 3pm End Time: 9pm	One Hour Interval: All Day: 200
	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
9/23/11	Start Time: 10am End Time: 7pm	
Date of Tear Down		
9/25/11	Start Time: 10am End Time: 5pm	

IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>125 -</u>
Per Day Park Rental Fee	\$200 x 3	<input checked="" type="checkbox"/>	<u>600 -</u>
Security Deposit	\$500	<input checked="" type="checkbox"/>	<u>500 -</u>
Tax (on park rental fees only)	6%	<input checked="" type="checkbox"/>	<u>36 -</u>
TOTAL DUE			<u>1261 -</u>
Additional Deposit Required		<input type="checkbox"/>	0000

V. ORGANIZATION INFORMATION

Applicant's Name: Nikki Lanzarone Title: _____

Mailing Address: P.O. Box 4281 Hailey, ID Zip Code: 83333

Street Address: 770 Eastridge dr. City: Hailey State: ID

Day Telephone: 208-780-6956 Evening Telephone: _____

FAX Number: _____ E-Mail Address: nml2214@aol.com

Applicant Driver's License #: FA 123545F
Sponsoring Organization: N/A
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): N/A

Description of Event:
Wedding to begin at 3 pm Sept 24. Should be over by 9 pm, music, no lights. Reception to follow.

Additional Details:

VII. INSURANCE REQUIREMENTS

It is the responsibility of your Special Event organizers to maintain a primary policy with coverage of not less than \$1,000,000.00 covering the event. The primary policy, not contributing with or in excess of an additional insured status. The adequacy of all insurance required by these provisions and the adequacy of all insurance coverage required by this agreement shall be maintained throughout the event.

Will provide by event date

GENERAL LIABILITY insurance. Each policy shall be written as a primary policy. A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be provided with this application. The City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for denial of the application.

Insurance Company: _____
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.

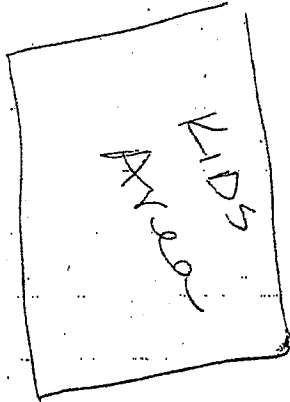
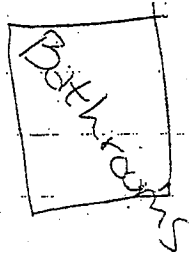
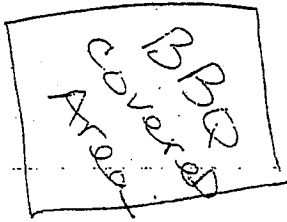
Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.	X		Alcohol Served (Free of Charge) (name of provider)
				X	Alcohol Sold Requires Alcohol 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):
#	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.	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 <u>Drinking</u> / Washing (circle)		X	Stages (Number and Size(s) _____)
	X	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	X	Barricades. How many identify locations and attach logistics map
X		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	200	EVENT estimated attendance
#		Porta Toilets / Wash Stations (Quantity ADA Regular _____)	#		Number of staff working event
#	X		#		Number of volunteers working

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

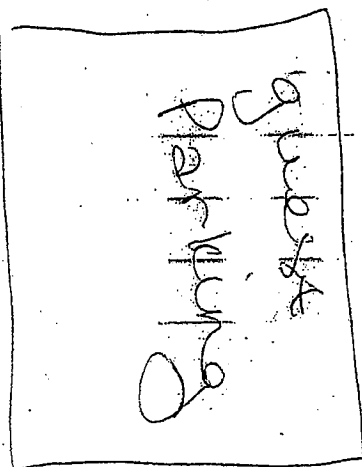
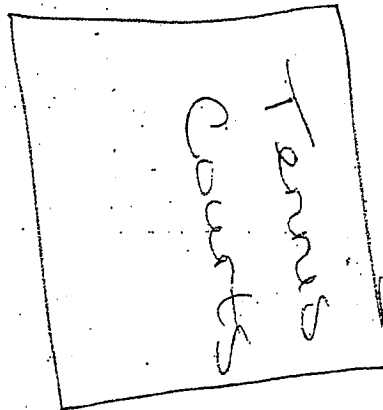
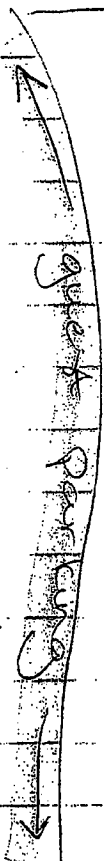
Event Organizer's Signature: _____

Date: 3/24/11

Guest Parking



Park



Will have signs on where to Park also.

