



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>SactoMoFo, Inc.</u>	Address: <u>204 21st Street, Sacramento, CA 95811</u>
Type of group: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Business/Commercial <input type="checkbox"/> Non-Profit Organization, ID number: _____	
Phone #: <u>916.400.3978</u>	Email Address: <u>info@sactomofo.com</u>
Person(s) responsible and can make changes or cancel: <u>Paul Somerhausen</u>	Contact person(s) "on site" day of and phone #: <u>Raymond Vasquez / 530.383.4466</u>
Deposit check refund payable to: <u>SactoMoFo, Inc</u>	
Event Information:	
Event name: <u>Plumas Lake: Picnic in the Park</u>	
Event location: <u>Eufay Woods Jr Park</u>	
Event date: <u>2nd Saturday of every month/May-October</u>	
Event time: Start: <u>5:00 PM</u> a.m. / p.m.	End: <u>9:00 PM</u> a.m. / p.m.
Set up: Date: _____ Time: <u>4:00 PM</u>	Clean up: Date: _____ Time: <u>8:30 PM</u>
<u>2nd Saturday of every month/May-October</u>	<u>2nd Saturday of every month/May-October</u>
Clean up completed by: <u>Event Staff</u>	Phone: <u>916.400.3978</u>
Estimate: Number of Participants: <u>600</u>	Spectators: _____ Staff: <u>8</u>
Description of Event: <u>Free family friendly community event with live music, food trucks, and a beer garden with proceeds going to a non-profit</u>	
<u>NON-PROFIT: CALIFORNIA CHRISTMAS HOPE</u>	
Will there be any fenced areas? Yes <input checked="" type="checkbox"/> No _____ If yes, please describe: <u>Fenced in beer garden</u>	
Will there be a tent, canopy, or other temporary structure at your event? Yes _____ No <input checked="" type="checkbox"/> 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? _____

Event Staff will set up, breakdown, and keep the event area clean

(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.: _____

Generator will be used forelectrical distribution

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: _____

1 -3 Member bands playing with amplified sound

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: N/A

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 7 and vendor type(s): _____

Food Trucks

(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: A range of food trucks, different each month

(Fencing around area where alcohol is being sold and consumed is required.)

Licensed Security Company Name: Members In Black Private Security / MIB

Address: 2201 Francisco Drive, Ste 140-238
El Dorado Hills, CA 95762

Contact Person: Tonia Dixon
Phone: 916.396.7757
Email: tdixon1916@gmail.com

Describe how you will ensure that alcoholic beverages will be consumed only by people 21 years or older: All participates will be ID'd, beer garden will enclosed with stanchions, signs posted "No Alcohol Outside of Area" and security monitored

Alcoholic beverages will be served from 5:00 PM a.m. / p.m. to 8:00 PM a.m. / p.m.

Who will be serving the alcoholic beverages? Bartenders

Which type of alcohol will be served? (Please circle): YES Beer / Wine 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 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: Cleansite
Phone: 916.253.3900

Address: 6910 28th Street, North Highlands, CA 95660

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.

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.

ADA Accessibility

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.

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

Food Truck Vendors are parked in a matter to be 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 ¹ _____).
_____	Trash container (# of trash cans <u>21</u> _____ ; # of dumpsters _____). Each food truck with have 3/30 gal garbage cans
_____	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 PS.

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 PS

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.

PS Event sponsor agrees to abide by the Olivehurst Public Utility District Insurance Requirements attached hereto on page 4.

PS Event sponsor agrees, upon request, to pay the refundable deposit/cleaning fee.

PS 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.

PS 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.

PS 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.

PS Issuance of a Special Event Permit does not absolve the applicant from obtaining local, state, or federal approvals or permits.

PS 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.

