AGENDA ITEM SUMMARY

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

SUBJECT

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

AUTHORITY: □ ID Code  □ IAR __________  □ City Ordinance/Code ______

BACKGROUND:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:
Budget Line Item # ____________  YTD Line Item Balance $ ____________

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Motion to approve acceptance and authorize the Mayor and City Attorney to sign.

FOLLOW UP NOTES:
July 21, 2009

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

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

Dear Mr. Williamson:

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

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

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

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

Sincerely,

Lisa N. Emerick
Contracts/Finance Administrator

Enclosures

c: Barry J. Luboviski, Esq.

K:\LETTERS\2009\27-09.rtb.DOC
July 9, 2009

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

Dear Mr. Baird:

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

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

a. The grant offer must be accepted by each cosponsor on or before August 9, 2009.

b. The grant offer must be accepted by an official authorized by the governing agencies to do so.

c. The "Certification of Sponsor's Attorney" relates to the acceptance and, therefore, must be made after the Sponsor's acceptance.

d. After execution is completed, please return an executed copy of the grant agreement to this office by mail.

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

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

Sincerely,

Carol Suomi  
Manager, Seattle Airports District Office

Enclosures  
cc: Idaho Department of Transportation, Aeronautics Division
Grant Agreement
Part 1 - Offer

Date of Offer: July 9, 2009

Friedman Memorial Airport
Hailey, Idaho

Project Number: 3-16-0016-034

Contract Number: DOT-FA09NM-0153

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

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

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

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

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

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

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

**Conditions**

1. The maximum obligation of the United States payable under this Offer shall be $266,000.00. For the purposes of any future grant amendments which may increase the foregoing maximum obligation of the United States under the provisions of Section 47108(b) of the Act, the following amounts are being specified for this purpose:
   
<table>
<thead>
<tr>
<th>Amount</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 0.00</td>
<td>for planning</td>
</tr>
<tr>
<td>$266,000.00</td>
<td>for airport development or noise program implementation</td>
</tr>
</tbody>
</table>

2. The allowable costs of the project shall not include any costs determined by the FAA to be ineligible for consideration as to allowability under the provisions of the Act.

3. Payment of the United States’ share of the allowable project costs will be made pursuant to and in accordance with the provisions of such regulations and procedures as the Secretary shall prescribe. Final determination of the United States’ share will be based upon the final audit of the total amount of allowable project costs and settlement will be made for any upward or downward adjustments to the Federal share of costs.

4. The Sponsor shall carry out and complete the Project without undue delays and in accordance with the terms hereof, and such regulations and procedures as the Secretary shall prescribe, and agrees to comply with the assurances which were made part of the project application.

5. The FAA reserves the right to amend or withdraw this Offer at any time prior to its acceptance by the Sponsor.

6. This Offer shall expire and the United States shall not be obligated to pay any part of the costs of the project unless this Offer has been accepted by the Sponsor on or before August 9, 2009, or such subsequent date as may be prescribed in writing by the FAA.

7. The Sponsor shall take all steps, including litigation if necessary, to recover Federal funds spent fraudulently, wastefully, or in violation of Federal antitrust statutes, or misused in any other manner in any project upon which Federal funds have been expended. For the purposes of this grant agreement the term "Federal funds" means funds however used or disbursed by the Sponsor that were originally paid pursuant to this or any other Federal grant agreement. It shall obtain the approval of the Secretary as to any determination of the amount of the Federal share of such funds. It shall return the recovered Federal share, including funds recovered by settlement, order, or judgment to the Secretary. It shall furnish upon request, all documents and records pertaining to the
determination of the amount of the Federal share or to any settlement, litigation, negotiation, or other efforts taken to recover such funds. All settlements or other final positions of the Sponsor, in court or otherwise, involving the recovery of such Federal share shall be approved in advance by the Secretary.

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

9. Trafficking in persons:
   a. **Provisions applicable to a recipient that is a private entity.**
      1. You as the recipient, your employees, subrecipients under this award, and subrecipients’ employees may not –
         i. Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
         ii. Procure a commercial sex act during the period of time that the award is in effect; or
         iii. Use forced labor in the performance of the award or subawards under the award.
      2. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity –
         i. Is determined to have violated a prohibition in paragraph a.1 of this award term; or
         ii. Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either ---
      A: Associated with performance under this award; or

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

b. **Provision applicable to a recipient other than a private entity.** We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity –
   1. Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or

   2. Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either –
      i. Associated with performance under this award; or
      ii. Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, “OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement),” as implemented by our agency at 49 CFR Part 29.
c. **Provisions applicable to any recipient.**
   1. You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term.

   2. Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:
      
      i. Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104 (g)), and
      
      ii. is in addition to all other remedies for noncompliance that are available to us under this award.

   3. You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.

   d. **Definitions.** For purposes of this award term:
      1. "Employee" means either:
         
         i. An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
         
         ii. Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.

      2. "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjecting the person to involuntary servitude, peonage, debt bondage, or slavery.

      3. "Private entity":
         
         i. Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.
         
         ii. Includes:
             A. A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
             B. A for-profit organization.


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**Special Conditions**

10. It is mutually understood and agreed that if, during the life of the project, the FAA determines that the maximum grant obligation of the United States exceeds the expected needs of the Sponsor the maximum obligation of the United States can be unilaterally reduced by letter from the FAA advising of the budget change. Conversely, if there is an overrun in the total actual eligible and allowable project costs, FAA may increase the maximum grant obligation of the United States to cover the amount of the overrun not to exceed the statutory percent limitation and will advise the Sponsor by letter of the increase. It is further understood and agreed that if, during the life of the project, the FAA determines that a change in the grant description is advantageous and in the best interests of the United States, the change in grant description will be unilaterally amended by letter from the FAA. Upon issuance of the aforementioned letter, either the grant obligation of the United States is adjusted to the amount specified or the grant description is amended to the description specified.
11. Unless otherwise approved by the FAA, the Sponsor will not acquire or permit any contractor or subcontractor to acquire any steel or manufactured products produced outside the United States to be used for any project for airport development or noise compatibility for which funds are provided under this grant. The Sponsor will include in every contract a provision implementing this special condition.

