



City of Beaumont

550 East Sixth Street
Beaumont, Ca 92223

Phone: (951)769-8520 Fax: (951)769-8526

SPECIAL EVENT PERMIT APPLICATION - CITY OF BEAUMONT

APPLICANT (Organization Conducting Event)

ORGANIZATION: Scroptimist International of Beaumont-Banning
ADDRESS: PO Box 324 CITY/STATE: Beaumont ZIP: 92223
TEL: (909) 790-8010 FAX: () - EMAIL: paulabeeme@yahoo.com

YES NO
 Is this a non-profit organization? If yes, provide tax identification number
 Can members of the general public join this organization?

EVENT CONTACTS

PRIMARY'S NAME: Paula Christante EMAIL: paulabeeme@yahoo.com
ADDRESS: 8760 Camino Del Norte CITY/STATE: Cherry Valley ZIP: 92223
DAY TEL: 909 760-8010 ALTERNATE TEL: (951) 840-6974 FAX: -
ALTERNATE CONTACT: Kathy Wagner EMAIL: wagtermom@yahoo.com
ADDRESS: 38061 Kehl Canyon Rd CITY/STATE: Cherry Valley ZIP: 92223
DAY TEL: (951) 845-2754 ALTERNATE TEL: (951) 845-4729 FAX: -

FOR THE OFFICE OF CULTURAL AFFAIRS COORDINATED EVENTS ONLY:

Website: _____
Public Information Contact Name: _____ Public Information Contact Phone#: ()

GENERAL EVENT INFORMATION

EVENT NAME: Bunco
TYPE: (Parade, Festival, Run, Ceremony, ect.): Bunco Game

LOCATION: Check and complete all applicable lines

- On the Downtown Parade Route (STREET)
- In the Downtown Festival Site (STREET)
- In a City park.....Name of Park(s): _____
- On a Paseo or Plaza.....Name of Paseo or Plaza(s): _____
- On a City street.....Name of street(s): _____
- On private property.....Event location address: Beaumont Civic Center

Assessor's parcel number(s) of event location: _____

BEGIN SETUP: Date: 3/27 Time of Day: 9 am/pm Indicate when you will take possession of the event site to begin event setup

ACTUAL EVENT DAY/DATE(S):	TIME OF DAY:	Est. Daily Attendance
<u>3/28/2020 - Saturday</u>	(Start) <u>3:00</u> am/pm (End) <u>10:00</u> am/pm	<u>100</u>
_____	(Start) _____ am/pm (End) _____ am/pm	_____
_____	(Start) _____ am/pm (End) _____ am/pm	_____

Number of attendees by age: Youth (under 18): _____ Adult: 100 Total attendance: _____

Number of attendees present during the most crowded period of event: 100

FINAL CLEANUP: Date: 3/28/20 Time of Day: 10:00 am/pm Indicate when the event site will be completely cleaned & reopened for normal use

City Office Use Only:

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EVENT DESCRIPTION

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Was this event held last year? If yes, where <u>Bentley 48</u> Attendance? <u>100</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is this a Charitable fundraiser? If yes, for what cause: <u>Scholarships & grants for women</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is there an attendance fee? Fee per person: \$ <u>30</u> Fee collected in advance? <u>yes</u>
<input type="checkbox"/>	<input type="checkbox"/>	Is this event open to the public?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will there be any areas within the event that will be for private use only? (Example: VIP area, ect.)

MANDATORY ATTACHMENTS: Required to be submitted with every application. Reference page ii for instructions.

EVENT NARRATIVE: Please provide a description of the event theme, purpose, schedule of activities, entertainment, food, beverages (including alcohol), cleanup plan, ect.

SITE DIAGRAM: For activities on **public and private property:** a detailed drawing depicting the proposed layout, including the location of booths, tables, stages, fences, dumpsters, signage, portable toilets and all other event equipment. For any activity on **private property:** diagram must also show all marked parking spaces, adjacent streets, residential units, and indicate the linear feet from the event boundary to streets and residences.

ROUTE MAP: For parades, runs, walks and races on **public streets or sidewalks:** a map of the proposed route, route, start and finish points, direction of movement and proposed street closures including the specific lane(s) requiring closure.

SPECIFIC EVENT INFORMATION

YES	NO	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will <u>any</u> equipment be used on the event site? (Examples: fence, tent, canopy, table, chair, stage, trash container, dumpster, booth, amplified sound system, musical instruments, carnival ride, parade float, portable toilet, ect.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will the event require the closure of any public street or traffic lane?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any food and/or beverages prepared, sold or served at the event?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be sales of any kind?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will there be any activity connected to the event? (Examples: live animal display, parachute jump).
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you require any City services? (Examples: traffic control, tow zone, street barricades, electrical power, ect.)

If you answered **NO** to all of the questions in this section, you have completed this application. Sign the Declaration below, attach the Mandatroy Site Diagram or Route Map and submit your application.
 If you answered **YES** to **ANY** of the questions in this section, please complete the remainder of this application.

