

## Town of Marble Millsite Park Use Permit

**Description of Event, Date and Time:**


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**Fee Schedule**

	Private/Public	Commercial
<b>Tier 1 (1-34 ppl)</b>	No Permit Needed	\$50 Deposit \$50 Fee
<b>Tier 2 (35-60 ppl)</b>	\$50 Deposit No Fee	\$100 Deposit \$100 Fee
<b>Tier 3 (61-100 ppl)</b>	\$100 Deposit \$50 Fee	\$200 Deposit \$200 Fee
<b>Tier 4 (101-250 ppl)</b>	\$250 Deposit \$100 Fee	\$500 Deposit \$250 Fee

*Deposits are in addition to fees and may be forfeited and additional charges may be made, for failure to clean up, misstatement of facts made in this agreement with the Town of Marble, or for other impacts adverse to the town, resources, or residents.*

**Definitions:**

A **Private Special Event** is a gathering not open to the general public and advertising is limited to specific attendants (i.e. wedding, memorial, etc.)

A **Public Special Event** is a gathering that is open to the public, but no fee is charged to attendees or vendors.

A **Commercial Special Event** is a gathering where a fee is charged for admission and/or participation including vendor participation.

**Event Details:**

Number of Attendees Expected: \_\_\_\_\_

Check one: \_\_\_\_\_ Private/Public \_\_\_\_\_ Commercial

Check one: \_\_\_ Tier 1 (1-34 ) \_\_\_ Tier 2 (35-60) \_\_\_ Tier 3 ( 61-100)\_\_\_ Tier 4 (101-250)

**Proposed Event Site:** \_\_\_\_\_

Event holder name and contact info: \_\_\_\_\_

Town of Marble resident? \_\_\_\_\_

Will alcohol be sold/provided at this event?

Provide for Free  
     Sold (including for donations) (A special event Liquor Permit is required.)

**Event Insurance\*:**

Request for Town Insurance Rider: \_\_\_\_\_ (Please discuss with Town Administrator)  
*If you are not using town insurance, you must provide a certificate of insurance.*

Insurance company name (if providing your own coverage):  
 \_\_\_\_\_

\*Insurance is required for any event that requires a permit. You may be able to obtain insurance through participation in CIRSA's Special Events Coverage Plan. A summary of the plan and questionnaire are attached to this Park Permit Application form as attachment A. Please note that CIRSA's plan excludes many activities from coverage. You must obtain insurance that covers all activities that will occur on Town property as part of your event. Whether you use CIRSA's plan or any other plan, you are responsible for the cost of the premium, the Town must be named as an additional insured, coverage limits must be greater than or equal to those stated on the CIRSA plan summary, and your insurance coverage will be primary to any other insurance carried by the Town, and such any other insurance carried by the Town shall be excess and not contributing. The Town reserves the right to withhold or revoke any permit if a Certificate of Insurance demonstrating compliance with these requirements is not received by the Town at least 7 days prior to the event. See Attachment A at the end of this permit.

**First Aid Plan:**

\_\_\_\_\_  
 \_\_\_\_\_

**Parking Plan:**

\_\_\_\_\_  
 \_\_\_\_\_

Number Vehicles expected \_\_\_\_\_  
*Parking attendant and parking plan required for more than 25 vehicles.*  
*No driving allowed in the park except for the stage load out area.*

**Toilets / Porta Potties Required:**

Number of Attendees	No alcohol	Alcohol Present
0-99	0	0
100-199	2	3
200-250	3	4

Number of Units \_\_\_\_\_ Delivery Time/Date: \_\_\_\_\_  
 Location(s): \_\_\_\_\_

**Tents/Awnings:** (Please no commercial stakes longer than a foot in length)

Number: \_\_\_\_\_ Dimensions: \_\_\_\_\_

**Trash and Recycling Plan:**

\_\_\_\_\_  
\_\_\_\_\_

**Music:**

Nature of Music: \_\_\_\_\_  
Hours: \_\_\_\_\_ Amplified : \_\_\_ Yes \_\_\_ No

**Lighting (if applicable):** \_\_\_\_\_

Strobe Lights: \_\_\_ Yes \_\_\_ No

**Town of Marble Rules**

Indicate agreement by initialing next to each statement

- \_\_\_\_\_ 1. No vehicles are allowed to drive in the park unless with special permission from the town of Marble Trustees (except to the stage area for loading).
- \_\_\_\_\_ 2. Camping is not allowed on public property within the town of Marble; including car/truck camping on the streets of Marble
- \_\_\_\_\_ 3. No fires are permitted in the park without special permission.
- \_\_\_\_\_ 4. Dogs at special events must be kept on leash at all times. Pick up after your dog.
- \_\_\_\_\_ 5. Noise curfew of 10 p.m. enforced.
- \_\_\_\_\_ 6. Pathways must be kept open.