12. It is understood and agreed that the City of Hailey, Idaho and the County of Blaine, Idaho authorized the execution of the Application for Federal Assistance and Standard DOT Title VI Assurances both dated May 21, 2009, on their behalf by Tom Bowman, Vice Chair, Airport Authority, and that they jointly and severally adopted and ratified the representations and assurances contained therein; and that the word "Sponsor" as used in the project application and other assurances is deemed to include the City of Hailey, Idaho and the County of Blaine, Idaho.

13. The Sponsor agrees to request cash drawdowns on the letter of credit only when actually needed for its disbursements and to timely reporting of such disbursements as required. It is understood that failure to adhere to this provision may cause the letter of credit to be revoked.
The Sponsor's acceptance of this Offer and ratification and adoption of the Project Application incorporated herein shall be evidenced by execution of this instrument by the Sponsor, as hereinafter provided, and this Offer and Acceptance shall comprise a Grant Agreement, as provided by the Act constituting the contractual obligations and rights of the United States and the Sponsor with respect to the accomplishment of the Project and compliance with the assurances and conditions as provided herein. Such Grant Agreement shall become effective upon the Sponsor's acceptance of this Offer.

UNITED STATES OF AMERICA
FEDERAL AVIATION ADMINISTRATION

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

Part II - Acceptance

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

Executed this ........................................ day of ........................................, 2009.

City of Hailey, Idaho

(SEAL)

By .................................................................
Sponsor's Designated Official Representative
Title: .................................................................
Attest: ............................................................... Title: ..............................................................

CERTIFICATE OF SPONSOR'S ATTORNEY

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

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

Dated at .................................................. this ........................................ day of ........................................, 2009.

.................................................................
Signature of Sponsor's Attorney

FAA Form 5100-37 PG 6 (10-89)
Part II - Acceptance

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

Executed this .................................. day of ................................., 2008.

County of Blaine, Idaho

(SEAL)

By .............................................................
Sponsor’s Designated Official Representative
Title: ............................................................

Attest: ...........................................................
Title: ............................................................

CERTIFICATE OF SPONSOR’S ATTORNEY

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

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

Dated at .............................................. this .................................. day of .................................., 2008.

.............................................................
Signature of Sponsor’s Attorney
CITY OF HAILEY RESOLUTION NO. 2009-09
BEFORE THE CITY COUNCIL OF HAILEY, IDAHO

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

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

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

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

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

ADOPTED AND APPROVED this 24th day of June, 2009.

By

The Honorable Rick Davis
Mayor, City of Hailey

ATTEST:

Mary Cone, City Clerk

-11-
AGENDA ITEM SUMMARY

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

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

AUTHORITY: □ ID Code □ IAR □ City Ordinance/Code Chapter 12.14
(IFAPPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

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

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IFAPPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:
Special Event Heads approved and submitted recommendations. Recommendations/conditions are listed on the attached Decision document.

FOLLOW-UP REMARKS:
SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Hailey Skate Show and Competition

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

☐ Public Property  ☐ Private Property

Hailey Skate Park

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

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Start Time:</th>
<th>End Time:</th>
<th>Estimated # of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/9/09</td>
<td>6:00 pm</td>
<td>9:00 pm</td>
<td>One Hour Interval:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>All Day:</td>
</tr>
<tr>
<td>Date of Set-Up</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Tear Down</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. FEES

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Special Event Permit Application Fee</td>
<td>$125</td>
</tr>
<tr>
<td>Per Day Park Rental Fee</td>
<td>$500</td>
</tr>
<tr>
<td>(Waived for non-profits)</td>
<td></td>
</tr>
<tr>
<td>Security Deposit</td>
<td>$500</td>
</tr>
<tr>
<td>Tax (on park rental fees only)</td>
<td>6%</td>
</tr>
<tr>
<td>TOTAL DUE</td>
<td></td>
</tr>
</tbody>
</table>

V. ORGANIZATION INFORMATION

Applicant's Name: Kelly Nicholson / Y4K  Title: YAK! Coordinator

Mailing Address: 417 N Main

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


FAX Number: 788-09168  E-Mail Address: nicholksk@slrnc.org

City of Hailey cosponsor 50% of fees.
VI. EVENT INFORMATION

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

Event Category:  □ Commercial  □ Noncommercial

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

Description of Event: The event will start with a skate show divided into beginner intermediate and advanced. After warm ups the competition will start and be 7-10 am. All ages will be up levels. After event and during breaks the crowd will be able to see the new skate plaza plans. 

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

VII. INSURANCE REQUIREMENTS

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than $1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy not contributing with or in excess of any coverage which the City may carry. A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application. The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company:  Icepaw Waiver Fees  St. Lukes

Agent Name: 

Address: 

Phone:  

HOLD HARMLESS CLAUSE

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)
# SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Check all Planned Activities</th>
<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</td>
<td></td>
<td></td>
<td>Alcohol Served (Free of Charge) (name of provider)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Street Closures &amp; Access /Parade require your Event Coordinator to notify 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>
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<td></td>
<td></td>
<td></td>
<td>Vendors items sold/ solicitation</td>
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<tr>
<td>#</td>
<td>2</td>
<td>Canopies/Tents/Membranes/Temporary Structures (Number &amp; Size(s) Y/N) City of Hailey Fire Department, Fire Code Enforcement 10X10 Hailey Hall Foundation</td>
<td></td>
<td></td>
<td>Booths: Profit / Non-Profit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medical Services (Circle) First Aid and/or EMS Services</td>
<td></td>
<td></td>
<td>Lighting plan: attach plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Who is providing services?</td>
<td></td>
<td></td>
<td>Activities / Entertainment (Agenda) Music</td>
</tr>
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<td></td>
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<td></td>
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<td></td>
<td>Other equipment or entertainment</td>
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<td>Signs or Banners: sign permit may be required by the City Planning and Zoning Department</td>
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<tr>
<td>X</td>
<td></td>
<td>Security (detail who, number of officers, times. Attach plan)</td>
<td></td>
<td></td>
<td>Stages (Number and Size(s))</td>
</tr>
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<td></td>
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<td></td>
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<tr>
<td>X</td>
<td></td>
<td>Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan,)</td>
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<td></td>
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<tr>
<td>?</td>
<td></td>
<td>Depended on band amp needs Electric / Generators (Size) Attach detailed electrical plan.</td>
<td>?</td>
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<tr>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>X</td>
<td></td>
<td>Water Drinking / Washing (circle)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td>Gray Water Barrel / Grease Barrel (circle /detail # and locations)</td>
<td>#</td>
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<td></td>
<td></td>
<td>X</td>
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<td>1</td>
<td></td>
<td>Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)</td>
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<td>Porta Toilets / Wash Stations (Quantity ADA Regular)</td>
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<td>2</td>
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</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: 7/7/09