UT - Colonial General Insurance Agency, Inc.

P.O. Box 571770
 5373 S Green St. Suite 525
 Murray, UT 84157-1770

Phone: (800) 594-8900

Fax: (801) 293-2030

Quotation

March 04, 2011

Bill to: Insured Agent

Retail Broker: Sowersby's Farmers Insurance

APP Number: APP53627105

Page 2 of 2

Fax: 208-788-2570

Applicant Name: LANZARONE, NIKKI

Attention: Marguerite Sowersby

Alternate Name:

From: Melinda J Otiano - 800-594-8900 Ext. 109

Expiring Policy Number: New

Email: mjo@colgen.com

Quotation Expires: 60 Days

Please review the following coverage(s) offered. Coverages may differ from those requested on the application/submission. Quota is based on the information submitted and is subject to change.

This quotation is subject to common and declaration forms in addition to the following forms and endorsements:

CG 00 88	Recording/Distribution of Material/Info	Ed Date: 05-2009
WHI 21-0488	SEXUAL/PHYSICAL ABUSE EXCL	Ed Date: 03-2005
CG 21 96	Silica or Silica-Related Dust Exclusion	Ed Date: 03-2005
WHI 21-0537	TOTAL LIQUOR LIABILITY EXCLUSION	Ed Date: 04-2009
CG 21 49	Total Pollution Exclusion	Ed Date: 09-1999

Grand Total Premium/Taxes/Fees:

\$254.38

For additional premium, terrorism coverage can be extended to cover certified acts of terrorism as defined under the Terrorism Risk Insurance Act of 2002.

COVERAGE CANNOT BE BOUND WITHOUT:

Terrorism form Signed by the Insured, either accepting or rejecting coverage (see copy attached).

Coverage cannot be bound until approved by Colonial General Insurance Agency Inc.

If premium is financed, you must collect the down and mail along with a copy of the finance agreement. For a Finance Quote
 through our affiliate Sundance Premium Finance Co call 1-800-848-8860 **Fully earned policies may NOT be Financed**

UT - Colonial General Insurance Agency, Inc.

P.O. Box 571770
5373 S Green St. Suite 525
Murray, UT 84157-1770

Phone: (801) 394-3300
Fax: (801) 293-2030

Quotation

March 04, 2011

Mail Broker: Sowersby's Farmers Insurance
Fax: 208-788-2570

Attention: Marguerite Sowersby

From: Melinda J Otieno - 800-594-8900 Ext. 109

Email: mjo@colgen.com

Bill to: Insured Agent

Page 1 of 2

APP Number: APP53827106

Applicant Name: LANZARONE, NIJKI

Alternate Name:

Expiring Policy Number: New

Quotation Expires: 60 Days

Please review the following coverage(s) offered. Coverages may differ from those requested on the application/submission. Quote is based on the information submitted and is subject to change.

Table with columns: Limit, Description of Coverage, Amount. Includes rows for Social Gathering and Meeting, Fire Legal Liability, General Aggregate, Medical Payments, etc.

General liability premium placed with WESTERN HERITAGE INS CO at 10.0000% Commission to the Agent;

Table with columns: Fee Description, Amount. Includes Agency Policy Fee, Stamping Tax, Surplus Lines Tax.

Taxes/Fees

This quotation is subject to the following terms and conditions:

Minimum Earned Premium of 100% applies. Payment in full required prior to binding OR a statement that you are responsible for payment of the total premium.
Additional Insured-Fully Earned: Not Incl (x) \$100.00 Each
Confirmed Loss Experience
GL Deductible is per Claimant
Limited Certified Terrorism Coverage Buyback Available for 5% of the premium, plus applicable taxes.
Minimum and Advanced Premium Endt Applies @ 100% earned.
No Return Premiums will be issued on Audits.
Subject to Audit
SUBJECT TO PHYSICAL ADDRESS OF EVENT AND DATES OF EVENT

This quotation is subject to common and declaration forms in addition to the following forms and endorsements:

Table listing various forms and endorsements such as AMENDMENT OF CONDITIONS, COMMUNICABLE DISEASE EXCLUSION, CONTRACTUAL LIABILITY, etc., with corresponding Effective Dates.

