

OLIVEHURST PUBLIC UTILITY DISTRICT

Business Office 1970 9TH Avenue/P.O. Box 670 Olivehurst, CA 95961 Fax (530) 743-3023 www.opud.org Phone (530) 743-4657

Application must be submitted to Business Office a minimum of 30 business days prior to date of event.

Special Events Application/Permit (YOU MUST HAVE YOUR COPY OF YOUR PERMIT IN POSSESSION DURING EVENT)

Applicant Information								
Organization/Group: Revive Church	Address: 600 N. George Washington blue							
Type of group: Individual Business/Commercial N	on-Profit Organization, ID number: 237373092							
Phone #: 530 415-7654	Email Address: Colbyo hopepowtwaz org							
Person(s) responsible and can make changes or cancel:	Contact person(s) "on site" day of and phone #:							
Deposit check refund payable to: Hope Romt Church								
Event Information:								
Event name: Plumas Lake Trunk or Trea								
'	ver Daxs Blud Flomas Lake, CA 9596							
Event date: October 26th 2024								
Event time: Start: 4 pm a.m. (p.m.)	End: 6pm a.m. /p.m							
Set up: Date: October 26, 2024 Time: 1:30 pm	Clean up: Date: Oct 26 2024 Time: 7pm							
Clean up completed by: Perus Church	Phone: 530 415-7654							
Estimate: Number of Participants: _250 944	Spectators: Staff:							
Description of Event: We will be blocking off parking cot for a safe and friendly event that will allow kids to trick or treat. We will have the community decorate care and kids will collect cardy while family friendly music is played. There will be wheel chair access and a escape plan set in place.								
Will there be any fenced areas? Yes No If yes, please describe:								
Will there be a tent, canopy, or other temporary structure at your	event? Yes NoK If yes, please describe:							
There are no vehicles allowed on turf areas of District property.	Must hand cart items onto turf.							

Event Information Continued
What is your cleanup plan after the event? Walk entire are with trash bags before, during and after event. A specific team will be assigned to task.
after event. A specific team will be assigned to task.
(Hourly cleaning rates will be deducted from deposit/cleaning fee is extra cleaning is required.)
Entertainment Information
Will you be using a public address system or any other type of amplified sound equipment? Yes No
If yes, provide a detailed plan for all electronics including music, public address systems, etc.: സാവ ടുലോഗം ഫി സ്ഥ
Will you event have a DJ or live music? YesNo
Please describe any live entertainment staging or dance floor that will be part of your event:
Will you have inflatables at your event? Yes No If yes, please describe:
Will you have initiationed at your event: Teo it you, please asserted.
(Ne inflatables that utilize or involve water is allowed on any of the grass grass)
(No inflatables that utilize or involve water is allowed on any of the grass areas.)
Name of Inflatable Vendor:
Contact Information:
Food / Beverage / Vendor Information
Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes No _⋉
(The event organizer is responsible to make sure vendors are following state, county, and local requirements.)
If yes, provide number of vendors and vendor type(s):
(Must provide copies of all permits and written approvals from other agencies that may be required prior to conducting event.)
Will you be charging fees to participants? Yes No
If yes, please describe:
Will your event have Food Vendors? Yes No K
(If yes, all proper licensing and permit requirements must be meet per Yuba County Code/Ordinance. Please contact
Yuba County Health Department for requirements and permit questions.)
Does your event involve the sale or consumption of alcoholic beverages? Yes No
If yes, must provide valid ABC license and provide licensed security information.
(Security is required when alcohol is being sold or consumed. 1 Guard per every 250 guests present.)

Event	Fees
Minor Event	\$125 with application
Major Event	\$250 with application

- A *Minor Event* This type of event is defined as a public event which requires completion of a Special Event Application and a Special Event Permit. The Special Event Application will go before the Parks Committee for review and approval. Other items may be required depending on the type of special event. Fees and deposit/cleaning fees of \$200 are due at submittal of application.
- A Major Event This type of event is defined as a public event which may include the sales/consumption of alcohol.
 This type of event requires the completion of a Special Event Application, a Special Event Permit and must go before
 the Parks Committee for review and then moved to the Board for review and approval. Other items may be required
 depending on the type of special event. Fees and deposit/cleaning fees of \$500 are due at submittal of application.