12/22/2008  [Signature]  [Stamp]
RELEASE OF LIABILITY/LIABILITY WAIVER FORM

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

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

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

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

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

Signature ______________________________ Date __________________________

In EMERGENCY, contact __________________ adress. __________________ phone ____________

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

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

Signature ______________________________ Date __________________________

Parent or Legal Guardian

-17-
**ACORD CERTIFICATE OF LIABILITY INSURANCE**

**PRODUCER**
Moreton & Company - Idaho
P.O. Box 191030
Boise, ID 83719
208 321-9300

**INSURED**
St Luke's Health System LTD
Attn: Nicki Baughman
190 E. Bannock St.
Boise, ID 83712-6298

**COVERAGES**

<table>
<thead>
<tr>
<th>INSURED LTL INSRBD</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE (MM/DD/YYYY)</th>
<th>POLICY EXPIRATION DATE (MM/DD/YYYY)</th>
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<td>GARAGE LIABILITY</td>
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<td>EXCESS/UMBRELLA LIABILITY</td>
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<td></td>
<td>RETENTION</td>
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</tbody>
</table>

**B**
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?
If yes, describe under SPECIAL PROVISIONS below

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

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

**CERTIFICATE HOLDER**
City of Hailey, Blaine County,
Idaho
115 Main St. S.
Hailey, ID 83333

**TERCA © ACORD CORPORATION 1988**
IMPORTANT

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

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

DISCLAIMER

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

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

SUBJECT:

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

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Caselle# ____________________________ Budget Line Item # ____________ YTD Line Item Balance $ ____________

Estimated Hours Spent to Date: ____________ Estimated Completion Date: ____________

Staff Contact: ____________________________ Phone # ____________

Comments:

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

___ City Attorney  X Clerk / Finance Director ___ Engineer ___ Building

___ Library  X Planning  X Fire Dept.

___ Safety Committee ___ P & Z Commission ___ Police ___ Streets

X Public Works ___ Parks ___ Mayor

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

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

FOLLOW-UP REMARKS:
SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Beauty & The Beast Skateboard Demo

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

☒ Public Property  ☐ Private Property
Hailey Skate park

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

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Hours</th>
<th>Estimated # of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/8/09</td>
<td>Start Time: 3:00  End Time: 6:00</td>
<td>One Hour Interval: All Day: 150</td>
</tr>
<tr>
<td></td>
<td>Start Time: End Time:</td>
<td>One Hour Interval: All Day:</td>
</tr>
<tr>
<td>Date of Set-Up</td>
<td>Date of Tear Down</td>
<td></td>
</tr>
<tr>
<td>8/8/09</td>
<td>Start Time: 2:00  End Time: 3:00</td>
<td></td>
</tr>
<tr>
<td>8/8/09</td>
<td>Start Time: 6:00  End Time: 6:30</td>
<td></td>
</tr>
</tbody>
</table>

IV. FEES
Special Event Permit Application Fee $125  ☑
Per Day Park Rental Fee $500  ☑
(Waived for non-profits)
Security Deposit $500  ☐
Tax (on park rental fees only) 6%  ☐

TOTAL DUE
Additional Deposit Required  ☐

125 -
500 - Refund will go to Hailey Park Foundation

V. ORGANIZATION INFORMATION
Applicant's Name: Andy Gilbert  Title: Skateboarder
Mailing Address: Box 3302 Ketchum, ID  Zip Code: 83340
Street Address: 105 Abby Rd.  City: Hailey  State: ID
Day Telephone: 208-720-5005  Evening Telephone: 208-788-4377
FAX Number:  E-Mail Address: Andy@SVSEF.ORG

12/22/2008  Co-Sponsors: City of Hailey / Hailey Parks Foundation
CoSponsors: City of Hailey / Hailey Parks Foundation
Copyright © 2008 Andy Gilbert

62.50/1% of App. Fee to go to Hailey Park Foundation From City
Less an extra porta potty $31.87 = $30.63 App. Fee
Hailey Parks Foundation -22-
VI. EVENT INFORMATION

New Event: Yes ☒ No ______ Annual Event: Yes ______ No ______ Years Operating ______

Event Category: ☐ Commercial ☒ Noncommercial

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

Description of Event: Skateboard Demonstration by professional skateboarder for the general public free of charge

Additional Details: ____________________________

VII. INSURANCE REQUIREMENTS

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than $1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application. The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: [Blank] Agent Name: [Blank]