1945

1. 1. 1945

2. 2. 1945

3. 3. 1945

4. 4. 1945

5. 5. 1945

6. 6. 1945

7. 7. 1945

8. 8. 1945

9. 9. 1945

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12. 12. 1945

13. 1. 1946

14. 2. 1946

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16. 4. 1946

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24. 12. 1946

25. 1. 1947

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35. 11. 1947

36. 12. 1947

37. 1. 1948

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61. 1. 1950

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71. 11. 1950

72. 12. 1950

73. 1. 1951

74. 2. 1951

75. 3. 1951

76. 4. 1951

77. 5. 1951

78. 6. 1951

79. 7. 1951

80. 8. 1951

81. 9. 1951

82. 10. 1951

83. 11. 1951

84. 12. 1951

AGENDA ITEM SUMMARY

DATE: 04/25/11 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Girls on the Run 5K & Healthy Living Expo Special Event to be held at Heagle Park on 05/21/11.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code _____
(IFAPPLICABLE)

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: (IFAPPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department heads have approved with the following conditions:

- Applicant will be responsible for repair of any turf and/or sprinkler damage.
- Any special power requirements will need to be approved. Only City approved electricians will be allowed in the power boxes.
- Applicant will need to coordinate special needs through the Public Works Director.
- A meeting with Parks Dept personnel is required.
- Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- This special event is within the RGB, GR, & LR-1 zoning district. No provisions exist within the zoning code to address special events within this zoning district; however the Special Event standards address and mitigate neighborhood impacts.

FOLLOW-UP REMARKS:

*

AGREEMENT

In consideration of the granting of special event permits by the City of Hailey ("the City") for Girls On The Run 5K & Healthy Living Expo that will occur on May 21, 2011 from 9:30 a.m. to 12:00 p.m., plus specified set up and teardown time ("the Events"), 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 Events, 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 Events. 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 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 Events. 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 Events 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 Permits. The Applicant agrees that the Special Event Permits are 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 25th day of April, 2011.

APPLICANT:

By: _____

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

CITY OF HAILEY:

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, its City Clerk

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

DECISION

Based on the Applications for Special Event Permits for Girls On The Run 5K & Healthy Living Expo, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

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

Other Conditions

- a. Applicant will be responsible for repair of any turf and/or sprinkler damage.
- b. Any special power requirements will need to be approved. Only City approved electricians will be allowed in the power boxes.
- c. Applicant will need to coordinate special needs through the Public Works Director.
- d. A meeting with Parks Department personnel is required.
- e. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- f. This special event is within the RGB, GR, & LR-1 zoning district. No provisions exist within the zoning code to address special events within this zoning district; however the Special Event standards address and mitigate neighborhood impacts.

DATED this 25th day of April, 2011.

CITY OF HAILEY

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, its City Clerk

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



SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: New Balance Girls on the Run 5K 422

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

Public Property Private Property

APR 01 2011

Heagle Park, Della View ^{+ Robin Hood} neighborhood

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
Sat. 5/21	Start Time: <u>9:30 am</u> End Time: <u>12:00 pm</u>	One Hour Interval: <u>300</u> All Day:
Sat 5/21	Start Time: End Time:	One Hour Interval: All Day:
Date of Set-Up		
Fri 5/20	Start Time: <u>7 am</u> End Time: <u>9:30 am</u>	
Date of Tear Down		
Sat 5/21	Start Time: <u>12 pm</u> End Time: <u>1 pm</u>	

IV. FEES

Special Event Permit Application Fee \$125 125

Per Day Park Rental Fee \$200 200

Security Deposit \$500 on file

Tax (on park rental fees only) 6% 12.00

TOTAL DUE \$337.00

Additional Deposit Required _____

V. ORGANIZATION INFORMATION

Applicant's Name: Mary Faith Title: F.D.

Mailing Address: Box 7016 Ketchikan, AK Zip Code: 99901

Street Address: _____ City: _____ State: _____

Day Telephone: 788-7863 Evening Telephone: 788-7863

FAX Number: _____ E-Mail Address: mary2gh@girlsontherunwrv.org

Sponsoring Organization: Girls on the Run

Non-Profit: Yes No Tax Exempt #: _____

Federal Tax #: 45-0501972 State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes _____ No Annual Event: Yes No _____ Years Operating 8

Event Category: Commercial Noncommercial

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

Description of Event:
Fun Run/walk for the entire community that
benefits Girls on the Run. A Healthy Living expo +
family fun activities to follow.