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Special Events must be assessable to persons with disabilities. Please visit www.ada.gov for additional information.

ADA Parking: There is ample accessible public parking available on a first come, first serve basis to vehicles displaying a handicap plate or placard.

Emergencies: Should an emergency arise; staff and volunteers will assist in making calls to get assistance. There should be a First Aid box at each Special Event.

Restrooms: If porta-potties are needed to be brought in for a Special Event, the organizer will ensure that at least one or 10% (whichever is greater) will include ADA compliant features.

Service Animals: Yuba County Environmental Health code prohibits animals near the food service areas; however, service animals are allowed. Your event accommodates all participants and visitors, including those with special needs.

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Please describe how you will make your event accessible to disabled individuals:

Event Map									
An Event Map of your event must be included with your application identifying the location of all items listed below that apply to the event in order to accept application. Map must be a Google image type of map. (No hand drawn maps accepted.) It is important for OPUD staff to have a clear understanding of the event to permit.									
	Entertainment and/or stage locations & sound amplification – location of amplifier and all speakers.								
	_ Electricity, water, and generators								
	Alcoholic beverage concession area(s) including fencing with entrance and exit (if being sold, a one-day liquor permit is required and must be displayed)								
	Non-alcoholic beverage, food concession area(s) & Merchandise sales area(s).								
	Portable toilets (Indicate number of toilets).								
	Trash container (# of trash cans; # of dumpsters).								
	Emergency response routes								

Insurance Requirements

Applicant must provide Olivehurst Public Utility District a properly worded Certificate of Insurance from an insurance company licensed to do business in the State of California as proof of possession of general liability, owner, landlords and tenants, or general homeowners insurance, providing for personal injury, death and property damage in the amount of not less than \$1,000,000.00 per occurrence and a \$2,000,000.00 aggregate. In the case of other than private use, said certificate shall also provide as additionally insured the Olivehurst Public Utility District, its officers, agents, and employees. Such insurance will be primary coverage for any liability arising from applicants' use of the facilities. The certificate must cover all dates and hours of facility use. INITIAL HERE

Food / Beverage / Vendor Information Continued								
If yes, please describe:								
(Fencing around area where alcohol is being sold and consumed is required.)								
Licensed Security Company Name:								
Address:	Contact Person:							
	Phone:							
	Email:							
Describe how you will ensure that alcoholic beverages will be cor	nsumed only by people 21 years or older:							
Alcoholic beverages will be served from a.m. / p.i	m. to a.m. / p.m.							
Who will be serving the alcoholic beverages?								
Which type of alcohol will be served? (Please circle):	ine Liquor							
	Please provide a plan for the disposal of all wastewater and other liquids including alcohol to keep them from entering the District's storm drains. Dumping on Park turf and down District drains is prohibited.							
	Liquor Liability Insurance will be required only when alcohol is provided in the amount of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate and will be included with your General Liability Insurance. (See OPUD Special Event Policy for all							
Health and Safety Information								
Will portable toilets and handwashing stations be required? Yes	NoX							
(If yes, see OPUD Special Events Policy regarding portable toiled	ets.)							
Permittees are required to provide portable toilets at locations wh	here no permanent facilities are in place and/or when "total							
attendance" (including organizers, participants, volunteers, and s	spectators) exceeds restroom facility capacity. The ratio of users							
per portable toilet is 100 to 1. OPUD requires that all portable toil parks for an event. At no time are portable toilets and handwashi	ilets and handwashing stations be placed in the parking lot of the ing stations allowed on park turf or sidewalks.							
(The Americans with Disabilities Act requires that 10% of all	I portable toilets be ADA accessible.)							
Portable Restroom Company Name:	Address:							
Phone:								
Will Dumpsters be required? Yes No								
(See OPUD Special Events Policy regarding dumpster requirement								
(Costs associated with removal of any excessive trash that is left be deducted from the deposit/cleaning fee. Should the deposit/cl special event permitee.)	It over or additional clean-up from the even that is required will cleaning fee be fully exhausted, an invoice will be charged to the							
Wastewater – Please provide a plan for the disposal of all waster storm drains. Dumping wastewater down District drains is prohib								