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 thereof, 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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Check all Planned Activities</th>
<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</td>
<td></td>
<td></td>
<td>Alcohol Served (Free of Charge) (name of provider)</td>
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<tr>
<td>X</td>
<td></td>
<td>Detailed map listing areas of closure, parade route is required. An ITD 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>Street Closures &amp; Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods</td>
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<td></td>
<td>Food/Beverages will be served (List Caterers):</td>
</tr>
<tr>
<td>#</td>
<td>2</td>
<td>Canopies/Tents/Membranes/Temporary Structures (Number &amp; Size(s)) City of Hailey Fire Department, Fire Code Enforcement</td>
<td>#</td>
<td></td>
<td>Vendors items sold/ solicitation</td>
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<td>Medical Services (Circle) First Aid and/or EMS Services Who is providing services?</td>
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<td></td>
<td></td>
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<tr>
<td>X</td>
<td></td>
<td>Security (detail who, number of officers, times. Attach plan)</td>
<td>#</td>
<td></td>
<td>Booths: Profit / Non-Profit</td>
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<tr>
<td></td>
<td></td>
<td>Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)</td>
<td>#</td>
<td></td>
<td>Lighting plan: attach plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Electricity / Generators (Size __________________) Attach detailed electrical plan.</td>
<td>#</td>
<td></td>
<td>Activities / Entertainment (Agenda) Other equipment or entertainment</td>
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<td></td>
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<td>Water Drinking / Washing (circle)</td>
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<td>Signs or Banners: sign permit may be required by the City Planning and Zoning Department</td>
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<td>Gray Water Barrel / Grease Barrel (circle /detail # and locations)</td>
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<td>Stages (Number and Size(s)______________________)</td>
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<td></td>
<td>Sanitation (Trash bins) Dumpsters, Recycle (circle /detail # and locations)</td>
<td>#</td>
<td>150</td>
<td>Barricades. How many identify locations and attach logistics map</td>
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<td></td>
<td></td>
<td>Porta Toilets / Wash Stations (Quantity ADA Regular)</td>
<td>#</td>
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<td>EVENT estimated attendance</td>
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<tr>
<td>#</td>
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<td>___________________________________________</td>
<td>#</td>
<td></td>
<td>Number of staff working event</td>
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<tr>
<td>#</td>
<td>1</td>
<td>___________________________________________</td>
<td>#</td>
<td>5</td>
<td>Number of volunteers working</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 employee or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer’s Signature: ___________________________ Date: 7/1/09

12/22/2008

Becky Keifer
RELEASE OF LIABILITY/LIABILITY WAIVER FORM

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

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

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

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

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

Signature __________________________ Date ________________________

In EMERGENCY, contact ________________ addr. ________________ phone ________________

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

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

Signature __________________________ Date ________________________

Parent or Legal Guardian
AGENDA ITEM SUMMARY

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

SUBJECT:

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

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

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

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Caseline#

Budget Line Item # YTD Line Item Balance $

Estimated Hours Spent to Date: Estimated Completion Date:

Staff Contact: Phone #

Comments:

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

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

FOLLOW-UP REMARKS:
SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Hailey Fire Fighter Assoc.

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

☒ Public Property  □ Private Property

August 13th - Downtown Crown Street between Main & River

III. EVENT SCHEDULE

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

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<th>Date(s) of Event</th>
<th>Hours</th>
<th>Estimated # of Attendees</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/13/09</td>
<td>Start Time: 5:00pm End Time: 11:00pm</td>
<td>One Hour Interval: 75-100 All Day: 250</td>
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<tr>
<td>Date of Set-Up</td>
<td>Start Time:</td>
<td>End Time:</td>
</tr>
<tr>
<td>8/13/09</td>
<td>Start Time: 4pm End Time: 11:00pm</td>
<td>One Hour Interval: All Day:</td>
</tr>
<tr>
<td>Date of Tear Down</td>
<td>Start Time: 10pm End Time: 11pm</td>
<td></td>
</tr>
</tbody>
</table>

IV. FEES

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

V. ORGANIZATION INFORMATION

Applicant's Name: Hailey Fire Fighter Assoc Title: President
Mailing Address: 1192 Hailey
Street Address: Hailey fire Dep't 3rd Ave City: State: 
Day Telephone: 788-3147 Evening Telephone: 
FAX Number: 720-848 E-Mail Address: 

5/27/2009

Tom Harnd - 720-7297
VI. EVENT INFORMATION

New Event: Yes ☑ No ______ Annual Event: Yes ______ No ☑ Years Operating ______

Event Category: ☑ Commercial ☐ Noncommercial

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

Description of Event: MUSIC, FOOD, B B Q Stand, Beer Stand - Street Party / fundraiser

Additional Details: Street will be blocked off with fire engines or crews. Trash portapotties will be set off with. Parking will be available in the public lot at Gilliam River.

VII. INSURANCE REQUIREMENTS

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than $1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application. The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: ICMP Agent Name: City of Hailey Policy

Address: __________________________ Phone: __________________________
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>Detailed map listing areas of closure, parade route is required. An ITD permit is required</td>
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<td>for Main Street.</td>
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<td>Street Closures &amp; Access / Parade require your Event Coordinator to notify all affected</td>
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<td>businesses, churches schools and neighborhoods.</td>
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<td></td>
<td>Canopies/Tents/Membranes/Temporary Structures (Number &amp; Size(s))</td>
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<td></td>
<td>City of Hailey Fire Department, Fire Code Enforcement</td>
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<td>Medical Services (Circle) First Aid and/or EMS Services</td>
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<td>Who is providing services?__________</td>
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<td>Security (detail who, number of officers, times. Attach plan)</td>
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<td>Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach</td>
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<td>plan.)</td>
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<td>Electricity / Generators (Size Attach detailed electrical plan.)</td>
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<td>Water Drinking / Washing (circle)</td>
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<td>Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)</td>
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<td>Porta Toilets / Wash Stations (Quantity ADA Regular)</td>
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<td>Indoor Businesses + 1 Porta</td>
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<th>Yes</th>
<th>No</th>
<th>Check all Planned Activities</th>
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<td>Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)</td>
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<td>Food/Beverages will be served (List Caterers):</td>
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<td>Hot Dogs / Dominos / Local Restaurants</td>
</tr>
</tbody>
</table>

