CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350
(509)786-2332 • Fax (509)786-3717

RECEIVED
JAN 15 2016
CITY OF PROSSER

Special Event Permit Fee: $250.00
Additional costs may be incurred, depending on the additional services that your event requires.

SPECIAL EVENT APPLICATION
ALLOW 30 DAYS TO PROCESS

APPLICANT INFORMATION

Name: Prosser Farmers Market Contact Number: (509) 786-9174

E-mail: lindakayhall@yahoo.com Alternate Number: (509) 973-2202

Address: PO Box 501 City: Prosser State: WA Zip: 99350

EVENT(S) INFORMATION

1. Event Name: Prosser Farmers Market

Location of Event: 7th St & Summers Ave Date(s) of Event: May 7 - Nov 26, 2016

Expected No. of Attendees: 500 Responsible Person: Linda Hall Phone #: (509) 786-9174

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN __/__	MON __/__	TUE __/__	WED __/__	THU __/__	FRI __/__	SAT __/__
						8:00 Am 12:00pm

Describe your event and the activities that will take place: Open air farmers market May - September and market inside concession buildings October and November.

2. Event Name: _____

Location of Event: _____ Date(s) of Event: _____

Expected No. of Attendees: _____ Responsible Person: _____ Phone #: _____

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN __/__	MON __/__	TUE __/__	WED __/__	THU __/__	FRI __/__	SAT __/__

Describe your event and the activities that will take place: _____

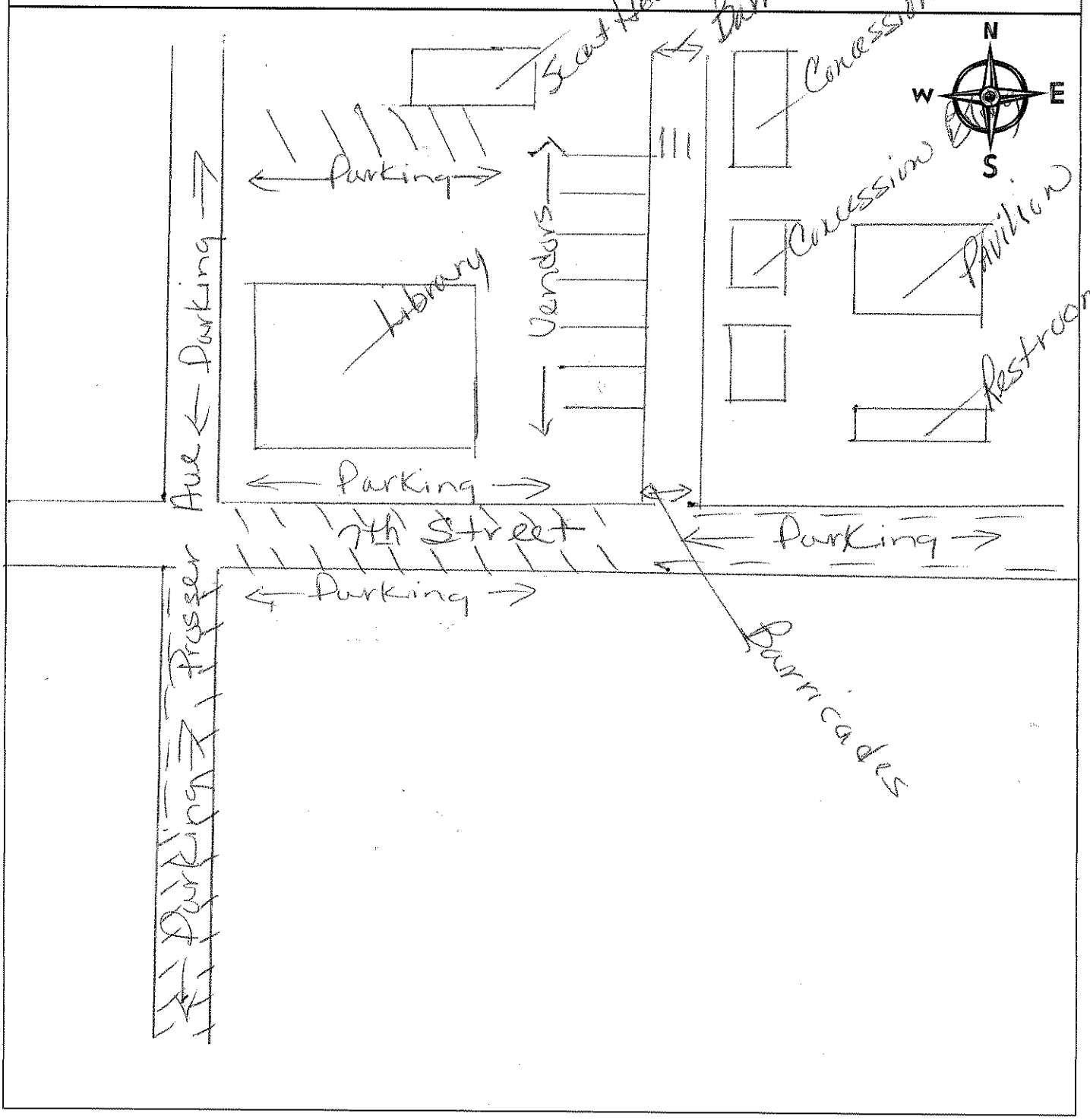
If you have more than 2 events, please copy and reuse this page.