DECLARATION

As the authorized representative of the applicant, I hereby declare that:

- The information contained in this application and attachment(s) is true, complete and to the best of my knowledge.
- Applicant agrees to defend, indemnify and hold harmless City, its officers, agents and employees from and against any and all claims, demands, causes of action, or liabilities incurred by City, its officers, agents, or employees, arising from Applicant's acts or omissions under this Agreement or any act of omission of the Applicant's permission or invitation of Applicant, except as may arise from the negligence or willful misconduct of City, its officers, agents, contractors, or employees. In any action or claim against City in which Applicant is defending City, City shall have the right to approve legal counsel providing City's defense and such approval shall not be reasonably withheld.
- Applicant has received and understands the information contained in the Special Events Guidelines and will adhere to required arrangements listed within these Guidelines.
- Applicant will pay for actual costs of any City services provided for your event within 30 days from receipt of City invoice.
- No copyrighted musical or visual arts composition shall be performed or played, weather amplified, televised, in the form of a mechanical recording or personal rendition, or otherwise in connection with any use of City property, unless the Applicant shall have first obtained all approvals and paid any license fee or other fee required by the copyright owner. Without limitation of any other provision, Applicant's indemnification of City as set forth in a permit or authorization to conduct an event, shall include indemnifying and saving City harmless from and against any and all liability or responsibility whatsoever for any infringement of an/or other violation of the right of any such copyright owner under any copyright law.
- Applicant will provide access to the City's Special Event recycling service provider at a level of service established by the Director of Environmental Services or his/her designee if the following conditions are met: the event occurs on a City street or on a City-owned site, facility or public park and has an average daily attendance of at least 1,000 persons.

Signature Gina M. Houston Date 11/4/19
 Print Name Gina M. Houston Title TREASURER
 Business Name Suboptimist Tel (409) 609-5512 Email gina.houston@yahoo.com

For Private Property Event, a letter from the property owner (or an agent authorized by the owner) must be included with this application. The letter should be on company letterhead acknowledging their approval of the event, knowledge of the date, time and activities scheduled to take place. Contact information (address, email and phone) for this individual should be included in the letter.

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ADDITIONAL EVENT INFORMATION

Equipment / Source of Power

YES	No	
1. _____	<input checked="" type="checkbox"/>	Will the event be fenced? Do you want the City to provide fencing? YES: _____ NO: _____
2. _____	<input checked="" type="checkbox"/>	Will there be parade floats?
3. _____	<input checked="" type="checkbox"/>	Will there be a tent or canopy? If yes, date being erected: _____ Size(s): _____
4. <input checked="" type="checkbox"/>	_____	Will amplified sound equipment be used?
5. <input checked="" type="checkbox"/>	_____	Will electrical power be used...Do you want the City to provide electrical power? Yes: _____ NO: _____
6. _____	<input checked="" type="checkbox"/>	Will a generator be used?
7. <input checked="" type="checkbox"/>	_____	Will there be a stage?..... If yes, date being set up: _____ Removal date: _____
8. _____	<input checked="" type="checkbox"/>	Will heaters be used?..... If yes, indicate heater type: _____
9. _____	<input checked="" type="checkbox"/>	Will there be booths?.....if yes, complete the following information:
# of sales booths: _____		# of non-sales booths: _____ Total booths: _____
Booth setup date: _____		Setup time: _____ Booth removal date: _____ Removal time: _____
Vendor arrival date: _____		Arrival: _____
10. Total tables that will be set up (outside of booths): _____		

Food and Beverage

YES	NO	
11. <input checked="" type="checkbox"/>	_____	Will alcohol be sold or served?..... If yes, Beer? _____ Wine? _____ Other? _____
12. <input checked="" type="checkbox"/>	_____	Will there be food preparation?
13. _____	<input checked="" type="checkbox"/>	Will there be cooking booths?
14. Indicate all cooking methods: Electrical appliance: <input checked="" type="checkbox"/> Liquid fuel device: _____		
Wood/Charcoal BBQ: _____		Deep Fryer: _____

Sales

YES	NO	
15. _____	<input checked="" type="checkbox"/>	Will any items be sold?
16. _____	<input checked="" type="checkbox"/>	Will vehicles be sold?
17. _____	<input checked="" type="checkbox"/>	Are you requesting a Vendor Zone? Applicable to Downtown events only - this controls vendor carts around your event.

Traffic and Parking Control

YES	NO	
18. _____	<input checked="" type="checkbox"/>	Will you require a "No Parking" tow zone?
19. _____	<input checked="" type="checkbox"/>	Will you require a traffic control officer?
20. _____	<input checked="" type="checkbox"/>	Are you requesting that any public street or traffic lane be closed for your event?