Changes and Cancellation Policy

President or Vice President

Should you, for any reason, need to cancel your event, you must first notify the Board Clerk/Executive Assistant. All cancellations are required to be in writing by the person who signed the contract. Written cancellations can be emailed, mailed, or hand delivered. The Special Event Application/Permit fee is non-refundable and non-transferrable. INITIAL HERE

Indemnification

Event sponsor agrees to indemnify and hold harmless the Olivehurst Public Utility District, its officers, agents, employees, and volunteers from and against injury, damage, claims, actions or suits arising out of the special event, including those caused by the passive negligence of the parties being indemnified and/or any dangerous condition of property of the parties being indemnified, and further agrees to defend and indemnify the Olivehurst Public Utility District from and against any injury, damage, claims, actions or suits arising out of or connected with the special event.

Please read each statement. Initialing next to each statement indicates your understanding and agreement with the statement. Failure to comply with the terms and conditions of the Special Event Permit may result in cancellation or early termination of the special event and forfeiture of the deposit.

0	Event sponsor agrees to abide by the Olivehurst Public 4.	Utility District Insurance Requirements attached hereto on page							
-C*/~	Event sponsor agrees, upon request, to pay the refunda	Event sponsor agrees, upon request, to pay the refundable deposit/cleaning fee.							
_0~	Event sponsor agrees to pay the Olivehurst Public Utility District all costs the District may incur as a result of any failure to fully comply with all of these conditions.								
-0~	Event sponsor agrees to abide by all of the terms and conditions contained in this application, and any permit(s) issued in connection with the special event. Including ADA requirements.								
- Cr	Applicant declares under penalty of perjury of the laws of the State of California that the information provided in this special event application is true and correct to the best of applicant's knowledge. Applicant further acknowledges that the special event may be cancelled if this application contains any intentional misrepresentations.								
-Ch	Issuance of a Special Event Permit does not absolve the applicant from obtaining local, state, or federal approvals or permits.								
	I and/or my organization further expressly certify that I and/or my organization will be responsible for any damage or loss sustained to the grounds, buildings, or equipment occurring, or unusual clean-up required, as a result of my and/or my organization's use of the facility. It is understood and agreed that applicant/organization will clean up all decorations and trash or cleaning deposit will be forfeited. No personal vehicles are allowed on park grass areas as grass and sprinkler heads can be damaged.								
_00	I have read and understand the attached OPUD Specia	Events Policy							
-w	Applicants signature below signifies that applicant has r	ead and understands ALL the rules and regulations.							
	In accordance with Section 313 of the California Corporations Code, any document executed by a corporation requires a signature from at least one person from each of the following two groups:								
Group	p One Group Two								
Chairman of the Board CEO									

Secretary or Treasurer

Application Received on: 911024 Application/Permit Fee \$ 125 Deposit/Cleaning Fee \$ 200 Deposit/Clean	S No Alcohol Sale/Use: Yes No Approvals: Yes No ABC License: Yes No Yes No Dumpster Provided: Yes No
Application Received on: 911024 Application/Permit Fee \$ 125 Deposit/Cleaning Fee \$ 200 Paid for: Cash Check # 145504 14550 Insurance Provided: Yes No Food Sale/Use: Yes Law Enforcement Notified: Yes No Permits/Written A	Amount Refundable: \$
Application Received on: 911024 Application/Permit Fee \$ 125 Deposit/Cleaning Fee \$ 200 Deposit/Clean	Amount Refundable: \$ 200 S No Alcohol Sale/Use: Yes No
Application Received on: 911624 Application/Permit Fee \$ 125 Deposit/Cleaning Fee \$ 200 Deposit/Clean	Amount Refundable: \$_200
Application Received on: 911624 Application/Permit Fee \$ 125 Deposit/Cleaning Fee \$	200 Amount Refundable: \$ 200
Application Received on: 911624	
	Fees Submitted: 9116124
FOR OFFICIAL USE ONLY:	
	8/5/24
Signature:	Date:
Name (Printed):	1
the undersigned representative, have read the rules and regularized herein is complete and accurate.	lations with reference to this application. The information
Agreement and Signature	
Print Name:	Title:
BY:	Date:
	Title: Finance Dir Admin.
Print Name Stefanie Miller	

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Revive Trunk or Treat



October 26th 2pm-4pm at Eufay wood park in Plumas Lake

- 1-Welcome booth
- 2-Candy Station
- 3-Music/microphone
- 4-Blocked off/Entrance and exit
- 5-Blocked of completely
- 6-Cars/trunks

^{**}There will be foot traffic only during event**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/13/2024

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).

