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:

Fresshies

ADMINISTRATIVE COMMENTS/APPROVAL:

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

ACTION OF THE CITY COUNCIL:
Date ___________________________
City Clerk ___________________________

FOLLOW-UP:
*Ord./Res./Agmt./Order Originals: ___________________________
*Additional/Exceptional Originals to: ___________________________
Copies (all info.): ___________________________
Copies ___________________________
Instrument # ___________________________
ALCOHOL BEVERAGE LICENSE RENEWAL APPLICATION

Fresshies
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: Fresshies
Business Address: 122 Main St. S
Mailing Address: Box 2595 Hailey ID 83333
Business Email: phunked1@msn.com or liquidpowder@hotmail.com

Owner Name: Jason & Adam Kraft.
Owner Address: Box 2596 Hailey ID 83333
Owner Phone: 720-8196

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

License Fees:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
<td>$562.50</td>
</tr>
<tr>
<td>Wine by the Drink</td>
<td>$200.00</td>
</tr>
<tr>
<td>Beer by the Drink</td>
<td>$200.00</td>
</tr>
<tr>
<td>Grocery Sale of Wine</td>
<td>$200.00</td>
</tr>
<tr>
<td>Grocery Sale of Beer</td>
<td>$200.00</td>
</tr>
</tbody>
</table>

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

Date Approved by Council
Chief of Police Approval

- 94 -
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

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 ___________ 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 a 1 year agreement with Avaya, Inc. to cover our city hall phone hardware in case of equipment failure.

FOLLOW-UP REMARKS:
LOA Support Team
Avaya Inc.
14400 Hertz Quail Springs Parkway
Oklahoma City, Oklahoma 73134-2615

Email: threestarloa@avaya.com
Voice (800) 225-0266, ext. 21940 or 21934
Fax (405) 302-9863

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 TM 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.

- CIRR 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 CIRR 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@spson.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

(Revised 11-11)
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: Caseille #
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 Administrator □ Library □ Benefits Committee
□ City Attorney □ Mayor □ Streets
□ City Clerk □ Planning □ Treasurer
□ Building □ Police □
□ Engineer □ Public Works, Parks
□ Fire Dept. □ 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)
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.

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Hours</th>
<th>Estimated # of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 27th</td>
<td>Start Time: 7:00pm  End Time: 10:00pm</td>
<td>One Hour Interval: All Day:</td>
</tr>
<tr>
<td>Date of Set-Up</td>
<td>Start Time:  End Time:</td>
<td>One Hour Interval: All Day:</td>
</tr>
<tr>
<td>Date of Tear Down</td>
<td>Start Time:  End Time:</td>
<td></td>
</tr>
</tbody>
</table>

IV. FEES

Special Event Permit Application Fee $125

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.
☐ 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 ☐

TOTAL DUE $125

V. ORGANIZATION INFORMATION

Sponsoring Organization: USA Grappling Academy

Applicant’s Name: LEON ANDERSON  Title: OWNER

Address: PO BOX 645  City: Bellevue  State: ID  Zip: 83313

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

Applicant Driver’s License #: MNZ506694  EMAIL: Superstarleonander@gmail.com

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

VI. EVENT INFORMATION

New Event: Yes  ☑  Annual Event: Yes  ☑  No  ☐  Years Operating 8 yrs

Event Category: ☑ Commercial  ☐ Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): 300 Tickets $2,000 - $3,000

Description of Event: Programming Mixed Martial Arts Event, Fun Family Event, with NO Alcohol

Additional Details:

Updated: 4/23/2012 (Attach any additional information as needed)
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: [Name] Agent Name: [Name] Phone: [Number]

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Check all Planned Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Street Closures &amp; Access / Parade (if yes)</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>• Street Closure for Special Event Application and detailed map listing areas of closure, parade route is required. An ITW permit is required for Main Street.</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>• Your Event Coordinator is required to have the Notification Certification completed by all affected businesses, churches, schools and neighborhoods.</td>
</tr>
</tbody>
</table>

| #   |     | 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. |
| ✓   |     | HPD OFCIFERS SECURITY                                                                 |

| ✓   |     | 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: WR FIRE RESCUE |
| ✓   |     | Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.) |
| ✓   |     | Electricity / Generators (Size) Attach detailed electrical plan. |
| ✓   |     | Lighting plan: attach plan |
| ✓   |     | Gray Water Barrel / Grease Barrel (circle / detailed # and locations) |
| ✓   |     | Sanitation / Trash bins, Dumpsters, Recycle (circle / detailed # and locations) |
| ✓   |     | Porta Toilets / Wash Stations (Quantity ADA Regular) |
| ✓   |     | Water: Drinking / Washing (circle) |