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: Westpoint Lexington Insurance Agent Name: Angela Salcido / Westpoint Insurance
Address: 5920 111th St., Chicago, IL 60415 Phone: 800-318-7709

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)

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	# 0		Vendors items sold/ solicitation
3		Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____	# 0		
X					
#	X	Security (detail who, number of officers, times. Attach plan)	#	12	Booths: Profit / (Non-Profit)
	X	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)		X	Lighting plan: attach plan
#		Electricity / Generators (Size _____) Attach detailed electrical plan.	X		Activities / Entertainment (Agenda) <i>attached</i> Other equipment or entertainment
4				X	Signs or Banners: sign permit may be required by the City Planning and Zoning Department
X		Water Drinking / Washing (circle)		X	Stages (Number and Size(s) _____)
	X	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	X	Barricades. How many identify locations and attach logistics map
X		Sanitation - (Trash bins, Dumpsters, Recycle (circle /detail # and locations)	# 300 1200		EVENT estimated attendance
#		Porta Toilets / Wash Stations (Quantity ADA (Regular) _____)	# 1		Number of staff working event
1			# 40		Number of volunteers working

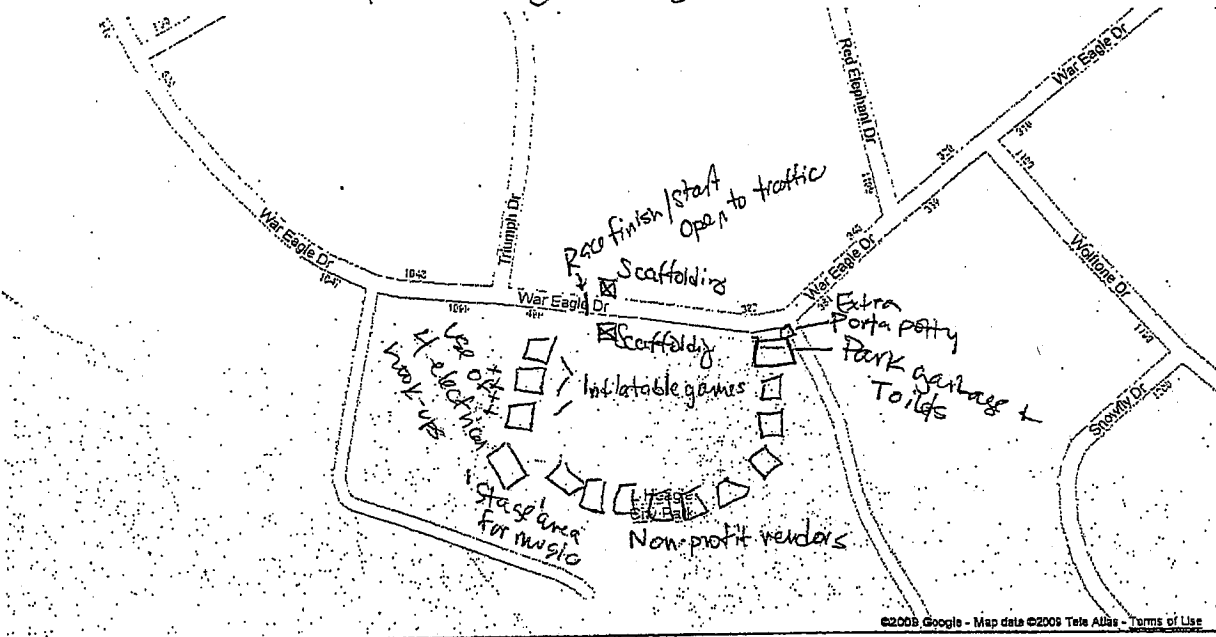
I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees 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: Mary Faith

Date: 3/29/18

Google
Maps

Race Start/Finish Area Healthy Living Expo layout



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- Browse a directory of interactive content that you can add to Google Maps. [Learn more >](#)

[Create new map](#)

[Browse the directory](#)