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<tr>
<th>Yes</th>
<th>No</th>
<th>Check all Planned Activities</th>
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<td>Booths: Profit / Non-Profit</td>
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<td>Lighting plan: attach plan</td>
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<td>Activities / Entertainment (Agenda) Slow Motion / Children Playing</td>
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<td>Signs or Banners: sign permit may be required by the City Planning and Zoning Department</td>
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<td>Stages (Number and Size(s))</td>
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<td>Barricades. How many identify locations and attach logistics map?</td>
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<td>EVENT estimated attendance</td>
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<td>Number of staff working event</td>
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<td></td>
<td>Number of volunteers working</td>
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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 and 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: 5/28/09

5/27/2009
A Hailey Fire “125th Anniversary” Event

A “Burn-Out Fund” Fundraiser

What: Burgers, Bands and Beer

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

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

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

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

We hope to see you there.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Signature</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Logan</td>
<td>14 W Croy</td>
<td></td>
<td>208-788-3386</td>
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<tr>
<td>Tamakkale Spratt</td>
<td>15 W Croy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casey &amp; Pratt</td>
<td>16 W Croy</td>
<td></td>
<td>788-4206</td>
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<tr>
<td>Nearly Colton</td>
<td>15 W Croy</td>
<td></td>
<td>788-2015</td>
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<tr>
<td>Julie Bell</td>
<td>16 W Croy</td>
<td></td>
<td>788-9200</td>
</tr>
<tr>
<td>Steve Feltus</td>
<td>16 W Croy</td>
<td></td>
<td>928-7186</td>
</tr>
<tr>
<td>Kent Stephens</td>
<td>16 W Croy</td>
<td></td>
<td>788-4993</td>
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<tr>
<td>Susan Wessser</td>
<td>16 W Croy</td>
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<td>578-4412</td>
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<tr>
<td>Stacy Parker</td>
<td>16 W Croy</td>
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<td>578-7999</td>
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<tr>
<td>Tracy Hennings</td>
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<td>919-2122</td>
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<tr>
<td>Nancy Farneney</td>
<td>17 W Croy</td>
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<td>788-2036</td>
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<tr>
<td>Steve Chapman</td>
<td>210 E-31-</td>
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<td>788-3140</td>
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</tbody>
</table>

[Signatures]
AGENDA ITEM SUMMARY

DATE: 07/27/09  DEPARTMENT:  Public Works

DEPT. HEAD SIGNATURE:  

SUBJECT:

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

AUTHORITY:  □ ID Code □ IAR □ City Ordinance/Code
(if applicable)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

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

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS:  (if applicable)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department heads have approved with a recommended lighting condition:

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

FOLLOW-UP REMARKS:

*
SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Burgess / Trahan Wedding

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

Hagle Park, Hailey ID 83333

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>
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<tbody>
<tr>
<td>9/18/09</td>
<td>Start Time: 5:00 PM</td>
<td>One Hour Interval: 65-125</td>
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<tr>
<td></td>
<td>End Time: 10:00 PM</td>
<td>All Day:</td>
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<tr>
<td>Date of Set-Up</td>
<td>Start Time:</td>
<td>One Hour Interval:</td>
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<td></td>
<td></td>
<td>All Day:</td>
</tr>
<tr>
<td></td>
<td>End Time:</td>
<td></td>
</tr>
<tr>
<td>9/18/09</td>
<td>Start Time: 10:00 AM</td>
<td></td>
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<tr>
<td>Date of Tear Down</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/19/09</td>
<td>Start Time: 8:00 AM</td>
<td></td>
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</tbody>
</table>

IV. FEES
Special Event Permit Application Fee $125
Per Day Park Rental Fee $500 (Waived for non-profits)
Security Deposit $500
Tax (on-park rental fees only) 6%
TOTAL DUE $1155

V. ORGANIZATION INFORMATION

Applicant's Name: Holly Burgess Scott Trahan
Title: engaged couple
Mailing Address: P.O. Box 55, Hailey ID 83333
Street Address: 228 9th St., Bellevue, ID 83333
Day Telephone: 208-721-2282
Evening Telephone: 208-720-7163
FAX Number: E-Mail Address: hollycorrineburgess@hotmail.com

12/22/08
VI. EVENT INFORMATION

New Event: Yes [X] No _____ Annual Event: Yes _____ No [X] Years Operating: 0

Event Category: [ ] Commercial [X] Noncommercial

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

Description of Event: Wedding

Additional Details:

---

VII. INSURANCE REQUIREMENTS

W.R. Insurance

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than $1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application. The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: __________________________ Agent Name: __________________________

Address: __________________________________ Phone: __________________________

HOLD HARMLESS CLAUSE

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney’s fees, arising out of the permitted activity or the conduct of Permittee’s operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)
SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Check all Planned Activities</th>
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<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>Street Closures &amp; Access / Parade</td>
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<td>Detailed map listing areas of closure, parade route is required. An TTD permit is required for Main Street.</td>
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<tr>
<td>Yes</td>
<td></td>
<td>Street Closures &amp; Access / Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods</td>
</tr>
<tr>
<td></td>
<td>#</td>
<td>Canopies/Tents/Membranes/Temporary Structures (Number &amp; Size(s)) City of Hailey Fire Department, Fire Code Enforcement</td>
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<td>#</td>
<td>Medical Services (Circle) First Aid and/or EMS Services</td>
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<tr>
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<td></td>
<td>Who is providing services?</td>
</tr>
<tr>
<td>Yes</td>
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<td>Security (detail who, number of officers, times. Attach plan)</td>
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<td>Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.) See Attached</td>
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<td>Yes</td>
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<td>Electricity / Generators (Size) Attach detailed electrical plan.</td>
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<td>Water Drinking / Washing (circle)</td>
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<td>Yes</td>
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<td>Public Restrooms</td>
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<td>Alcohol Served (Free of Charge) (name of provider)</td>
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<td>Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)</td>
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<td>Yes</td>
<td>Food/Beverages will be served (List Caterers):</td>
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<td></td>
<td>#</td>
<td>Vendors items sold / solicitation</td>
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<td>#</td>
<td>Tent Size: 100 sq ft</td>
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<td></td>
<td>Yes</td>
<td>Booths: Profit / Non-Profit</td>
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<td>Lighting plan: attach plan</td>
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<td>Activities / Entertainment (Agenda) Other equipment or entertainment D J</td>
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<td>Signs or Banners: sign permit may be required by the City Planning and Zoning Department</td>
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<td>Stages (Number and Size(s))</td>
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<td>#</td>
<td>Barricades. How many</td>
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<td></td>
<td></td>
<td>Identify locations and attach logistics map</td>
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<td>#</td>
<td>EVENT estimated attendance 125</td>
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<td></td>
<td>#</td>
<td>Number of staff working event</td>
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Event Organizer's Signature: [Signature] Date: 5/1/09

12/22/2008
Our parking plan is to have guests carpool as much as possible. Our ushers will also be parking and directing cars where to park - OFF STREET parking only.
Scott Trahan would like to offer his free labor to paint the Pavilion at Lawrence Heagle Park. The only cost to the city would be supplies.

