

City of Colusa

Office Use Only
 Date Received 2/14/2023
 Routing Date _____
 Date approved _____
 Notice Sent _____
 Insurance Cert. Rec'd 2/14/23

Application for Temporary Street Closure, Parades, Special Events and Festivals

RECEIVED

FEB 14 2023

CITY OF COLUSA

NAME OF EVENT: ST PATRICK'S DAY

DATE OF EVENT: FRI MARCH 17, 2023

Please read carefully:

- Application must be filed with the city clerk at least 30 days prior to the event to allow time for review and council action.
- Applications will be returned if incomplete
- There are no fees for street closure services
- Complete in the space provided a narrative explaining the specific purpose of the event including garbage clean-up plans.
- Submit a map in the space provided outlining the event's location and all street and/or parking lot closings
- Submit copies of flyers, posters or other materials that will advertise the event. The organizer is responsible for ensuring that all flyers, posters, etc. advertising the event are removed from public facilities. Failure to comply may impact approvals for future applications.
- Applicants must provide prior to the event a certificate of insurance meeting city insurance requirements—a minimum of \$1 million per occurrence naming the city as additional insured. Limit is subject to increase depending on event. The description must read: "The City of Colusa, its officials, employees and agents are named as Additional Insured with Waiver of Subrogation with respect to general liability."
- All applications are subject to approval by the city council
- Applicants will be notified when the request has been approved or if additional information is required. Inquiries about the status of an application may be directed to the city manager's office.
- All street closures must maintain adequate clearance for emergency vehicle access.
- If event will take place on the state highway, attach a copy of the Caltrans encroachment permit

Contact Information: (Please print)

Organization JAMESON'S ON 5TH Phone (day) 530-440-5286
 Contact Person ASHLEY MORLEY Phone (evening) 530-440-5286
 Address 138 5TH ST Fax 530-458-3772
 City COLUSA E-mail Address jamesons On 5th@yahoo.com
 Zip Code 95932
 Alternate Contact BARBARA ORNAN 530-908-7423
 (It is highly recommended that an alternate name & telephone number be provided)

Event Details:

Location of Event	Start Date MM/DD/YY (Incl. set up)	Start Time	Finish Date MM/DD/YY (Incl. tear down)	Finish Time
<u>JAMESON'S ON 5TH</u> <u>138 5TH ST</u> <u>COLUSA, CA</u>	<u>03/17/23</u>	<u>3</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	<u>3/18/23</u>	<u>2</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm

Electrical: Yes ☒ No ☐ Selling Liquor: Yes ☒ No ☐ Sound Amplification: Yes ☒ No ☐ Food & Beverage: Yes ☒ No ☐ Open Fire: Yes ☐ No ☒ (If yes, please explain (permit may be required))

Type of Event:Parade ☐Cycling ☐Event/Festival ☒Please Specify STWalkathon ☐Run ☐Other ☐PATRICK'S ONLY**Attendance:**Number of Participants 100Number of Floats 1Number of Booths/Stalls 1Number of Vehicles 1