PS I have read and understand the attached OPUD Special Events Policy

PS 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: Paul Somerhausen Date: 03.21.2024

Print Name: Paul Somerhausen Title: President

BY: Paul Somerhausen Date: 03.21.2024

Print Name: Paul Somerhausen Title: CEO

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): Paul Somerhauser

Signature: Paul Somerhausen Date: 03.21.2024

FOR OFFICIAL USE ONLY:

Application Received on: 3/26/24 Fees Submitted: _____

Application/Permit Fee \$ 250 Deposit/Cleaning Fee \$ 500 Amount Refundable: \$ _____

Paid for: Cash Check # 9768

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

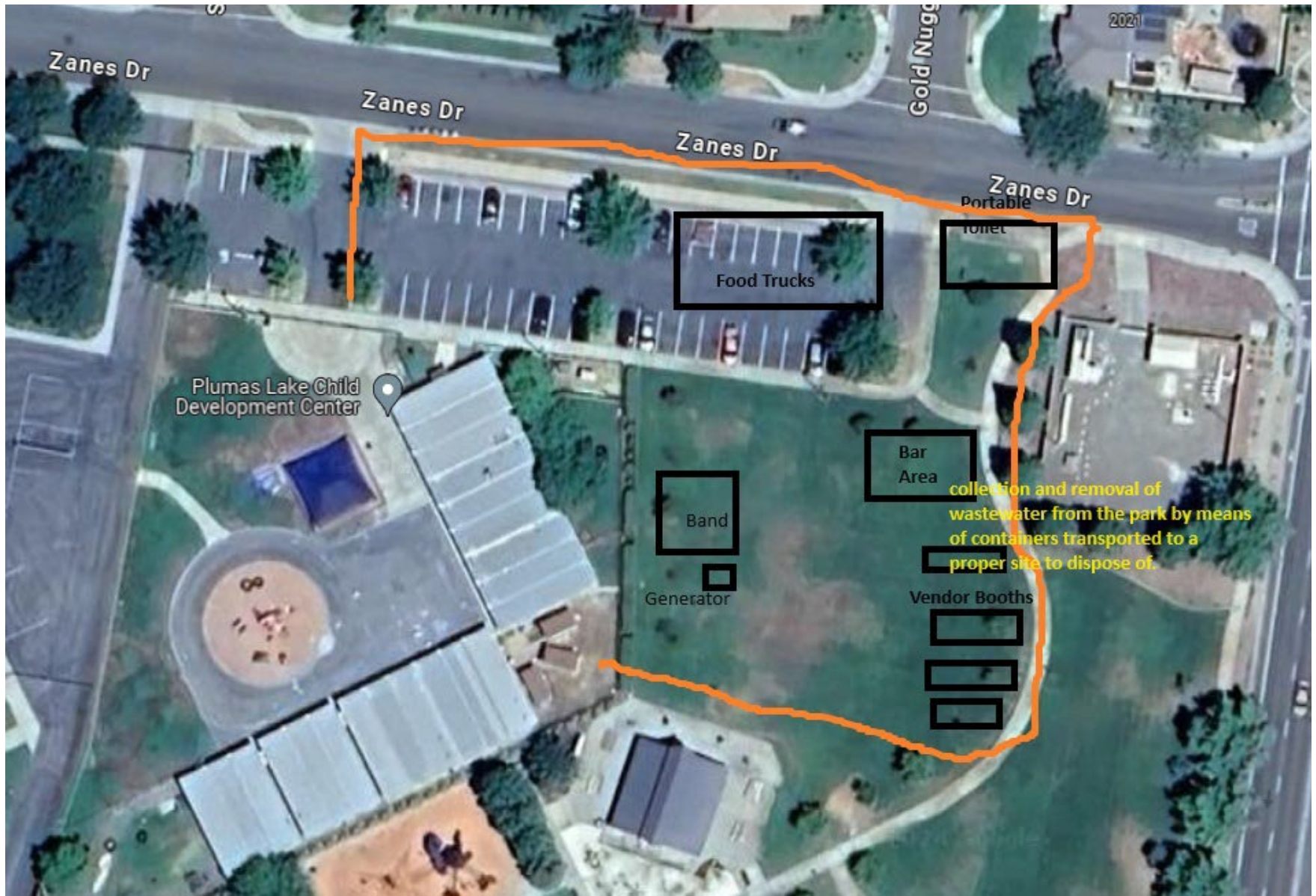
Remarks: _____

Additional Documents Needed: _____

Parks Committee:
Approved: Disapproved:

OPUD Board :
Approved: Disapproved:

Processed by: _____ Date: _____



Plumas Lake Child Development Center

Zanes Dr

Zanes Dr

Gold Nugget

2021

Zanes Dr

Food Trucks

Portable Toilet

Bar Area

Band

Generator

Vendor Booths

collection and removal of wastewater from the park by means of containers transported to a proper site to dispose of.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:


REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER**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  Curtis Luken

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