Item description/summary:

Consider approving the special event request made by Hegemony Hope Foundation for an event at Eufay Woods, Sr. Park.

Hegemony Hope Foundation would like to have a fundraising event at Eufay Woods, Sr. Park on Saturday, October 1, 2022, from 2:00 p.m. to 7:00 p.m. They will have approximately 100 participants at the event and would like to serve wine and beer to those who attend. A deposit has not been taken, the ABC license, and the licensed security information has yet to be furnished. The liability insurance has been received. Events like these have been approved in the past.

Fiscal Analysis:

Employee Feedback

Sample Motion:

Move to approve the special event request made by Hegemony Hope Foundation for an event at Eufay Woods, Sr. Park.

Prepared by:

Bri Anne Ritchie, Board Clerk
OLIVEHURST PUBLIC UTILITY DISTRICT
Business Office
1970 9th Avenue/P.O. Box 670
Olivehurst, CA 95961
Phone (530) 743-4637 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 A COPY OF YOUR PERMIT IN POSSESSION DURING EVENT

Organization/Group: HEBEONYHUE FOUNDATION  
Contact Person(s): MICHAEL WILLIAMSON

Contact Phone #: (530) 300-1438  
Email: MIWILLIAMSON@GMAIL.COM

Event Location (name of park/facility): EVITA WOOD SWIMMING PARK

Name/Type of Event: THE HOPE FOUNDATION / NON-PROFIT  
Date(s) of Event: 10/1/2022

Hours of event: 7 am - 7 pm  
(Include set up and clean up time)

Estimate: Number of Participants: 100  
Spectators:  
Staff: 20

Will you be using a public address system or any other type of amplified sound equipment? Yes X No

If yes, provide a detailed plan for all electronics including music, public address systems, etc.: BLOWOUT TENT SPEAKERS

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

If yes, provide number of vendors: 4 and vendor type(s): FOOD / SNACKS

(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 X 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: NON-PROFIT  
Will you be charging fees to participants? Yes X No

Will dumpsters be required: Yes X No  
Will portable toilets be required: Yes X 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 event of a claim, the insurance must cover all costs and expenses incurred by the Olivehurst Public Utility District.

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

IT IS EXPRESSLY UNDERSTAND 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

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 FORFEITTED. NO PERSONAL VEHICLES ARE ALLOWED ON PARK GRASS AREAS AS GRASS AND SPRINKLER HEADS CAN BE DAMAGED. INITIAL HERE

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

Signature of Individual/Representative

FOR OFFICIAL USE ONLY: Application/Permit Fee $  
Amount Refundable $  
Cash  
Check #

Insurance: □ Yes □ No  
Food Sales/Use  
Alcohol Sales/Use  
Law Enforcement Notified

Permits/Written Approvals: □ ABC License:  
Licensed Security:

Approved: □ Disapproved: □  
Remarks:  
Cleaning Deposit $  

Processed by:  
Date:
CERTIFICATE OF LIABILITY INSURANCE

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).

PRODUCER
Next First Insurance Agency, Inc.
PO Box 61767
Palo Alto, Ca 94306

INSURED
HEGEMONY H.O.P.E. Foundation, Corporation
1383 Hidden Creek Way
Plumas Lake, CA 95961

CONTACT NAME:
PHONE (A/G, No. Ext.): (855) 222-5919
FAX (A/G, No. Ext.):
E-MAIL: support@nextinsurance.com
ADDRESS:

INSRER(S) AFFORDING COVERAGE
NAIC #
12831

COVERAGES
CERTIFICATE NUMBER: 4645443

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is Olivehurst Public Utility District. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

CERTIFICATE HOLDER
Olivehurst Public Utility District
Officers, Agents, Employees
4500 5th Ave
Olivehurst, CA 95961

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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