Scott Trahan
Holly Burgess
P.O. Box 55
Harley, ID 83333
721-2282
Our parking plan is to have guests carpool as much as possible. Our ushers will also be parking and directing cars where to park - off street parking only.

---

(Handwritten notes and diagram of parking areas with labels such as 'Tennis', 'Off Street Parking', etc.)
AGENDA ITEM SUMMARY

DATE: 07/21/2009  DEPARTMENT: Clerks Office  DEPT. HEAD SIGNATURE:

SUBJECT:
Big Belly Deli
Alcohol Beverage License Application

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:
Approval of new beer license for Big Belly Deli. Application has been approved by HPD.

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

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IFAPPLICABLE)

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

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:
Approve Big Belly Deli alcohol beverage license application.

ADMINISTRATIVE COMMENTS/APPROVAL:

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

ACTION OF THE CITY COUNCIL:
Date ____________________
City Clerk ____________________

FOLLOW-UP:
*Ord./Res./Agmt./Order Originals: *Additional/Exceptional Originals to:
Copies (all info.): Copies
Instrument # ____________________
APPLICATION FOR:
Liquor $562.50 □
Wine by the Drink $200.00 □
Beer by the Drink $200.00 □
Grocery Sale of Wine $200.00 □
Grocery Sale of Beer $50.00 □

TOTAL DUE: $200

APPLICATION IS:
New License □
Renewal □
Transfer □

Applicant Name: Tonya Schneider
Business Name: Big Belly Deli LLC
Business Physical Address: 111 N. MAIN ST. HAILEY ID 83333
Business Mailing Address: Same as above
Business Phone Number: 208-788-2411
Property Owner (if different from applicant): John Sofio.

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

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

Applicant Signature: [Signature]
Date: July 20th, 2009

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

Notary Public OR City Clerk: [Signature]
Residing at: [Address]
My Commission Expires: [Expiration Date]

Official Use Only
State License No. __________________
County License No. __________________
City License No. __________________
Date Approved by Council __________________
Chief of Police: [Signature]

CITY OF HAILEY • 111 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221
AGENDA ITEM SUMMARY

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

SUBJECT:
Alcohol Beverage License Renewals

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

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:
Annual renewal of alcohol beverage licenses, which expire each year on August 31.

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

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

<table>
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<tr>
<th>Department</th>
<th>City Attorney</th>
<th>Clerk / Finance Director</th>
<th>Librarian</th>
<th>Library</th>
<th>Safety Committee</th>
<th>P &amp; Z Commission</th>
<th>Police</th>
<th>Streets</th>
<th>Public Works, Parks</th>
<th>Engineer</th>
<th>Building</th>
<th>Fire Dept.</th>
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<th>Mayor</th>
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<td>Streets</td>
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RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:
Approve the following alcohol beverage license renewals, which have been approved by the Hailey Police Department:

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

ADMINISTRATIVE COMMENTS/APPROVAL:

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

ACTION OF THE CITY COUNCIL:
Date
City Clerk

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

APPLICATION FOR:
- Liquor $562.50
- Wine by the Drink $200.00
- Beer by the Drink $200.00
- Grocery Sale of Wine $200.00
- Grocery Sale of Beer $50.00

APPLICATION IS:
- New License
- Renewal ✓
- Transfer

TOTAL DUE: ______________________

Applicant Name: Judo Greenberg
Business Name: Sharky's Restaurant, Inc.
Business Physical Address: 126 S. Main St., Hailey, ID 83333
Business Mailing Address: Box 96, Hailey, ID 83333
Business Phone Number: 208-786-1243
Property Owner (if different from applicant): Valley Entertainment

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

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

Judo Greenberg
Applicant Signature

Date 6.30.09

Subscribed and sworn to before me this 30 day of June, 2009

Notary Public OR City Clerk

Residing at:

My Commission Expires 4.21.12

SANDRA P. EHRMANTRAUT
NOTARY PUBLIC STATE OF IDAHO

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

15/03/Alcohol Beverage License (6/22/05)

- 44 -
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:
- Liquor $562.50 ☐
- Wine by the Drink $200.00 ☐
- Beer by the Drink $200.00 ☒
- Grocery Sale of Wine $200.00 ☒
- Grocery Sale of Beer $50.00 ☒

TOTAL DUE: $250.

