Event Name:	Ev	ent Date:			
State Barrier Barr	<b>CITY OF EL CENTRO SPECIAL</b> <b>EVENT APPLICATION</b> (Page 1)				
Type of Event: (check one)					
<ul> <li>Community/Promotional E</li> <li>Community/Promotional E</li> <li>Public Event</li> </ul>	Event on public property Event in the public right-of-way	Block Party Private Event			
Event Information:					
Event name:					
Event date:	Time of event:	(Begin)(End)			
Set up time:	_Clean up time end:				
Exact event location:					
<b>Description of the proposed event:</b> (Include type and nature of any vehicles, equipment or other apparatus to be used in connection with the event, and/or any special or unusual requirements that may be created by the proposed event)					
Purpose:					
Activities planned:					
Amount of people expected:					
Other information:					
Applicant / Event coordinator information: Applicant must be at the site for the duration of the event and will be the contact person for City officials if necessary and this person must be 18 years or older.					
Event coordinator's name:					
Event coordinator's address:					
Event coordinator's phone:	Cell / Pager:	·			
Event coordinator's email:					

	FOR CITY OF EL CENTRO OFFICIAL USE ONLY		
Application Submission Date:	Application Complete?	🗌 Yes	🗌 No



# CITY OF EL CENTRO SPECIAL EVENT APPLICATION (Page 2)

# **Continued from page 1**

Event Sponsor Information:				
Event	sponsor		1	Host:
Sponsor's business license numb	(if applicable)			
Sponsor's		contact		person:
Sponsor's address:				
Sponsor's phone:		Cell / Pager:		

**Other responsible individuals available:** These individuals must be at the site for the duration of the event, will be the contact people for City officials if necessary and these people must be 18 years or older.

Name:	_Cell/ Pager:
Name:	_Cell Pager:

#### Agreement to Compensate City of El Centro:

The applicant agrees to compensate the City of El Centro for any loss or damage to <u>public</u> property as a result of this event. Also, the applicant will provide the City with a deposit for the City's estimated costs no later than ten (10) days prior to the event. The applicant agrees that if the actual costs exceed the deposit, the applicant will pay the City the difference within fifteen (15) days of the date of the bill from the City. A refund will be issued by the City within thirty (30) days if the deposit exceeds the costs. Applicant agrees to clean and restore site within 24 hours after event.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Applicant's	1	Responsible	party's	signature:
Applicant's / Respo	onsible party's name			
Date:		(Pie	ase print clearly or type)	

#### Event Name:

Event Date:



### CITY OF EL CENTRO RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE

This Hold Harmless Agree	ement, entered into this	day of		, is by and between
			(month)	(year)
				, and the City of El Centro, a municipal
	("Ap	plicant")		
corporation of the State of	California ("City").			
		<u>RECITAI</u>	<u>_S</u>	
				ent to provide a uniform procedure for processing I in the City's public right-of-way ("Special Events");
WHEREAS, Applicant has	requested to utilize public righ	t-of-way, on		
	, for property located at			
(date)	· · · ·		(address	s)
, for the purpose of				
	· · · ·	nt purpose)		
, at no cost to the City; and	d			

WHEREAS, one of the conditions of Applicant's Special Event Permit is that Applicant enter into this Release, Hold Harmless and Agreement Not to Sue; and

WHEREAS, it is in the best interest of the City to execute this Agreement.

NOW, THEREFORE, IT IS MUTUALLY AGREED BETWEEN THE APPLICANT AND CITY AS FOLLOWS:

The Applicant agrees to comply with all requirements and conditions for approval, established in the City of El Centro's Policy Statement for Special Events in the Community.

The Applicant assumes responsibility and liability for sponsoring the Special Event, and Applicant agrees to indemnify and hold harmless and defend City and any and all of its officers, agents, servants, or employees against any and all claims loss, damage, charge of expenses, including attorney's fees and costs, whether direct or indirect, to which City or such officers, agents, servants, or employees may be put or subject, by reason of any damage, loss or injury to property caused by or resulting from or in connection with the Special Event.