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PRODUCER License # 0E77991				CONTACT Donnie Hegemier							
	Mutual Insurance Agency, LLC DBA	Mut	ual A	CG Insurance Agency		o, Ext): (800) 8			FAX	(909)	307-8500
201 Cajon Street Redlands, CA 92373			E-MAIL ADDRESS: donnie@churchwest.com								
INCU	iands, OA 32373	3									
					INSURER(S) AFFORDING COVERAGE						NAIC#
					INSURER A : Brotherhood Mutual Insurance						13528
Yuba City First Church of the Nazarene DBA: Hope Point Nazarene 600 N George Washington Blvd					INSURE	RB:					+
					INSURE	R C :					
					INSURE	R D :					
	Yuba City, CA 95993-8402				INSURE	RE:					
						RF:					
CO	VERAGES CER	TIFIC	CATE	NUMBER:				REVISION NUI	MBER:		
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY RI ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH I	EQUI PER	IREMI TAIN,	ENT, TERM OR CONDITIO THE INSURANCE AFFOR	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WI	TH RESPE	ECT TO	O WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP		LIMIT	s	
Α	X COMMERCIAL GENERAL LIABILITY	пов	1112			(IIIIIII DD) 1 1 1 1 j	(11111)	EACH OCCURREN	CE	\$	1,000,000
	CLAIMS-MADE X OCCUR	Х		04M5A0509550		6/30/2024	6/30/2025	DAMAGE TO RENT	ED	\$	1,000,000
		^				0,00,2021	0,00,2020	PREMISES (Ea occ		·	10,000
								MED EXP (Any one	•	\$	1,000,000
								PERSONAL & ADV		\$	5.000.000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$	5,000,000
	X POLICY PRO-							PRODUCTS - COM	P/OP AGG	\$	3,000,000
	OTHER:							COMPINED CINCL	T I INVIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLI (Ea accident)	E LIIVII I	\$	
	ANY AUTO							BODILY INJURY (P	er person)	\$	
	OWNED SCHEDULED AUTOS ONLY AUTOS							BODILY INJURY (P	er accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)	GE	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CF	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	<u> </u>	\$	
	DED RETENTION\$							AGGREGATE		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH-	- P	
								STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDE		\$	
	If yes, describe under							E.L. DISEASE - EA			
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$	
RE: Loca Date # of Revi	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Trunk or Treat event ation: Eufay Wood Park, Rivers Oaks Bla (s) of event: October 26, 2024 people: approximately 1,500 ve Church is a related organization of the ehurst Public Utility District, its officers,	vd, P	Pluma	s Lake, CA 95961							
CF	RTIFICATE HOLDER				CANO	CELLATION					
CERTIFICATE HOLDER Olivehurst Public Utility District					SHC	OULD ANY OF T	N DATE TH	ESCRIBED POLIC EREOF, NOTIC CY PROVISIONS.			

ACORD 25 (2016/03)

PO Box 670 Olivehurst, CA 95961

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AUTHORIZED REPRESENTATIVE

This Liability Coverage Endorsement is subject to the **terms** of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11). Only one liability coverage will apply to an **occurrence** and any **related loss**. This endorsement is attached to and made part of the policy.

THIS INSURANCE ENDORSEMENT FORMS PART OF YOUR POLICY CONTRACT.
PLEASE READ IT CAREFULLY.

MINISTRY OPERATIONS

COMMERCIAL LIABILITY COVERAGE PROVISION MODIFICATION

DESIGNATED ADDITIONAL INSURED(S)

AGREEMENT

We provide the modified coverage described in this endorsement (BGL-150), but only if it is properly designated in the **declarations**, and only with respect to the Additional Insured(s) designated on the schedule(s) attached to this endorsement.