APPLICATION IS:
- New License ☐
- Renewal ☒
- Transfer ☐

Applicant Name: Doyle J. Troyer

Business Name: New Albertsons

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

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

Business Phone Number: (208) 395-6200

Property Owner (if different from applicant):

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

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

Applicant Signature

Date: JUN 25 2009

Subscribed and sworn to before me this 25 day of

Notary Public OR City Clerk

Residing at: Boise ID
My Commission Expires 11-15-10

Chief of Police

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

15/03/Alcohol Beverage License (6/22/05)

- 45 -
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

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<tbody>
<tr>
<td>Liquor</td>
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</tr>
<tr>
<td>Wine by the Drink</td>
<td>200.00</td>
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<tr>
<td>Beer by the Drink</td>
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<tr>
<td>Grocery Sale of Wine</td>
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<tr>
<td>Grocery Sale of Beer</td>
<td>50.00</td>
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</table>

TOTAL DUE: 250

APPLICATION IS:

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>New License</td>
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<tr>
<td>Renewal</td>
<td></td>
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<tr>
<td>Transfer</td>
<td></td>
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</table>

Applicant Name: Doyle J. Troyer

Business Name: New Albertsons

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

Business Mailing Address: PO Box 20 dept 70478 Boise ID 83726

Business Phone Number: (208) 395-6202

Property Owner (if different from applicant):

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

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

Applicant Signature: Doyle J. Troyer

Date: JUN 25 2009

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

Notary Public OR City Clerk: Jim Johnson

Residing at: Boise ID

My Commission Expires: 11-10-10

Official Use Only

State License No.: __________________________
County License No.: __________________________
City License No.: __________________________
Date Approved by Council: __________________________

Chief of Police

CITY OF HAILEY
150 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221

- 46 -
APPLICATION FOR:

Liquor $562.50 ☐
Wine by the Drink $200.00 ☒
Beer by the Drink $200.00 ☒
Grocery Sale of Wine $200.00 ☐
Grocery Sale of Beer $50.00 ☐

TOTAL DUE: $400.00

APPLICATION IS:

New License ☐
Renewal ☒
Transfer ☐

Applicant Name: Erik Heiden

Business Name: Dirty Birds LLC DBA Wise Guy Pizza Pie

Business Physical Address: 121 N Main, Unit F8, Hailey

Business Mailing Address: 315 E. Carbonate St., Hailey

Business Phone Number: 208-788-3088

Property Owner (if different from applicant): John Soto

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

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

[Signature]

Applicant Signature

Date 7/6/09

[Signature]

Notary Public or City Clerk

Residing at

My Commission Expires 10/14/09

[Signature]

City of Hailey

115 Main St. S., Suite H • Hailey, Idaho 83333 • 788-4221

15/03/Alcohol Beverage License (6/22/05)
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

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<tr>
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<tr>
<td>Wine by the Drink</td>
<td>$200.00</td>
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<tr>
<td>Beer by the Drink</td>
<td>$200.00</td>
<td>X</td>
</tr>
<tr>
<td>Grocery Sale of Wine</td>
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<td>Grocery Sale of Beer</td>
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TOTAL DUE: $400.00

APPLICATION IS:

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<thead>
<tr>
<th>License Type</th>
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<tr>
<td>New License</td>
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| Renewal      | ☑
| Transfer     | 

Applicant Name: Flip and Pour Inc.

Business Name: The Wicked Spud

Business Physical Address: 305 N Main

Business Mailing Address: 305 N Main

Business Phone Number: 788-0009

Property Owner (if different from applicant):

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

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

 Applicant Signature

Subscribed and sworn to before me this 8 day of

Notary Public OR City Clerk

Residing at: Shoshone, ID

My Commission Expires 10/14/14

Date Approved by Council

Official Use Only
State License No.
County License No.
City License No.
Date Approved by Council

Chief of Police
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:
- Liquor $562.50 □
- Wine by the Drink $200.00 ☑ 200.00
- Beer by the Drink $200.00 ☑ 200.00
- Grocery sale of Wine $200.00 □
- Grocery sale of Beer $50.00 □

TOTAL DUE: 400.00

APPLICATION IS:
- New License □
- Renewal ☑
- Transfer □

RECEIVED
JUL 09 2009

Applicant Name: Andrea Gallegos
Business Name: Three Ten Main Restaurant
Business Physical Address: 30 N. Main St., Hailey
Business Mailing Address: 409 S. 4th Ave., Hailey
Business Phone Number: 208-788-4161

Property Owner (if different from applicant): Laurie Raggio

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

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

[Signature]
Date: July 3, 2009

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

[Signature]
Notary Public OR City Clerk

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

JENNIFER L MADDOX
Notary Public
State of Idaho

CITY OF HAILEY • 115 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:
- Liquor $562.50 ☑
- Wine by the Drink $200.00 ☑
- Beer by the Drink $200.00 ☑
- Grocery Sale of Wine $200.00 ☐
- Grocery Sale of Beer $50.00 ☑

TOTAL DUE: 1012.50

APPLICATION IS:
- New License ☐
- Renewal ☑
- Transfer ☐

Applicant Name: Sun Valley Brewing Co.
Business Name: 
Business Physical Address: 207 N. Main St.
Business Mailing Address: 
Business Phone Number: 788-5772

Property Owner (if different from applicant): Curry Corp.
(Applicant must attach certified copy of lease showing that owner consents to sale of alcohol on premises.) on file

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

Applicant Signature

Date 7/9/09

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

Notary Public OR City Clerk

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

Official Use Only
State License No. 
County License No. 
City License No. 
Date Approved by Council 

Chief of Police

CITY OF HAILEY • 115 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:
- Liquor $562.50 ☐
- Wine by the Drink $200.00 ☐
- Beer by the Drink $200.00 ☐
- Grocery Sale of Wine $200.00 ☐
- Grocery Sale of Beer $50.00 ☐

APPLICATION IS:
- New License ☐
- Renewal ☑
- Transfer ☐

TOTAL DUE: $2,250

Applicant Name: Nathan Ferman

Business Name: HITCHING POST LLC

Business Physical Address: 619 S. Main St.

Business Mailing Address: 293 Indian Creek Rd

Business Phone Number: 208-788-0907

Property Owner (if different from applicant):

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

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

Applicant Signature

Date: 6/20/09

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

Cassie Jones
Notary Public OR City Clerk

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

Chief of Police

Official Use Only
State License No. __________________________
County License No. __________________________
City License No. __________________________
Date Approved by Council ______________

CITY OF HAILEY • 115 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

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<td>$50.00</td>
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TOTAL DUE: $400.00

APPLICATION IS:

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<tr>
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<td>Renewal</td>
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<tr>
<td>Transfer</td>
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</table>

Applicant Name: MARGARITO MARIN

Business Name: CHAPALÀ INC dba CHAPALÀ MEXICAN RESTAURANT

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

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

Business Phone Number: (208) 788-5065

Property Owner (if different from applicant):

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

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

Salvador Acevedo [Signature]

Date: 7-10-09

Subscribed and sworn to before me this 15th day of July, 2009.