Prior to issuance of the Special Events Permit, Applicant agrees to provide a certificate of insurance, with the coverages and limits described in the Special Event in the Community Policy Statement, naming the City of El Centro, its officials, employees and agents as additional insured in an amount no less than \$1,000,000.00 and by an insurer that is an admitted carrier in the State of California and with an A.M. Best rating of A- or better; and

The Applicant hereby releases, discharges and agrees not to sue City, its officers, agents, employees or students for any injury, death or damage or loss of personal property arising out of, or in connection with, City's approval of Applicant's Special Event Permit, from whatever cause, including the active or passive negligence of the City, its officers, agents, servants and employees.

APPLICANT HAS CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTANDS ITS CONTENTS. APPLICANT IS AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGNS IT ON ITS OWN FREE WILL.

IN WITNESS WHEREOF, the parties have executed this agreement on the day and year first written above.

Applicant:	Date:
	Dutci

City Of El Centro: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF EL CENTRO CHECK LIST FOR SPECIAL EVENTS

Include the following information with Special Event Application:

## 1. Completed Special Event Application

- 1. 2 Page Event Application
  - 2. Hold Harmless Agreement

### 2. Site Map

- Showing all of the following:
  - 1. Layout of Activities
  - 2. Trash / Recycling Receptacles
  - 3. First Aid Area
  - **4.** Security Staff Positions
  - 5. Potable Water (Hand washing)
  - 6. Restrooms (Men, women & handicap)

### 3. Security Plan

Including all of the following:

- 1. Site Map with Layout of Activities
- 2. Security Staff Schedule (Begin & end times)
- 3. Security Staff Positions
- 4. Name of Security Company to be Hired

#### 4. Street Closure

Including all of the following:

- 1. Copy of City Issued Encroachment Permit
- 2. Traffic Control Plan
- 3. Proof of Adequate Traffic Barricades / Signage
- 4. "Closure of Right of Way" Form (Signed by residents and/or businesses affected by the street closure.)
- 5. Certificate of Insurance (Must be current and must name the City of El Centro as additionally insured.)
- 6. Copy of Loud Speaker Permit (Issued by the El Centro Police Department.)
- 7. Deposit to Compensate the City (If applicable.)
- 8. Completed In-Kind Sponsorship Application (If applicable. Must accompany required documents.)



# CITY OF EL CENTRO CLOSURE OF PUBLIC RIGHT-OF-WAY RESIDENT/BUSINESS APPROVAL FORM

#### Instructions to Applicant:

A majority of residents/businesses affected by closure of street(s) for a public/private event must approve the street closure by signing this petition. Please make copies of this form as needed and use one form per street being closed. Submit petition with Special Event application for City Review Committee consideration of closure of street(s). If the proposed street closure requires signatures from over 40 residents/businesses, you may contact the City to request that notification letters be distributed rather than obtaining individual signatures. Contact the Special Events office at 760-337-3858 to make this request, for instructions and additional details.

We, the undersigned, do hereby ag	Nameof	
Street) between	(Intersecting Street) and	(Intersecting Street) in El
Centro, CA. This street closure wi	Il be for the purpose of a private/public event to be held from	a.m/p.m. (Start Time) to
a.m/p.m (End Time) on	(Date of Event). We understand that access to	o our homes/businesses may
be blocked as a result of the noted	event. We will cooperate with other area residents/businesses	and the City of El Centro to

ensure the safety of all the residents, businesses, pedestrians, and vehicles in the area.

We, the undersigned, do certify that we are **residents businesses** (Check one or both) at the addresses noted below and may be reached at the indicated telephone numbers.

- <b>,</b>	Name (Residence or Business)	Address	Telephone No.	<u>Signature</u>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
12.				
13				
15.				

Event Name:

Event Date:

#### 16. FOR CITY OF EL CENTRO **OFFICIAL USE ONLY CITY OF EL CENTRO** SPECIAL EVENT PERMIT **COMMITTEE REVIEW FORM** Event Name: Event Date: Application Submission Date: Application Review Date: Application Complete Upon Submission: Yes No If no, check items missing: Signed Special Event Application 2 Page Event Application Certificate of Insurance Agreement to compensate City & to clean and restore site within 24 hours Copy of Loud Speaker Permit Hold Harmless Agreement Security Plan Site Map ☐ Site Map with Layout of Activities ☐ Security Staff Schedule Layout of Activities Trash / Recycling Receptacles First Aid Area Security Staff Positions □ Name of Security Company to be Hired Security Staff Positions Potable Water Street Closure Copy Encroachment Permit Restrooms Traffic Control Plan Deposit to Compensate the City Proof of Traffic Barricades / Signage "Closure of Right of Way" Form Completed In-Kind Sponsorship Application Other **In-Kind Sponsorship** In-Kind Sponsorship Requested: Yes 🗌 No If Yes, Type of Sponsorship Requested: Police Services Parks / Facility Usage Other: Street Barricades Cost of Sponsorship: Sponsorship Review: Approved Denied Approved In Part: Compensation to the City List cost for each: Parks & Recreation: Fire: Police: Public Works: Other: Date Deposit Paid: Check #: Total Deposit: Check #: Total Balance: Date Balance Paid: **Special Event Permit Application Review:** Permit Committee Event Decision: Approved Approved with Changes Denied Revoked Decision Justification: Special Requirements and/or Changes Required:

