



CITY OF VISTA

Administrative Temporary Use Permit (Revised 11/12/14)

Permit No. _____ Date _____

City Business Lic. # _____

State of CA Resellers Permit # _____

Name, telephone number and address of person(s) to be contacted:

Name: _____ Telephone: _____

Address: _____

E-mail: _____ Fax: _____

Landlord or Property Manager approval: _____

I/We the undersigned request that an Administrative Temporary Use Permit be granted to authorize a sidewalk/parking lot sale, or other temporary activity (as described below) between the hours of _____ to _____ from (date) _____, to an including (date) _____, on property addressed as (no.) _____ (street) _____.
(Assessor's Parcel Number (APN) : _____).

Activity (describe in detail and attach a plot plan) _____

Is alcohol being served?

____ Yes (please contact California Department of Alcoholic Beverage Control at the San Marcos District Office (760) 471-4237 for additional information on alcohol related permit requirements).

____ No

Any private road closures? ____ Yes ____ No

How many persons (approximately) are expected to attend this event? _____

In accepting this Permit, I/We understand that permits can only be approved for four events per year and a five days maximum each event. I also understand and agree to the conditions listed (must be initialed by applicants), and such other conditions as may be levied by the Zoning Administrator as a condition(s) of granting this Permit.

1. Business name: _____

Signature: _____

Address: _____

2. Business name: _____

Signature: _____

Address: _____

3. Business name: _____

Signature: _____

Address: _____

Conditions

Each applicant (or group, where more than one is involved) must comply with the conditions as set forth herein, prior to or upon approval and granting of an Administrative Temporary Use Permit.

Initial

1. Each permit application must be signed by not less than three (3) established merchants in a commercial complex, or a single large business with a gross sales floor area of 20,000 square feet.

2. Any sidewalk/parking lot sale conducted on property other than that owned or leased by the applicant(s) must have written permission of the property owner or authorized agent.

Initial

3. By accepting such a permit, the permittee(s) agrees to defend, indemnify and hold harmless the City of Vista, its officers, employees and agents for any and all liability arising out of the actions permitted by said Temporary Use Permit, and the permittee(s) agrees to pay on behalf of the City of Vista, all claims, damages, judgments, legal and and court cost, adjuster fees, and attorney fees related thereto.

4. The permittee(s) agree to provide to the City of Vista, a Certificate of Liability insurance naming the City of Vista as additional insured, and which includes coverage for the effective date(s) of said Administrative Temporary Use Permit, and with a minimum limit of liability of \$1,000,000 (one million dollars).

5. This permit does not allow any exceptions to other City Codes. The use of sound amplification is not allowed.

6. Payment of fee(s) in accordance with current fee schedule.

Additional conditions (if necessary) _____

Official Use Only

Sheriff's approval is required prior to permit issuance:

Sheriff's approval: _____ Date: _____

Fire Department approval is required prior to permit issuance:

Fire Department approval: _____ Date: _____

The Zoning Administrator hereby grants an Administrative Temporary Use Permit to conduct a

All activities shall be conducted in compliance with the provisions of Section 18.76.020 of the City Code a summary of which is attached hereto and shall be displayed with this notice of approval. This authorization shall be posted in a conspicuous place on the site of the permitted activity during the hours of operation of said activities.

for Zoning Administrator

Date

C: City Clerk, Code Compliance, Planning, San Diego County Sheriff's Office—Vista Station, Fire Department, Traffic, City Engineer

**Development Services
Additional Insured Endorsement Matrix**

Type of Permit	Insurance Certificate Requirements	Preferred Endorsement Form	Alternative Acceptable Endorsement Form
Temporary Use Permit	Ongoing Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX • CG 20 12 XX XX • Other form upon approval of Risk Management
Right-Of-Way Permit (construction)	Ongoing & Completed Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX and CG 20 37 XX XX (must have both) • Other form upon approval of Risk Management
Wide Load Permit	Ongoing Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX • CG 20 12 XX XX • Other form upon approval of Risk Management
Holiday Use Permit	Ongoing Operations	<ul style="list-style-type: none"> • CG 20 10 11 85 	<ul style="list-style-type: none"> • CG 20 10 XX XX • CG 20 12 XX XX • Other form upon approval of Risk Management



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/13

EXAMPLE

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 ISU Massie & Beck Ins. Serv. License #0B29340 P.O. Box 1272 Lafayette, CA 94549-1272 Massie & Beck Ins. Brkrs Inc.	925-283-5750	CONTACT NAME: Leslie Adams	
	925-283-5751	PHONE (A/C, No, Ext): 925-283-5750	FAX (A/C, No): 925-283-5751
		E-MAIL ADDRESS: leslie@isumassie.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Travelers Property Casualty	25674
		INSURER B : Admiral Insurance Co.	24856
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED

Company Name
Address
City State Zip

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
B	GENERAL LIABILITY	X	X	Policy Number	07/01/13	07/01/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Prof & Poll-Claim						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY	X	X	Policy Number	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB			Policy Number	07/01/13	07/01/14	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 4,000,000
	<input type="checkbox"/> CLAIMS-MADE						Prof/Poll \$ Included
DED <input checked="" type="checkbox"/> RETENTION \$ 0							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	Policy Number	07/01/13	07/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Professional Liab			Policy Number	07/01/13	07/01/14	Per Claim 1,000,000
B	Pollution Liab			Policy Number	07/01/13	07/01/14	Aggregate 1,000,000

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

CERTIFICATE HOLDER

City of Vista
200 Civic Center Drive
Vista CA, 92084-6275

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

David W Massie

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[EXAMPLE]

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 11 85

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – (FORM B)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

City of Vista
200 Civic Center Drive
Vista CA, 92084-6275

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.