SUSAN D SHANKS
Notary Public OR City Clerk

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

Official Use Only

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Chief of Police

CITY OF HAILEY • 115 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

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<tr>
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<td>$200.00</td>
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<tr>
<td>Grocery Sale of Beer</td>
<td>$50.00</td>
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TOTAL DUE: $450.00

APPLICATION IS:

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<tbody>
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<tr>
<td>Renewal</td>
</tr>
<tr>
<td>Transfer</td>
</tr>
</tbody>
</table>

Applicant Name: Charles R. Atkinson

Business Name: Atkinson’s Market

Business Physical Address: 93 E Croy Hailey

Business Mailing Address: PO Box 2088 Ketchum ID 83340

Business Phone Number: 788-2294

Property Owner (if different from applicant): Alturas Partners

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

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

[Signature]

Applicant Signature

Date: 7/10/2009

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

[Signature]

Notary Public OR City Clerk

Residing at: Carey

My Commission Expires: 02/21/12

Chief of Police

State License No.

County License No.

City License No.

Date Approved by Council

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

15/03/Alcohol Beverage License (6/22/05)
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:
- Liquor $562.50 □
- Wine by the Drink $200.00 □
- Beer by the Drink $200.00 □
- Grocery Sale of Wine $200.00 □
- Grocery Sale of Beer $50.00 □

TOTAL DUE: $250

APPLICATION IS:
- New License □
- Renewal □
- Transfer X

Applicant Name: Valley Gas, Inc

Business Name: Hailey Chevron

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

Business Mailing Address: BOX 4148, HAILEY ID 83333

Business Phone Number: 208-788-5408

Property Owner (if different from applicant): Bow & Arrow, LLC.

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

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

Applicant Signature

Date

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

Carol Monteverde
Notary Public OR City Clerk

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

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

15/03/Alcohol Beverage License (6/22/05)

- 54 -
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:
Liquor $562.50 □
Wine by the Drink $200.00 □
Beer by the Drink $200.00 □
Grocery Sale of Wine $200.00 ●
Grocery Sale of Beer $50.00 ●

TOTAL DUE: __________

APPLICATION IS:
New License □
Renewal X
Transfer □

Applicant Name:  VALLEY GAS, INC

Business Name: VALLEY CAR WASH

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

Business Mailing Address: Box 4148 HAILEY ID, 83333

Business Phone Number: 208-788-2460

Property Owner (if different from applicant): RENÉ LIME III

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

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

Applicant Signature: ____________________________ Date: 7/14/09

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

Carol Monteverde
Notary Public OR City Clerk

Residing at: Hailey, Idaho
My Commission Expires 08-31-2003

CAROL MONTEVERDE
NOTARY PUBLIC
STATE OF IDAHO

City of Hailey • 115 Main St. S., Suite H • Hailey, Idaho 83333 • 788-4221

15/03/Alcohol Beverage License (6/22/05)
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:
Liquor $562.50
Wine by the Drink $200.00
Beer by the Drink $200.00
Grocery Sale of Wine $200.00
Grocery Sale of Beer $50.00

TOTAL DUE: $250

APPLICATION IS:
New License □
Renewal □
Transfer □

Applicant Name: DAVID M. WENDLAND

Business Name: UPTOWN MINI MART

Business Physical Address: 600 N MAIN ST

Business Mailing Address: PO BOX 790

Business Phone Number: 789-4091

Property Owner (if different from applicant):

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

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

Applicant Signature

Date 6/26/09

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

Notary Public OR City Clerk

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

Official Use Only
State License No.
County License No.
City License No.
Date Approved by Council

Chief of Police

CITY OF HAILEY • 115 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221
# ALCOHOL BEVERAGE LICENSE APPLICATION

## APPLICATION FOR:

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<tr>
<td>Grocery Sale of Beer</td>
<td>$50.00</td>
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</tr>
</tbody>
</table>

**TOTAL DUE:** $400.00

## Applicant Name:

DICK LEMON

## Business Name:

Lemcow Inc dba Cowboy Cocina

## Business Physical Address:

111 1st Ave North Suite 1C, Hailey ID

## Business Mailing Address:

P.O. Box 2330, Hailey ID

## Business Phone Number:

208-788-0114

## Property Owner (if different from applicant):

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

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

**Applicant Signature:**

[Signature]

**Date:**

6/20/09

Subscribed and sworn to before me this 21 day of June, 2009

[Signature]

Notary Public OR City Clerk

Residing at:

My Commission Expires 4/21/12

[SANDRA P. EHRMANTRAUT]

NOTARY PUBLIC

STATE OF IDAHO

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

15/03/Alcohol Beverage License (6/22/05)
ALCOHOL BEVERAGE LICENSE APPLICATION

APPLICATION FOR:

Liquor $562.50 ☐
Wine by the Drink $200.00 ☒
Beer by the Drink $200.00 ☒
Grocery Sale of Wine $200.00 ☐
Grocery Sale of Beer $50.00 ☐

TOTAL DUE: $460

APPLICATION IS:

New License ☐
Renewal ☐
Transfer ☐

Applicant Name: da Vinci's in Hailey LLC / Larry Schwartz

Business Name: da Vinci's

Business Physical Address: 12 W. Buhl St. Hailey, ID 83333

Business Mailing Address: Box 3623 Ketchum, ID 83340

Business Phone Number: 208-783-7699

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

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

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

[Signature]

Date: 6/23/09

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

[Signature]

Notary Public OR City Clerk

Residing at: [Signature]

My Commission Expires: [Signature]

CITY OF HAILEY • 415 MAIN ST. S., SUITE H • HAILEY, IDAHO 83333 • 788-4221

15/03/Alcohol Beverage License (6/22/05)