SPECIAL REQUESTS (Check all that apply)

- ☐ Trash Cans
- ☐ Traffic Control
- ☒ Street Sweeping
- ☐ Barricades
- ☐ Power
- ☐ Parking
- ☐ Fire
- ☐ Police
- ☐ OTHER: _____

SITE MAP

Please use the box below to draw a map showing **street closures**, parking, restrooms, and vendor/activity locations.



ADDITIONAL INFORMATION (Please Read Carefully)			
1.	Will alcohol be served, displayed, or consumed at this event? *If you answered YES please attach a copy of the liquor license.*	☒ YES	☐ NO
2.	Will there be amplified sound or music at this event?	☒ YES	☐ NO
3.	Will your event require street closures? *If you answered YES, please attach a list of the streets.*	☒ YES	☐ NO

CITY REQUIREMENTS

You must have the following before approval for your event can be considered:

- $1,000,000 Certificate of Insurance listing the City of Prosser as an additional insured, if your event is taking place on City property. The original certificate must be filed with the City Clerk and a copy attached to this application prior to permit being issued.
- A copy of the permit obtained for the sale of food, beverages, or alcohol (if applicable).
- A letter from property owners authorizing the use of private property for your event (if applicable).

I, the undersigned, do hereby certify that, to the best of my knowledge, the information on this application and other submitted information is true and correct. In addition, I understand that the City's acceptance of this application and any fees does not constitute submittal of a valid application or guarantee approval of my request. I further understand that I am responsible for following all the guidelines for the event as set forth in the Prosser Municipal Code (PMC) 5.30. Any person found to be in violation of this section will have their permit revoked and the event will be immediately terminated.

Linda Hall 1/15/16

Applicant Signature Date Property Owner's Signature (if applicable) Date

OFFICE USE ONLY:

☑ Approved ☐ Denied

By: [signature] Date: 1/19/16

Reason for Application Denial: _____

NOTE: This form is subject to public disclosure.
This institution is an equal opportunity provider, and employer.

Receipt: 17852 01/15/2016
Acct #: 16865
City Of Prosser
601 7th Street
Prosser, WA 99350
(509) 786-2332

Prosser Farmers Market Co
Po Box 501
Prosser, WA 99350

Treasurer's Receipts
Memo 2016 Special Event App

Parks - Special Event Permit	250.00
Non Taxed Amt:	250.00
Total:	250.00
Chk: 3526	250.00
Ttl Tendered:	250.00
Change:	0.00

Issued By: Ashli
01/15/2016 15:47:52

Thank you for your payment and have a great day!

Please call with questions:
(509) 786-2332

PROSS-1 OP ID: LS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/10/2015

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 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
Pro Insur,Inc. dba
Campbell Risk Management
9595 Whitley Drive, Suite 204
Indianapolis, IN 46240
Larry Spilker ext 203

CONTACT NAME: Larry Spilker ext 203
PHONE (A/C, No, Ext): 317-848-9075 FAX (A/C, No): 317-848-9093
E-MAIL ADDRESS: lspilker@campbellrisk.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Capitol Indemnity Corporation	10472
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Prosser Farmers Market
PO BOX 501
Prosser, WA 99350

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		CP02222378-02	05/01/2015	05/01/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (PER ACCIDENT)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS / OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

THOSE USUAL TO THE INSURED'S OPERATIONS. BLANKET ADDITIONAL INSURED APPLIES PER COVERAGE FORM CGL 383.

CERTIFICATE HOLDER

EVIDENC

Evidence of Insurance

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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Washington State
Liquor and Cannabis Board

Licensing and Regulation
PO Box 43098, 3000 Pacific Ave SE
Olympia WA 98504-3098
Phone – (360) 664-1600
Fax – (360) 664-4054

June 12, 2015

PROSSER FARMERS MARKET
PO BOX 501
PROSSER, WA 99350-0501

Re: **PROSSER FARMERS MARKET**
1329 SOMMERS AVENUE
PROSSER, WA 99350
License # 403835-6E
UBI **604 000 000 000 0055**

FARMER'S MARKET AUTHORIZATION

Your **FARMERS MARKET FOR WINE** authorization is valid through **June 30, 2016**.

Please post this letter as your authorization to allow wineries to sell and sample bottled wine only at your farmers market.

The following restrictions will apply for sales at your farmers market:

1) This approval is for sales of bottled wine for off premises consumption only.
2) This does not allow for storage of wine beyond the normal operating hours of the farmers market.
3) This allows for samplings/tastings at the qualified farmers market.
4) The winery selling at the market must have received an endorsement from the LCB authorizing it to sell at a qualified farmers market.
5) The winery may not act as a distributor from a farmer's market location.

This authorization may be revoked at any time the farmers market fails to meet the requirements as listed in RCWs 66.24.170 (wineries), 66.24.240 (breweries) and 66.24.244 (microbreweries), subsection 5.

Johanna Williams
Customer Service Specialist
Johanna.williams@lcb.wa.gov
(360) 664-1634