PROVISION MODIFICATION

With respect to the Additional Insured(s) and the Applicable Coverages designated on any schedule attached to this endorsement, Condition 7 of the Conditions section of the Commercial Liability Coverage Form (GL-100) and Condition 11 of the Conditions section of the Liability and Medical Coverage Form (BGL-11) are deleted and replaced by the following:

Subrogation Rights – If we make payment under any liability coverage or any medical coverage, we reserve the right to require from all applicable insureds, and from anyone to whom or on whose behalf we pay, an assignment of their right of recovery. Upon our request, such person or entity must transfer to us their right of recovery against any party responsible for the injury, and must assist us in our attempt to recover any amounts we have paid under the liability coverage or the medical coverage. We are not liable under

any liability coverage or any medical coverage if any person has impaired **our** right to recover.

Waiver of Subrogation Rights – An insured may waive our right to recover against an Additional Insured named in an endorsement properly designated in the declarations.

11 Additional Insureds – With respect to any person or entity shown on any schedule attached to the Commercial Liability Coverage Provision Modification Designated Additional Insured(s) endorsement (BGL-150), we will provide the Applicable Coverages shown on any applicable schedule to the Additional Insured named in that particular schedule. Any Applicable Coverages shown on the schedule are provided only to the extent that any Additional Insured(s) shown on any applicable schedule are legally liable for the acts of you, your leader, your employee or your appointed person, as defined in relation to an Applicable Coverage shown on that particular schedule. Any Applicable Coverages granted to an Additional Insured by this endorsement and attached schedule(s) are strictly subject to the **terms** of the policy.

The **limit** of coverage provided to any Additional Insured(s) designated on any

schedule attached to this endorsement will be the lesser of:

- a the **limit** shown on the applicable schedule for any designated coverage provided to that Additional Insured; or
- b the amount of coverage required to be provided to the Additional Insured under any applicable contract or agreement;

except that the **limit** of coverage provided by this endorsement shall never be greater than the limits indicated on the **declarations**.

The **limit** of coverage that applies to the Additional Insured will be a shared **limit** of coverage (shared with all other **insureds** under the Applicable Coverage of the policy). Nothing in this provision will act to increase any **limit** of the policy.

No coverage will be provided to any Additional Insured in relation to:

- a any liability incurred by an Additional Insured, other than tort liability; or
- b liability that is incurred prior to the date that **we** provide an

- applicable coverage to **you**, or that is incurred after a previously-applicable coverage terminates; or
- c liability arising solely out of the activity of any Additional Insured, or arising out of any operations other than your operations.

Any coverage provided to the Additional Insured designated on the schedule in this endorsement will be primary and non-contributory in relation to other insurance provided to them on a primary basis by another policy.

Nothing in this endorsement will act to increase any **limits** of coverage, or to in any way modify any **terms** of the policy other than the **terms** specified herein.

OTHER PROVISIONS

All other provisions of the applicable Commercial Liability Coverage Form (GL-100) and the Liability and Medical Coverage Form (BGL-11) apply to the Additional Coverages of this endorsement, unless otherwise modified herein.

This Schedule is an attachment to the Commercial Liability Coverage Provision Modification – Designated Additional Insured(s) endorsement (BGL-150). This schedule contains identifying and specifying information only, and does not grant, change or modify any coverage of the policy unless attached to the Commercial Liability Coverage Provision Modification – Designated Additional Insured(s) endorsement (BGL-150). This endorsement is attached to and made part of the Commercial Liability Coverage Provision Modification – Designated Additional Insured(s) endorsement (BGL-150).

COMMERCIAL LIABILITY COVERAGE PROVISION MODIFICATION

DESIGNATED ADDITIONAL INSURED(S)

SCHEDULE

(The information required below may be shown on a separate schedule and/or supplemental **declarations**.)

Named Insured: Yuba City First Church Of The Nazarene DBA: **Policy Number:** Hope Point Nazarene 04M5A0509550

Additional

Insured: Olivehurst Public Utility District, its officers, agents, and employees

PO Box 670

Olivehurst, CA 95961

Applicable Coverage(s) and Limit(s):

COVERAGE L \$1,000,000

Coverage Begins: 10/26/2024 Coverage Ends: 10/27/2024