**Use the map provided to show:** Parking, Porta Potties, Tents / Awnings, Trash Receptacles, Stage (if applicable)

If you would like to request a fee waiver for use of the park please contact the town administrator.

*The Town of Marble shall not be held liable for accidents, negligence, damages resulting from events, public or private.*

**Primary Event Organizer**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by Marble Parks Committee**

**Ron Leach, Marble Town Administrator**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

APPLICATION APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_ INCOMPLETE: \_\_\_\_\_

DESCRIPTION OF REMEDY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE UNDERSTAND THAT OUR PARKS AND PUBLIC SPACES ARE MAINTAINED BY A TOWN OF LESS THAN 100 RESIDENTS, AND EVEN A WELL-RUN AND QUIET EVENT HAS AN IMPACT. WE WANT TO CONTINUE TO WELCOME VISITORS AND LOCAL ORGANIZERS!**

## 2022 SPECIAL EVENTS COVERAGE PLAN (Optional)

Coverage: This optional program is designed to address the risk management and financing needs associated with third party's short-term rental or use of entity facilities such as halls, auditoriums, streets, parks, fields, etc. for a special event. CIRSA's property/casualty coverage provides for members for members only.

Coverage includes Premises, Products and Completed Operations, Personal and Advertising Injury, Contractual Liability, Host Liquor, Full Liquor Liability (only when a separate premium has been charged), and Broad Form Property Damage. Please note that the Named Insured on this plan is the Renter, Permit, or Event Holder. Your entity, as the property owner, will be named as an Additional Insured.

Program highlights include: no premium is due until the event occurs; there is no deductible; basic coverage is bound in less than one week; and the program is designed to be administered as part of your standard permit or rental process, with minimal additional time requirements and without additional cost to you.

Limits:

\$ 2,000,000	General Aggregate (Per Event/Certificate)
\$ 2,000,000	Products/Completed Operations Aggregate
\$ 1,000,000	Personal and Advertising Injury
\$ 1,000,000	Each Occurrence
\$ 1,000,000	Damage to Premises Rented to You
\$ 5,000	Medical Payments
\$ 1,000,000	Liquor Liability Each Occurrence when Full Liquor Liability is purchased

Optional Excess Limits: Up to \$5,000,000 Each Occurrence and Aggregate  
(additional premium billed)

Exclusions: The program excludes some event types including, but not limited to: Aircraft/Aviation; All-Terrain Boarding; Ballooning or Balloon Rides; Base Jumping; Bouldering Events; Boxing; Bungee Jumping; Carnival Rides; Circuses; Concerts with performances exceeding 6 hours of performance time; Contact Karate or Martial Arts; Contact Sports; Diving Events/Diving Competitions; Football/Flag Football (except passing camps with no contact drills); Gaga Dodgeball/Dodgeball; Gun Shows/Gun Exhibitions; Hang Gliding; Hockey; Jousting; Kayaking; Rafting or Canoeing in greater than Class 3 Rapids; Lacrosse/Rugby;



Exclusions  
(continued):

Mechanical Amusement Rides or Services; Mechanical Bulls; Motorized Sporting Equipment; Mosh Pits; Mountain Biking; Power Boat Racing; Professional Sporting Activities (Games, Racing or Contents of a Professional Nature); Pyrotechnics/Explosives; Rap or Heavy Metal Concerts; Raves; Rock Climbing; Rodeo/Roping Events (includes practice); Scuba Diving; Sky Diving; Tattoo Expos/Conventions; Tractor/Truck Pulls; Wrestling; Zip Ling/Zip Lining.  
Please check with your underwriting representative for more details. The program excludes the following coverages: Terrorism; Real and Personal Property you own, rent, use or occupy or in your care, custody or control and Sexual Abuse and Molestation.

Special Conditions:

Coverage is primary and any insurance carried by the Additional Insured is excess and not contributing, *but only when required by written contract.*

Bodily injury claims to participants are *not* excluded.

Vendors, Exhibitors, and Concessionaires at an event can be added as Insureds for an additional premium charge.

Claims:

HUB International Services, Inc. administers event claims. Claim forms and a copy of the Certificate of Insurance issued to the event holder should be submitted directly to:

HUB International Services, Inc.  
P.O. Box 4047  
Concord, CA 94524-4047  
Fax: (925) 609-6550

Please contact your CIRSA underwriting representative for a Report of Injury or Loss Notice or you may contact HUB International Services, Inc. directly at (800) 877-4560 to obtain a Report of Injury or Loss Notice or if you have any questions regarding claims.

Administration:

CIRSA handles the administration for the Special Events program. If you have any questions or concerns regarding this program, please contact your underwriting representative.

