APPLICATION FOR ACTIVITY APPROVAL
(*Application must be submitted 2 weeks in advance)*

Name of Applicant: _____ **Date:** _____

Address of Applicant: _____

Title: _____ **Phone #:** _____

Activity: _____ **Activity Date:** _____

Commencing Time: _____ **Ending Time:** _____

Activity Location: _____

Sponsor: _____ **Person in Charge:** _____

Title: _____ **Phone #:** _____

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Is Location of Activity Public or Private Owned? _____

If "Private", Do you have permission by Owner to use property? **Yes** _✔_ **No** ____

Name of Owner: _____ **Phone #:** _____

Approved: _____ _____

Property Owner **Date**

Will children be participating? Yes _✔_ **No** ____
If "Yes", how many? (Please Enclose Permission Slips) _____

Liability

On City Property: **Yes** ____ **No** _✔_

Will a City Vehicle be used: **Yes** ____ **No** _✔_

Will a Private Vehicle be used: **Yes** ____ **No** _✔_

If "Yes", what piece of equipment is needed/required: NA
If "Yes", to either question a copy of the following must be included with application:
1) **A copy of driver's license for each driver required**
2) **Proof of insurance for each vehicle**

Required Insurance – A Commercial General Liability coverage form at least as broad as ISO form CG 00 01 with limits of liability of no less than $500,000 per Class I event and $1 million for Class II – V events from a California admitted insurance company with an AM Best rating of no less than an "A VII" (subject to approval of the City), with the City of Avenal listed as an Additional Insured with Endorsement(s);

"To the fullest extent permitted by law, the event sponsor agrees to defend (including attorney's fees), pay on behalf of, indemnify, and hold harmless the City of Avenal, its elected and appointed officials, employees, agents and volunteers and others working on behalf of the City against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from the City, its elected and appointed officials, employees, agents and volunteers and others working on behalf of the City, by reason of any claim, demand, suits or loss including, without limitation, personal injury, including bodily injury or death and/or property damage, including loss of use, thereof, which arises out of or is in any way connected or associated with this contract."

I declare, that this application is made by me on behalf of my organization, that I am authorized to make such an application, that I accept responsibility and will comply with all requirements including insurance.

_____ _____
Signature of Applicant **Date**

Approved: _____ _____
Administrative Analyst **Date**

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Permission Slips/Waiver:

Is a Street Closure Permit Required? **Yes** ____ **No** _✔_
Highlight Location on Map (Enclosed)

Are the Locations In a State Right-of-Way? **Yes** ____ **No** _✔_
If "Yes", has an Encroachment Permit Application been approved by Department of Transportation? (Please Enclose Copy)

Approved By: _____ _____
Public Works Director **Date**

Approved By: _____ _____
Avenal Police Dept. **Date**

Approved By: _____ _____
Fire Dept. **Date**

Approved By: _____ _____
City Manager **Date**