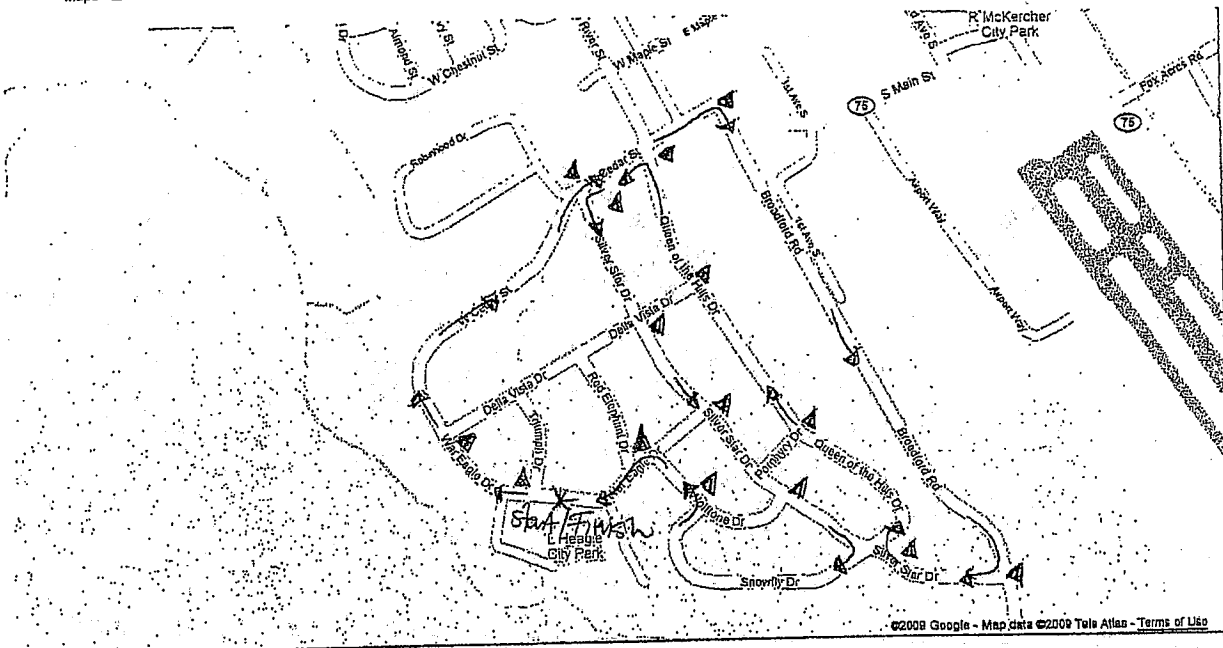
Featured content

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- [Hot Spots Guide](#)
- [Island Guide](#)
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- [Photos from Picasa Web Albums](#)
- [Gas Prices from GasBuddy.com](#)
- [Distance Measurement Tool](#)
- [Places of Interest](#)
- [The Weather Channel](#)
- [The Tap Mapplet](#)

Participating vendors to date

St. Lukes
Ymca
Animal shelter
YAK
SNRA
Big wood landscaping
SV Adaptive Spots
Girls on the Run

Girls on the Run Course Map



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▲ = volunteer placement

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- ▮ [Hot Spots Guide](#)
- ▮ [Island Guide](#)
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- ▮ [Photos from Picasa Web Albums](#)
- ▮ [Gas Prices from GasBuddy.com](#)
- ▮ [Distance Measurement Tool](#)
- ▮ [Places of Interest](#)
- ▮ [The Weather Channel](#)
- ▮ [The Tap Mapplet](#)

Girls on the Run 5k & Healthy Living Expo Activity Agenda:

Friday, May ~~18~~ ~~20~~ ~~21~~ 20

5-7 pm - Course marking & finish/start scaffolding set-up at park

Saturday, May ~~19~~ ~~20~~ 21

6:30 - 8:30 - Race set-up

8:30 - 9:30 - Race registration/Expo set-up

9:30 - 10:30 - Race

9:30 - 12:30 - Expo

12:30 - 1:00 - Clean up

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER Westpoint Insurance Group, Ltd. 5920 W. 111th St Chicago Ridge IL 60415	CONTACT NAME:	PHONE (A/C No. Ext): (800)318-7709	FAX (A/C No): (708) 636-3915	
	E-MAIL ADDRESS:	PRODUCER CUSTOMER ID #: 00004558		
INSURED Girls on the Run of the Wood River Valley P.O Box 7016 Ketchum ID 83340	INSURER(S) AFFORDING COVERAGE		NAIC #	
	INSURER A: Lexington Insurance Co			
	INSURER B:			
	INSURER C:			
	INSURER D:			
	INSURER E:			
INSURER F:				

COVERAGES CERTIFICATE NUMBER: CL113319223 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		6992769-03	03/07/2011	11/20/2011	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	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)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate Holder is also additional insured.

