



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)

Organization/Group: Plumas Lake Ward, Church of Jesus Christ of Latter-day Saints Contact Person(s): Kami Horsinger, Esther Corbett
 Contact Phone #(s): 530-434-9529 Email: Kamijhaf@hotmail.com
 Event Location (name of park/facility): Eufay Woods North Parking Lot
 Name/Type of Event: Blood Drive Date(s) of Event: June 21st 2021
 Hours of event: 8:00 (am/pm) - 7:00 am/pm (Include set up and clean up time)
 Estimate: Number of Participants: 3-4 per 1/2 hr. Spectators: 3-4 per hr. Staff: 6-7
 Will you be using a public address system or any other type of amplified sound equipment? Yes _____ No X
 If yes, provide a detailed plan for all electronics including music, public address systems, etc.: _____

Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes _____ No X
 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 alcoholic beverages be served or given away? Yes _____ No X If yes, must provide valid ABC license and provide licensed security. (Per OPUD Special Events Policy)
 Is this a for-profit or non-profit event: Non Profit Will you be charging fees to participants? Yes _____ No X
 Will dumpsters be required: Yes _____ No X Will portable toilets be required: Yes _____ No X
 (If yes, see OPUD Special Events Policy regarding dumpsters and portable toilets.)

INSURANCE: 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. 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 KH

Any change, alteration or modification of intended use must be approved by Olivehurst Public Utility District. Change can result in cancellation of use. Any misrepresentation of your group or use, or failure to comply with Special Events Policy may result in expulsion from the park. INITIAL HERE KH

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL SAVE, KEEP AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL DAMAGES, COSTS OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY. INITIAL HERE KH

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, BUILDING, OR EQUIPMENT OCCURRING, OR UNUSUAL CLEAN-UP REQUIRED, AS A RESULT OF MY AND/OR MY ORGANIZATION'S USE OF THE FACILITY. AMOUNT OF CLEANING DEPOSIT WILL BE BASED ON TYPE AND SIZE OF EVENT. 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. INITIAL HERE KH

I have read and understand the attached OPUD Special Events Policy INITIAL HERE KH

FOR OFFICIAL USE ONLY: Application/Permit Fee \$ _____ Amount Refundable \$ _____ Cash Check # _____
 Insurance: Yes No Food Sale/Use _____ Alcohol Sale/Use _____ Law Enforcement Notified _____
 Permits/Written Approvals: _____ ABC License: _____ Licensed Security: _____
 Approved: Disapproved: Remarks: _____ Cleaning Deposit \$ _____
 Processed by: _____ Date: _____



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Application must be submitted to Business Office a minimum of 3 business days prior to date of use.

Park Table Reservation Form

Permit # _____

(YOU MUST HAVE YOUR COPY OF RESERVATION PACKET IN POSSESSION DURING USE)

No reservation is finalized until the fees are paid. Once paid, the reservation fee is NON-REFUNDABLE.

I, Kami Honsinger, representing Plumas Lake Ward, Church of Jesus Christ of Latterday Saints
(Name of Individual/Representative) (Organization, if applicable)

hereby request to reserve 8 tables tables. Date: June 21st 2021 Time: 5-8 pm

(See Park Table Reservation Policy for the number of tables and hours available for reservations)

at the following facility: Eufay Woods Sr. Memorial Park (Eufay Wood Sr. Memorial Park, Veterans Park, Lindhurst Memorial Park, or Richard "Doug" Donahue Park)

Type of event icecream picnic
(Company picnic, family picnic, fund raiser, birthday party, etc.)

Will there be an admission charge, sale, solicitation, donation, or collection involved with your use? No

Will other equipment be used (i.e., sound equipment, stage, speaker(s), jump house, dunk tank, etc.)? No

(A Park Use Permit will also be required if you answered yes to the above)

The "responsible party" listed on the "Park Table Reservation" form will assure that he/she and any guests abide by all park rules as posted. INITIAL HERE KH

The "responsible party" will be responsible for any clean-up of debris on or around reserved tables. This includes removal of table clothes, balloons, signs, etc. INITIAL HERE KH

COVID Precautions: Gathering of 50 people or less. Social Distancing of six (6) feet or more from other persons excluding immediate family. Facial covering must be worn when social distancing is not possible. The ability to sanitize hands for all participants. Sanitizer to be supplied by permittee. Recommend temperature screening for all participants. INITIAL HERE KH

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Print Name Kami Honsinger California D.L. # F7549500

Title/Position (if applicable) _____ Hm # 530-763-4165

Wk # _____ Cell # 530-434-9529 Fax # _____

Address 1425 Arlington Way City/Zip Plumas Lake, 95961

I have read the attached Yuba County Ordinance Code Title VIII, Chapter 8.76 relating to County Parks and Recreation Areas. INITIAL HERE KH

Signature of Individual/Representative Kami Honsinger

FOR OFFICIAL USE ONLY: Reservation Fee \$ _____ Cash Check # _____

Issued Packet with Reservation Form, Reservation Policy, Yuba County Ordinance, Map, and Table Signs _____

Table Numbers Reserved _____ Date and Time of Reservation _____

Processed by: _____ Date: _____