

APPLICATION - CITY PLAZA USE

APPLICATION FEE: \$42

CITY OF MT. SHASTA
305 NO. MT. SHASTA BLVD.
MT. SHASTA, CA 96067

DATE: _____ (PLEASE PRINT)

The undersigned hereby applies for permission to use and/or otherwise encroach onto the City Plaza for the purpose of:

If applicable, **please list** any tables, kiosks, and/or other temporary items with dimensions, including any banners or signs that will be placed in the designated areas of the plaza AND, **attach a drawing** of the area you are applying to use, showing placement of such items clearly (not to scale)

Date(s) of proposed usage: _____ Time from _____ am/pm to _____ am/pm.

Permittee shall ensure that placement of any items within the City Plaza will allow, at all times, a minimum of four feet (4') of clear passage on the public sidewalk, and that said items do not interfere with the reasonable use of the City Plaza by others.

The Permittee shall endorse the City of Mt. Shasta as a named additional insured on their comprehensive general liability insurance policy with limits of no less than \$500,000 prior to permit validation. Applicant shall provide proof of liability insurance and naming of additional insured in the form of a certificate of insurance, with the underwriters endorsement to the City of Mt. Shasta prior to being issued a permit.

Permittee agrees that failure to comply with these conditions will result in the denial of use of the City Plaza for the proposed event/function. Permittee agrees to abide by the City Plaza Policy established by Resolution No. CCR-04-57 adopted by the City Council of the City of Mt. Shasta on September 27, 2004. (policy attached)

The signature of the application will serve to indicate and acknowledge that the applicant has read and does understand the provisions set forth herein, and upon affixing said signature, does agree to conform and comply with these requirements, including the attached City Plaza Policy, and specific provisions if added to the permit.

THIS IS AN APPLICATION ONLY
Please Print

Name of Group or Individual Applying

Signature of Group Officer or Individual

Street Address

City, State, Zip Code

Telephone Fax