CERTIFICATE HOLDER

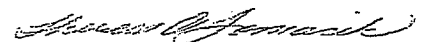
City of Hailey
Blaine County, ID

CANCELLATION

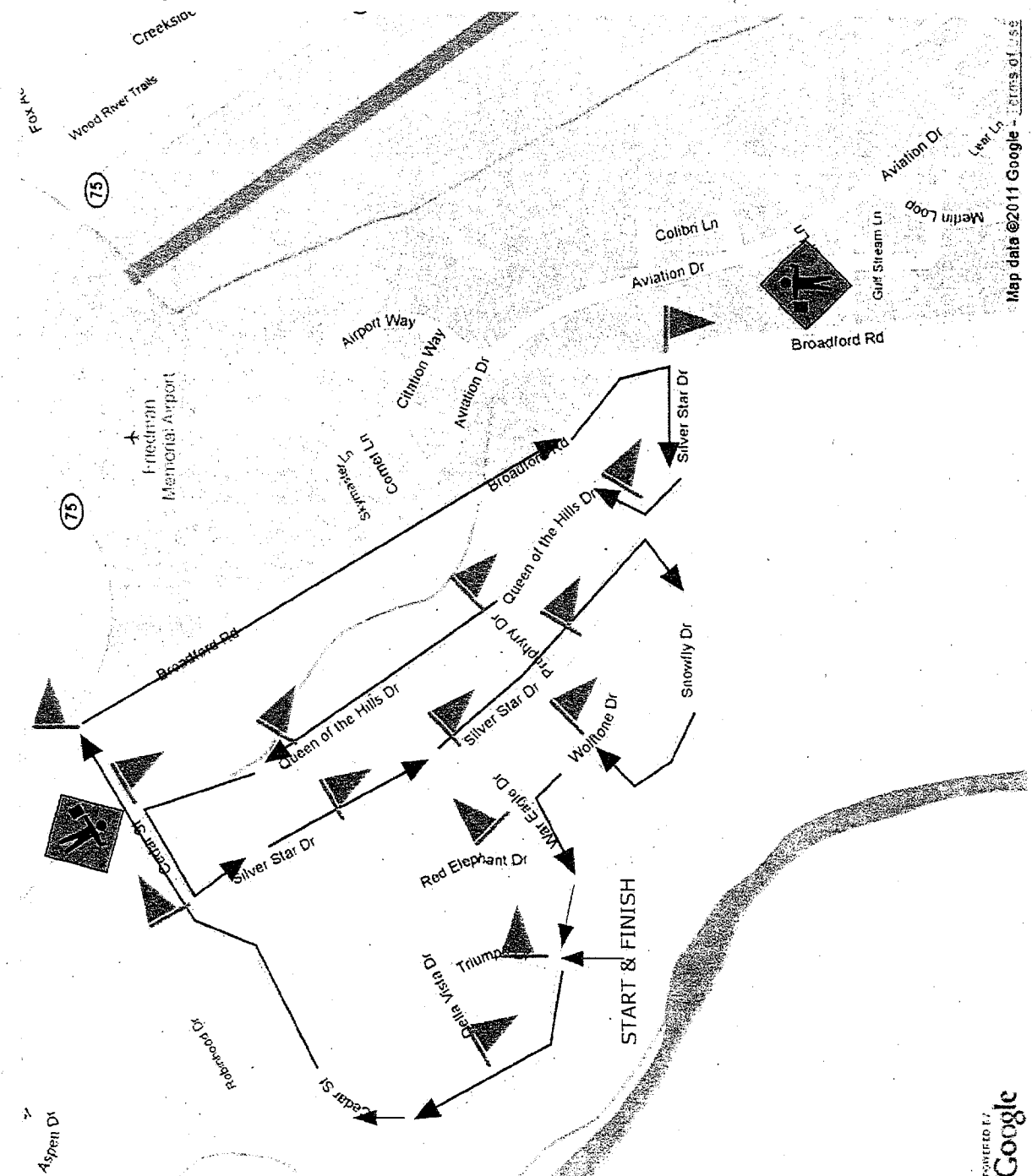
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Terri Tomasik/AS