Miscellaneous Activities

YES	NO	
21. _____	<input checked="" type="checkbox"/>	Will there be a circus or carnival?
22. _____	<input checked="" type="checkbox"/>	Will there be fireworks/pyrotechnics?
23. _____	<input checked="" type="checkbox"/>	Will there be aircraft or a parachute jump?
24. _____	<input checked="" type="checkbox"/>	Will there be live animals?
25. _____	<input checked="" type="checkbox"/>	Will there be items that produce extra trash/litter (flyers, box lunches, ect.)?
Describe: _____		
26. _____	<input checked="" type="checkbox"/>	Will there be any other type of activity not listed here?
Describe: _____		

Additional information describing above responses: _____

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APPROVAL

1. Community service _____ Date: _____

Comments: _____

Date is avail and on calendar - 10-4-19 ~~###~~

2. Police (Chief of Designee) _____ Date: _____

Comments: _____

3. Fire _____ Date: _____

Comments: _____

4. Planning _____ Date: _____

Comments: _____

5. Public works



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

PRODUCER
Pacific Ag Insurance-Corcoran
1320 Whitley Avenue
Corcoran, CA 93212
JP Holeman

CONTACT NAME: Joanna Acosta
PHONE (A/C, No. Ext): 559-584-3391 **FAX (A/C, No.):** 559-584-6262
E-MAIL ADDRESS: Joannaa@pacificaginsurance.com

INSURED Scroptimist (CLUBS)
International of the Americas
1709 Spruce St Suite 101
Philadelphia, PA 19103

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: NOVA Casualty Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> X Prof Liability X Sexual Abuse GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		CF1-ML-10002582-00	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (An, one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LiquorLiab \$ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> X HIRED AUTOS ONLY <input type="checkbox"/> X NON-OWNED AUTOS ONLY <input type="checkbox"/>		CF1-ML-10002582-00	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE DED X RETENTION \$ 10,000		CF1-UM-10000628-00	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Social Services General Liability extra endorsement applies as per form AGL09340717

Event Name & Date:

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

NOTEPAD:HOLDER CODE
INSURED'S NAME Soroptimist {CLUBS}SOROP-4
OP ID: JAPAGE 2
Date 03/22/2019

The Social Services General Liability Endorsement Applies as follows:
The rating for this endorsement includes the following special events:
(1) All indoor special events with less than 2,500 attendees that are less than 24 hours in duration;
and
(2) All outdoor special events with less than 2,500 attendees that are less than 24 hours in duration.
b. The following special events shall be separately rated for additional premium:
(1) Any special event that exceeds the number or attendees or duration as shown in 3.a.(1) or 3.a.(2) above;
(2) Any parade, fair or carnival; or
(3) Any athletic, sporting or motor vehicle event including walks, runs, tournaments, demonstrations, rallies or competitive activities.

Sorop - 7 hrs

RENTAL RATES

CATEGORY:	1	2	3	4
Auditorium/gym \$500.00 Deposit	N/A	N/A	\$120.00	\$220.00 First 2 hours
	N/A	N/A	\$40.00	\$100.00 Extra hours
Kitchen:	N/A	N/A	\$150.00	\$150.00 Flat rate
Meeting Rooms \$45.00 Deposit	N/A	N/A	\$50.00	\$100.00 First 2 hours
	N/A	N/A	\$15.00	\$40.00 Extra hours
Friday set up 8am-12pm	N/A	N/A	TBD	\$100.00 Flat rate
Ball field:	N/A	N/A	N/A	\$40.00 First 2 hours
	N/A	N/A	N/A	\$15.00 Extra hours
Lights Hr:	N/A	N/A	\$30.00	\$60.00
Pavilion: \$40.00 Deposit	N/A	N/A	\$25.00	\$50.00 First 2 hours
	N/A	N/A	\$10.00	\$15.00 Extra hours
Park restroom deposit	N/A	N/A	\$ 40.00	\$ 40.00 Flat rate
Staff Fee per Hour:	TBD	\$20 PER HR	\$20 PER HR	\$20 PER HR

CATEGORIES

1. City sponsored activities and use by departments and divisions of the City of Beaumont.
2. Local schools.
3. Civic groups; non-profit organizations, clubs and associations; other governmental agencies.
4. Wedding, receptions, and private parties. Commercially sponsored activities; use by business, groups, associations or individuals for any type of profit-making activity or event.

CITY OF BEAUMONT FACILITY REQUEST
WORK OUT FORM

LOCATION City hall FACILITY Gym

FIRST 2 HRS \$ 120.
 ADD. HRS \$ 200.
 KITCHEN \$ 50.00
 SET UP \$ 100.00
 STAFF FEES \$ 140.
 SUB TOTAL \$ 710.00
 DEPOSIT \$ 500.00

*THIS IS ONLY A WORK SHEET
AND DOES NOT RENT FACILITY*

*RATES ARE SUBJECT TO CHANGE,
BEFORE PERMIT IS SIGNED*

TOTAL \$ 1,210.00
 STAFF INT. HH