This information is provided only as a general summary of the coverages that apply or are available to CIRSA members. All coverages are governed by the terms, conditions, exclusions, and limits stated in the applicable coverage documents. **This summary should not be relied on as a substitute for review of those documents.**



## SHORT FORM EVENT HOLDER QUESTIONNAIRE

Member Name: \_\_\_\_\_

Name and Address of Renter or Event Holder (*Same as on Permit or Rental Form*):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Event Contact Person: \_\_\_\_\_

*Authorized to sign all documents*

Daytime Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Event Information**

Date(s): \_\_\_\_\_ Time: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Coverage Type:  *Entire Event Coverage*       *Vendor Coverage*       *Instructor Coverage*

Detailed Description of Event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total Attendance (**per day**) including all participants, volunteers and employees:

<i>Day 1</i>		<i>Day 3</i>		<i>Day 5</i>		<i>Day 7</i>	
<i>Day 2</i>		<i>Day 4</i>		<i>Day 6</i>		<i>Day 8</i>	
<b>Total Attendance ALL Event Days:</b>							

**Event Exposures**

- |  |     |    |
|--|-----|----|
| 1. Have you held this event or a similar event in the past?  | Yes | No |
| 2. If yes, have accidents, incidents, claims or losses arisen from such event?                     | Yes | No |
| 3. Is there an admission fee charged?  | Yes | No |
| 4. Will food/non-alcoholic beverages be served?  | Yes | No |
| 5. Will food/non-alcoholic beverages be sold?  | Yes | No |
| 6. Will there be a caterer?  | Yes | No |
| 7. Please list/describe entertainment activities that will be occurring, if any:<br>_____<br>_____ |     |    |

8. Do you have any parties requiring to be named as Additional Insured? Yes      No

***If yes, please review contracts and attach a separate sheet listing names and addresses of all parties requiring to be named as additional insured.***

The event premium includes a premium charge for the owner/lessor as additional insured. Event Holder agrees to add the Facility owner as an additional insured.

Event Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Liquor Liability Exposures:

\_\_\_\_\_ ***No alcoholic beverages will be served or sold at this event.***

1. Type of alcoholic beverages available (please choose all that apply):  
 Beer       Wine/Champagne       Mixed Drinks/Full Bar
2. How long will alcoholic beverages be available for consumption? \_\_\_\_\_
3. Will you charge a fee or collect a ticket?      Yes      No
4. Do you receive a donation?      Yes      No
5. Estimated sales receipts for alcoholic beverages:      \$ \_\_\_\_\_
6. Do you have a caterer or vendor serve or sell the alcoholic beverages?      Yes      No
7. If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance?      Yes      No
8. How many different locations will alcoholic beverages be available? \_\_\_\_\_
9. Are you required to obtain or have a liquor license for your event?      Yes      No
10. What Management Practices do you have in place to monitor and control the consumption of alcoholic beverages?
  - Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.      Yes      No
  - Everyone must show identification to receive an alcoholic beverage.      Yes      No
  - Individuals over the legal drinking age receive a wristband or other form of identification.      Yes      No
  - There is a limit of two servings provided to any one individual per visit to the concession.      Yes      No
  - Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated.      Yes      No
  - The concession or bar is closed at least one hour prior to the end of the event.      Yes      No

Vendor/Exhibitor/Concessionaire Exposures

Please complete the following for **each** vendor, exhibitor, or concessionaire you would like added to this policy. Please use additional sheets if necessary.

\_\_\_\_\_ *We do not require/request coverage for Vendors, Exhibitors, or Concessionaires*

Name, Contact and Mailing Address:

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Type of Vendor (please choose one):

- |   |   |
|---|---|
| <input type="checkbox"/> Exhibitor (No Sales)                   | <input type="checkbox"/> Concessionaire (Activity Booth)    |
| <input type="checkbox"/> Food or Beverage Vendor (No Alcohol)   | <input type="checkbox"/> Concessionaire (Pony Ride Only)    |
| <input type="checkbox"/> Food or Beverage Vendor (With Alcohol) | <input type="checkbox"/> Concessionaire (Bounce House Only) |
| <input type="checkbox"/> Vendor (Non-Food/Beverage)             | <input type="checkbox"/> Promoter                           |
| <input type="checkbox"/> Entertainer                            | <input type="checkbox"/> Equipment Supply Company           |
| <input type="checkbox"/> Sponsor                                | <input type="checkbox"/> Other (Please Specify) _____       |

Name, Contact and Mailing Address:

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Type of Vendor (please choose one):

- |   |   |
|---|---|
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| <input type="checkbox"/> Sponsor                                | <input type="checkbox"/> Other (Please Specify) _____       |

Name, Contact and Mailing Address:

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| <input type="checkbox"/> Entertainer                            | <input type="checkbox"/> Equipment Supply Company           |
| <input type="checkbox"/> Sponsor                                | <input type="checkbox"/> Other (Please Specify) _____       |