VOLUNTEER
 ADVANCE WARNING
 RACE ROUTE



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POWERED BY Google

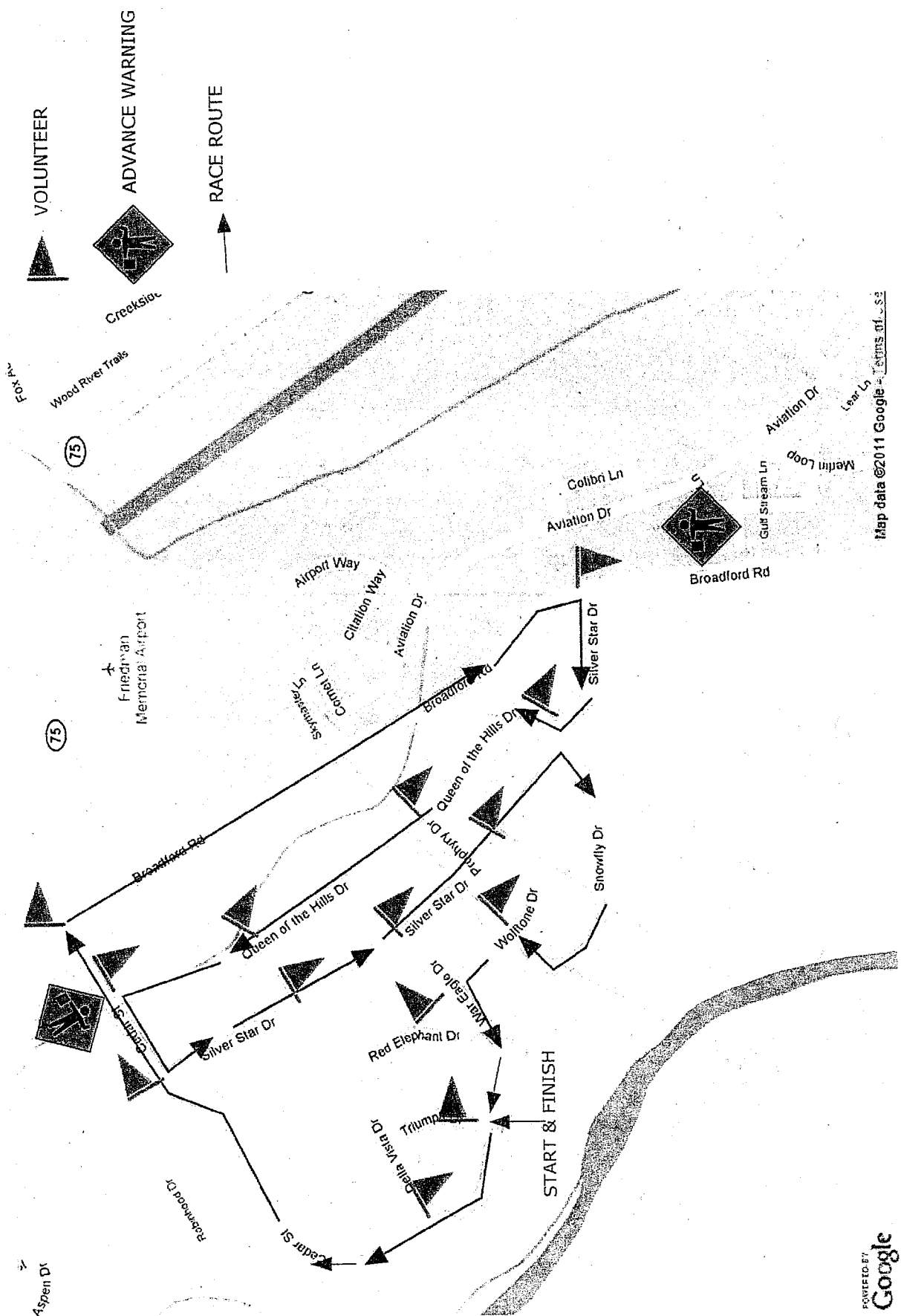
VOLUNTEER



ADVANCE WARNING



RACE ROUTE



Map data ©2011 Google - Terms of Use

POWERED BY Google

AGENDA ITEM SUMMARY

DATE: 04/25/11 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Approval is requested for the 2011 Northern Rockies Folk Festival Special Event to be held at Hop Porter Park. Event is scheduled to take place August 5, 2011 – August 6, 2011.

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

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

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department Heads approved with the following contingencies:

- Applicant will be responsible for repair of any turf and/or sprinkler damage.
- Any special power requirements will need to be approved. Only City-approved electricians will be allowed in the power boxes.
- Dumpsters or trash receptacles will need to be provided.
- Declaration of Insurance coverage needs to be submitted.
- Applicant will need to coordinate special needs through the Public Works Director.
- Restrooms will need to be provided with a minimum of one being ADA accessible. The applicant states 2000 attendees, the proposed 20 restrooms with two being ADA accessible is acceptable.
- Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- This special event is within the RGB zoning district. No provisions exist within the zoning code to address special events within this zoning district; however the Special Event standards address and mitigate neighborhood impacts.

FOLLOW-UP REMARKS:

*

AGREEMENT

In consideration of the granting of a special event permit by the City of Hailey ("the City") for the 2011 Northern Rockies Folk Festival that will occur on August 05- August 06, 2011 from 9:00 a.m. to 11:00 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 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 25th day of April, 2011.

APPLICANT:

By: _____

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

CITY OF HAILEY:

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, City Clerk

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

DECISION

Based on the Application for a Special Event Permit for the 2011 Northern Rockies Folk Festival, the City of Hailey, pursuant to Chapter 12.14 of the Hailey Municipal Code, approves the Application and grants the Special Event Permit, subject to the following conditions:

Standard Conditions

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

Other Conditions

- a. Applicant will be responsible for repair of any turf and/or sprinkler damage.
- b. Any special power requirements will need to be approved. Only City-approved electricians will be allowed in the power boxes.
- c. Dumpsters or trash receptacles will need to be provided.
- d. Declaration of Insurance coverage needs to be submitted.
- e. Applicant will need to coordinate special needs through the Public Works Director.
- f. Restrooms will need to be provided with a minimum of one being ADA accessible. The applicant states 2000 attendees, the proposed 20 restrooms with two being ADA accessible is acceptable.
- g. Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
- h. This special event is within the RGB zoning district. No provisions exist within the zoning code to address special events within this zoning district; however the Special Event standards address and mitigate neighborhood impacts.