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Check all Planned Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Alcohol Served (Free of Charge) (name of provider)</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)</td>
</tr>
<tr>
<td>✓</td>
<td></td>
<td>Food/Beverages will be served (List Caterers): WR HIGH SCHOOL</td>
</tr>
</tbody>
</table>

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: 8/21/12

Public Works/Administrative Assistant-Public Works/Special Events/Forms
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.
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
AGENDA ITEM SUMMARY

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

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<thead>
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<td>Staff Contact:</td>
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</tbody>
</table>

Comments:

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

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<tr>
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<tr>
<td>City Attorney</td>
<td>Mayor</td>
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<td>City Clerk</td>
<td>Planning</td>
<td>Treasurer</td>
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<td>Fire Dept.</td>
<td>P &amp; Z Commission</td>
<td></td>
</tr>
</tbody>
</table>

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

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

-103-
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.

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<th>Date(s) of Event</th>
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<th>Estimated # of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 21st</td>
<td>Start Time: 7:00pm End Time: 10:00pm</td>
<td>One Hour Interval: All Day:</td>
</tr>
<tr>
<td>Date of Set-Up</td>
<td>Start Time: End Time:</td>
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IV. FEES

Special Event Permit Application Fee: $125

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: **$125**

TOTAL DUE: **$125**

V. ORGANIZATION INFORMATION

Sponsoring Organization: **USA Grappling Academy**

Applicant’s Name: **Lee Anderson**  Title: **Owner**

Address: **PO. Box 145** City: **Bellevue** State: **ID** Zip: **83313**

Telephone: (208)270-3519  Evening:  FAX:

Applicant Driver’s License #: **MNZ50669**  EMAIL: **superstarleeanderson@yahoo.com**

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

VI. EVENT INFORMATION

New Event: Yes  No  
Annual Event: Yes  
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 & No Alcohol Fundraiser

Additional Details:

Updated: 4/23/2012

(Append any additional pages as needed)
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: 
Agent Name: Rebecca Rhiner 
Phone: 788-1180

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 therefrom, 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.

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<td></td>
<td></td>
<td>Alcohol Served (Free of Charge) (name of provider)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Street Closure for Special Event. Application and detailed map listing areas of closure, parade route is required. An IDT permit is required for Main Street.</td>
<td></td>
<td></td>
<td>Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Your Event Coordinator is required to have the Notification Certification completed by all affected businesses, churches, schools and neighborhoods.</td>
<td></td>
<td></td>
<td>Food/Beverages will be served (List Caterers):</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Canopies/Tents/Membranes/Temporary Structures (Number &amp; Size(s)</td>
<td></td>
<td></td>
<td>Vendors items sold/ solicitation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City of Hailey Fire Department, Fire Code Enforcement may require a permit for tents, canopies, membrane, or temporary structures over 200 sq. ft.</td>
<td></td>
<td></td>
<td>Booths: Profit / Non-Profit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Security (detail who, number of officers, times, Attach plan)</td>
<td></td>
<td></td>
<td>Activities / Entertainment (Agenda)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 HPD officers + Security</td>
<td></td>
<td></td>
<td>Other equipment or entertainment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Services (Circle) First Aid and/or EMS Services</td>
<td></td>
<td></td>
<td>Signs or Banners: sign permit may be required by the City Planning and Zoning Department</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Determination of EMS services is dependent on event size and type. Who is providing this service: WR. FIRE</td>
<td></td>
<td></td>
<td>Stages (Number and Size(s),</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Traffic Control / Shuttle Buses</td>
<td></td>
<td></td>
<td>Barricades: How many identify locations and attach logistics map</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Number of buses / locations / hours of operation, attach plan, )</td>
<td></td>
<td></td>
<td>EVENT estimated attendance: 00-200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Electricity / Generators (Size</td>
<td></td>
<td></td>
<td>Number of staff working event: 20</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attach detailed electrical plan.</td>
<td></td>
<td></td>
<td>Number of volunteers working event: 10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lighting plan: attach plan</td>
<td></td>
<td></td>
<td>Amplified Sound Permit-the allowable sound decibel level – (90) dB maximum</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gray Water Barrel / Grease Barrel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(circle detail # and locations)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sanitation -Trash bins, Dumpsters, Recycle</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(circle detail # and locations)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Porta Toilets / Wash Stations</td>
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<td></td>
<td></td>
<td>(Quantity ADA Regular )</td>
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<td></td>
<td></td>
<td>Water Drinking / Washing (circle)</td>
<td></td>
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</tr>
</tbody>
</table>

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: 8/2/12

Public Works/ Administrative Assistant - Public Works/ Special Events/ Forms

dated: 4/16/2012

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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.

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