Based on the information provided by the applicant within the Special Event Application for the above listed event, the City of El Centro's Special Event Permit Committee has made the above listed determination. This event approval decision and recommendation will then be submitted to the City Manager for final approval.

A	CORD <sup>®</sup>	CEI	RTI	FICATE OF LIA	BIL	ITY INS	URANC	E		E (MM/0D/YYYY)
	THIS CERTIFICATE IS ISSUED AS A M. CERTIFICATE DOES NOT AFFIRMATIV BELOW. THIS CERTIFICATE OF INSU REPRESENTATIVE OR PRODUCER, AI	ELY ( RANC ND TH	OR NI E DO IE CE	EGATIVELY AMEND, EXTI ES NOT CONSTITUTE A ( RTIFICATE HOLDER.	end or Contr	ALTER THE	COVERAGE EN THE ISSU	AFFORDED BY THE POL ING INSURER(S), AUTHO	er. Thi Licies Drized	s
1	MPORTANT: If the certificate holder is f SUBROGATION IS WAIVED, subject	to the	: term	s and conditions of the p	olicy, ce	ertain policies	DDITIONAL I s may requir	NSURED provisions or b an endorsement. A sta	e endo	rsed.
1	his certificate does not confer rights t	o the	certif	icate holder in lieu of suc	ch endo	rsement(s).				
PR	DOUCER				CONTA NAME:	LCT			÷ .	
	PHONE [AX] (A/C, No, Ext): [A/C, No]:						<del></del> ,			
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INSR			WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limi	TS	
			1					EACH OCCURRENCE	\$ 1,00	000,000
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300	,000
								MED EXP (Any one person)	\$ 5,00	
A		Υ				01/01/2021	01/01/2022	PERSONAL & ADV INJURY	-	00,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		-					CENERAL AGGREGATE	. 3,00	20,000
				л R Л				PRODUCTS - COMP/OP AGG	s 1,00	0.000
	OTHER:							SEXUAL ABUSE	\$ 100	
	AUTOMOBILE LIABILITY							COMONEO SINGLE LIMIT	s	
								BODILY INJURY (Per person)	\$	<u> </u>
	OWNED SCHEDULE							BODILY INJURY (Per accident)	5	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE	\$	
		1						(Per accident)	\$	
	UMBRELLA LIAB OCCUR	<u> </u>							<u> </u>	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
		1						AGGREGATE	\$	
	WORKERS COMPENSATION	<u> </u>		· · · · · · · · · · · · · · · · · · ·				PER OTH	5	
_	AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE ER	1.00	
B	(Mandatory in NH)	N/A				06/07/2020	06/07/2021	E.L. EACH ACCIDENT	<b>s</b> 1,00	
	If yes, describe under							E.L. DISEASE - EA EMPLOYEE	4	0,000
	DESCRIPTION OF OPERATIONS below	—					• ··· <u>-</u> ··-·	E.L. DISEASE - POLICY LIMIT	s 1,00	0,000
A	Accident/Medical					01/01/2021		Limit	\$50,	000
	RIPTION OF OPERATIONS / LOCATIONS / VEHICLI								<u> </u>	
City	of El Centro their agents, directors, officers, #CG 20 26 (4/13) subject to the terms, con	serva	unts ar	d employees is added as ad	ditional i	nsured to the C	Coneral Liphilit	y Policy per the attached onal insured to be valid.		
CER					CANC	ELLATION	<u></u>			
					07110				-	
					SHOL	ILD ANY OF TH	E ABOVE DE	CRIBED POLICIES BE CAN	CELLED	BEFORE

THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED I
ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

City of El Centro

1275 W, Main St.

CA 92243