DATED this 25th day of April, 2011.

CITY OF HAILEY

By: _____
Rick Davis, its Mayor

ATTEST:

Mary Cone, City Clerk

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



SPECIAL EVENT PERMIT APPLICATION

RECEIVED
MAR 15 2011

I. EVENT NAME: Northhorn Rockies Folk Festival

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

Hop Porter 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>Fri 8/5/11</u>	Start Time: <u>0600</u> End Time: <u>11p</u>	One Hour Interval: All Day: <u>2000</u>
<u>Sat 8/6/11</u>	Start Time: <u>0900</u> End Time: <u>11pm</u>	One Hour Interval: All Day: <u>2000</u>
<u>Thu 8/4/11</u>	Start Time: <u>0900</u> End Time: <u>1700</u>	
<u>Sat 8/6/11</u>	Start Time: <u>11p</u> End Time: <u>1 Am</u>	

IV. FEES

Special Event Permit Application Fee \$125 125.00

Per Day Park Rental Fee \$200 Waived

Security Deposit \$500 500 on file

Tax (on park rental fees only) 6% _____

TOTAL DUE 125

Additional Deposit Required _____

V. ORGANIZATION INFORMATION

Applicant's Name: Peter R. Kramer Title: President

Mailing Address: P.O. Box 2840 Hailey Zip Code: 83333

Street Address: _____ City: _____ State: ID

Day Telephone: 720 3837 Evening Telephone: 720 3837

FAX Number: 788 9852 E-Mail Address: pk@flyfma.com

Applicant Driver's License #: FA 105885 F
Sponsoring Organization: Northern Rockies Folk Festival
Non-Profit: Yes No Tax Exempt #: _____
Federal Tax #: 82-0469471 State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes _____ No _____ Annual Event: Yes No _____ Years Operating 34

Event Category: Commercial Noncommercial

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

Description of Event: 2 day, music, community & family gathering

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: Stanley-Leavitt Agent Name: Joyce Hoos

Address: 715 Shoshone St. Twin Falls Phone: 733-5136

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.		X	Alcohol Served (Free of Charge) (name of provider)
	X	Table @ Bullion & River St.	X		Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
		Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X		Food/Beverages will be served (List Caterers):
		Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement <u>Stage / canopies</u>	#		Vendors items sold/ solicitation
		Medical Services (Circle) First Aid and/or EMS Services Who is providing services? <u>Volunteers</u>	#		TBD
		Security (detail who, number of officers, times. Attach plan) <u>Volunteer Staff</u>	#		Booths: <u>Profit</u> / <u>Non-Profit</u>
		Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.) <u>Re: #1 above</u>			Lighting plan: attach plan <u>Stage</u>
		Electricity / Generators (Size _____) Attach detailed electrical plan. <u>on site</u>			Activities / Entertainment (Agenda) Other equipment or entertainment
			X		Signs or Banners: sign permit may be required by the City Planning and Zoning Department
		Water Drinking / Washing (circle) <u>On site</u>	X		Stages (Number and Size(s) _____) <u>1 60 x 30</u>
		Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	X	Barricades. How many identify locations and attach logistics map <u>20</u>
		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations) <u>Clear Creek</u>	#		EVENT estimated attendance <u>2000/day</u>
		Porta Toilets / Wash Stations (Quantity ADA Regular) <u>clear creek</u>	#		Number of staff working event <u>14</u>
			#		Number of volunteers working <u>52</u>

Security Barricade all Traffic access

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: 2/12/11

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JAN 21 2011

NORTHERN ROCKIES FOLK FESTIVAL INC
C/O CHRISTOPHER P. STMMR
ATTORNEY AT LAW
PO BOX 1861
HAILEY, ID 83333

Employer Identification Number:
82-0489471
DLN:
600258083
Contact Person:
JAMIE N HEITBRINK ID# 31644
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(2)
Form 990 Required:
Yes
Effective Date of Exemption:
February 27, 1996
Contribution Deductibility:
Yes
Addendum Applies:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

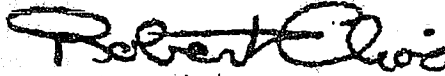
Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

NORTHERN ROCKIES FOLK FESTIVAL INC

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)