



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: Church of Jesus Christ of Latter Day Saints Contact Person(s): Kimmie Risher

Contact Phone #(s): 714-348-2119 Email: KLRisher1@GMAIL.COM

Event Location (name of park/facility): Eufay (1280 Zanes Dr)

Name/Type of Event: Blood Drive Date(s) of Event: April 25, 2023

Hours of event: 12 am/pm - 6 am/pm (Include set up and clean up time)

Estimate: Number of Participants: _____ Spectators: _____ Staff: _____

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.: _____

Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes _____ No

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 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: _____ Will you be charging fees to participants? Yes _____ No

Will dumpsters be required: Yes _____ No Will portable toilets be required: Yes _____ No _____

(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 GR

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 GR

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 GR

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 GR

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

Signature of Individual/Representative K. Risher

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: _____