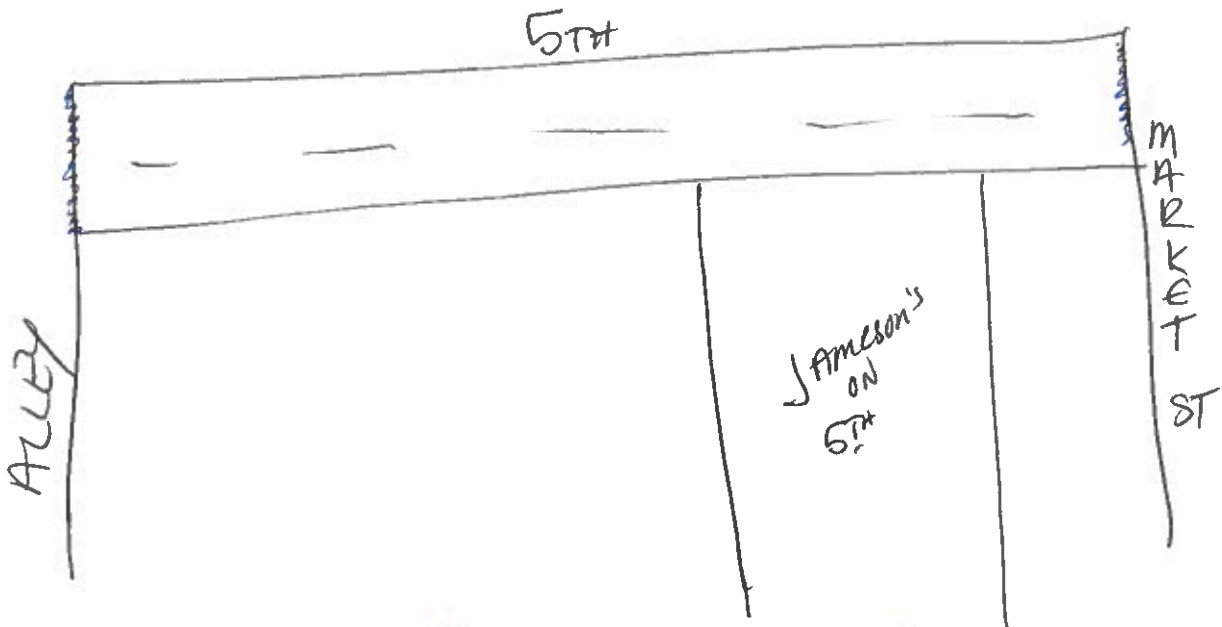
Please provide best estimates

Number of Bands 1**Narrative and Map of Event:**

(Be specific and include garbage clean-up plans, detailed map, route and/or site plan. Attach extra page if necessary)

Narrative: OUTSIDE BAND SET UP.

Map, route, and/or site plan: (if insufficient space, please attach on separate sheet)

Signature of Person Submitting Application: Ashley MDate: 2/8/2023**Office Use Only****Public Works** pu

Comments: _____

✓ Approved

____ Denied

Date: _____

Recreation _____

Comments: _____

✓ Approved

____ Denied

Date: _____

Street/Parks pu

Comments: _____

____ Approved

____ Denied

Date: _____

Fire Dept. _____

Comments: _____

____ Approved

____ Denied

Date: _____

Police Dept. _____

Comments: _____

____ Approved

____ Denied

Date: _____

City Manager Review lu

Comments: _____

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/08/2023

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

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

PRODUCER Foresite Sports, Inc. DBA: Eventsured 24 S. Newtown Street Road Newtown Square, PA 19073	CONTACT NAME: Eventsured Customer Service PHONE (A/C, No, Ext): 888-882-5902 E-MAIL ADDRESS: info@eventsured.com FAX (A/C, No):
INSURED Jameson's On 5th carolee ornbaun 138 Market St Colusa, CA 95932	INSURER(S) AFFORDING COVERAGE INSURER A: Houston Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 42374

COVERAGES **CERTIFICATE NUMBER:** TM270017 **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 INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY			H22SE00130/TM270017	03/17/2023 12:01AM	03/19/2023 2:01AM	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000
	<input checked="" type="checkbox"/> Host Liquor Liability						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COM/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY						DEDUCTIBLE \$ 0
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Additional Insureds must be venue managers or municipalities and are added with respect to our insured's operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Concert - Country to be held on 03/17/2023 - 03/18/2023 with 100 attendees at Jameson's On 5th 138 5th St Colusa, CA 95932. Additional Insureds include: Jameson's On 5th 138 5th St Colusa, CA 95932; (WOS selected).

CERTIFICATE HOLDER**CANCELLATION**

Jameson's On 5th
138 5th St
Colusa CA, 95932

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



BUSINESS ASSET REQUEST FORM

COMPLETED FORMS MUST BE RETURNED TO CITY HALL IN PERSON OR
SENT BY EMAIL TO ADMIN@CITYOFCOLUSA.COM

RECEIVED

FEB 14 2023

CITY OF COLUSA

DATE FEB 8, 2023

NAME ~~ASHLEY~~ ASHLEY MORLEY

COMPANY / ORGANIZATION JAMESON'S ON STH

PHONE NO 530-440-5286

EMAIL jamesonsonsth@yahoo.com

ADDRESS 138 STH Street

REQUESTED ITEMS

ITEM DESCRIPTION	QTY	START DATE	END DATE
48" ROUND METAL TABLES	10	3/17	3/18
METAL CHAIRS	50	3/17	3/18
WINE BARREL W/ LIGHTING		3/17	3/18

TOTAL ITEM COUNT

STATUS DELIVERED/PICKED UP _____ RETURNED _____

My signature indicates that I am responsible for the care of the above equipment. The above equipment will be returned in the same condition that it was when I received it.

I understand and agree my liability in case of damage or theft is up to the full replacement value.

SIGNATURE Ashley Morley DATE 2/8/2023

ADMIN. SIGNATURE _____ DATE _____