



OLIVEHURST PUBLIC UTILITY DISTRICT

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

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: <u>Revive Church</u>	Address: <u>600 N. George Washington Blvd</u>
Type of group: <input type="checkbox"/> Individual <input type="checkbox"/> Business/Commercial <input checked="" type="checkbox"/> Non-Profit Organization, ID number: <u>237373092</u>	
Phone #: <u>530 415-7654</u>	Email Address: <u>Colby@hopepointwaz.org</u>
Person(s) responsible and can make changes or cancel: <u>Colby Middlebrooks</u>	Contact person(s) "on site" day of and phone #: <u>Colby Middlebrooks (530) 415-7654</u>
Deposit check refund payable to: <u>Hope Point Church</u>	
Event Information:	
Event name: <u>Plumas Lake Trunk or Treat</u>	
Event location: <u>Eufay wood park River Oaks Blvd Plumas Lake, CA 95961</u>	
Event date: <u>October 26th 2024</u>	
Event time: Start: 4pm <u>4pm</u> a.m. / <u>(p.m.)</u>	End: 6pm <u>6pm</u> a.m. / <u>(p.m.)</u>
Set up: Date: <u>October 26, 2024</u> Time: <u>1:30pm</u>	Clean up: Date: <u>Oct 26 2024</u> Time: <u>7pm</u>
Clean up completed by: <u>Revive Church</u>	Phone: <u>530 415-7654</u>
Estimate: Number of Participants: <u>250000</u>	Spectators: _____ Staff: _____
Description of Event: <u>We will be blocking off parking lot for a safe and friendly event that will allow kids to trick or treat. We will have the community decorate cars and kids will collect candy while family friendly music is played. There will be wheel chair access and a escape plan set in place.</u>	
Will there be any fenced areas? Yes _____ No <u>X</u> If yes, please describe: _____	
Will there be a tent, canopy, or other temporary structure at your event? Yes _____ No <u>X</u> 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 area with trash bags, before, during and 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.: music speakers and mic

Will you event have a DJ or live music? Yes No

Please describe any live entertainment staging or dance floor that will be part of your event: n/a

Will you have inflatables at your event? Yes No If yes, please describe: _____

(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

(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.)

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 consumed only by people 21 years or older: _____

Alcoholic beverages will be served from _____ a.m. / p.m. to _____ a.m. / p.m.

Who will be serving the alcoholic beverages? _____

Which type of alcohol will be served? (Please circle):	Beer / Wine	Liquor
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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 requirements).

Health and Safety Information

Will portable toilets and handwashing stations be required? Yes _____ No

(If yes, see OPUD Special Events Policy regarding portable toilets.)

Permittees are required to provide portable toilets at locations where no permanent facilities are in place and/or when "total attendance" (including organizers, participants, volunteers, and spectators) exceeds restroom facility capacity. The ratio of users per portable toilet is 100 to 1. OPUD requires that all portable toilets and handwashing stations be placed in the parking lot of the parks for an event. At no time are portable toilets and handwashing stations allowed on park turf or sidewalks.

(The Americans with Disabilities Act requires that 10% of all portable toilets be ADA accessible.)

Portable Restroom Company Name: _____
Phone: _____

Address: _____

Will Dumpsters be required? Yes _____ No

(See OPUD Special Events Policy regarding dumpster requirements.)

(Costs associated with removal of any excessive trash that is left over or additional clean-up from the even that is required will be deducted from the deposit/cleaning fee. Should the deposit/cleaning fee be fully exhausted, an invoice will be charged to the special event permittee.)

Wastewater – Please provide a plan for the disposal of all wastewater and other liquids to keep them from entering the District's storm drains. Dumping wastewater down District drains is prohibited.

Changes and Cancellation Policy

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 *CM*

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.

- Event sponsor agrees to abide by the Olivehurst Public Utility District Insurance Requirements attached hereto on page 4.
- Event sponsor agrees, upon request, to pay the refundable deposit/cleaning fee.
- 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.
- 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.
- 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.
- 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.
- I have read and understand the attached OPUD Special Events Policy
- Applicants signature below signifies that applicant has read 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 One

- Chairman of the Board
- President or Vice President

Group Two

- CEO
- Secretary or Treasurer

If an officer holds a title in each of the above groups (dual title), that officer may sign for each of the groups by two separate signatures with the appropriate title listed with his or her signature.

BY: Stefanie Miller Date: 9/5/2024

Print Name: Stefanie Miller Title: Finance Dir / Admin.

BY: _____ Date: _____

Print Name: _____ Title: _____

Agreement and Signature

I, the undersigned representative, have read the rules and regulations with reference to this application. The information contained herein is complete and accurate.

Name (Printed): Colby Middlebrooks

Signature: [Signature] Date: 9/5/24

FOR OFFICIAL USE ONLY:

Application Received on: 9/16/24 Fees Submitted: 9/16/24

Application/Permit Fee \$ 125 Deposit/Cleaning Fee \$ 200 Amount Refundable: \$ 200

Paid for: Cash Check # 1455204 + 1455203

Insurance Provided: Yes No Food Sale/Use: Yes No Alcohol Sale/Use: Yes No

Law Enforcement Notified: Yes No Permits/Written Approvals: Yes No ABC License: Yes No

Licensed Security: Yes No Restrooms Provided: Yes No Dumpster Provided: Yes No

Remarks: _____

Additional Documents Needed: _____

Parks Committee:
Approved: Disapproved:

OPUD Board :
Approved: Disapproved:

Processed by: _____ Date: _____

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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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.

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**.

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:

- 7 **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

- 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: Hope Point Nazarene	Policy Number: 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