

City of National City ■ Neighborhood Services Department 1243 National City Boulevard ■ National City, CA 91950 (619) 336-4364 ■ fax (619) 336-4217 www.nationalcityca.gov

### **Special Event Application**

	ype of Event					
	Fair/Festival	Parade/March	Walk or Run	Concert/Performance		
V	TUP	Sporting Event	Other (specify	)		
	vent Name & Lo	cation				
Ev	ent Title Care for I	Humanity				
Ev	ent Location (list a	Il sites being requeste	d) Kimball Park			
	ivent Times				Neighbord C	
Se	et-Up Starts ate_10/23/2022	Time_4:00 am	Day of Wee	sk <u>Saturday</u>	hood Service	RECEIV
E <sub>1</sub>	vent Starts ate 10/23/2022	Time12:00 pm	Day of We	eek	Neighborhood Services Department City of National City	VED
	vent Ends ate 10/23/2022	Time_4:00pm	Day of We	ek	ient	
	eakdown Ends ate_10/23/2022		Day of We			
A	pplicant Informa	ition	John Pangi	g Organization $\frac{\text{Church of C}}{\text{Church of C}}$	-902=	7
Ар	plicant (Your name	Jewell Buenavista	Sponsorin	g Organization Church of C	hrist/Iglesi	a Ni
Εv	ent Coordinator (if	different from applican	(I)	ng/John Pangilinan		
Ma	iling Address	27 Shetland Hills East,	Fallbrook, CA 9202	28		
		After Hours P			x	
Pu	blic Information Ph	one	E-mail kim-so	milang@gmail.com PANE	ILLNA	MOHO-
Applicant agrees to investigate, defend, indemnify and hold harmless the City, its officers, employees and agents from and against any and all loss, damage, liability, claims, demands, detriments, costs, charges, expense (including attorney's fees) and causes of action of any character which the City, its officers, employees and agents may incur, sustain or be subjected to on account of loss or damage to property or the loss of use thereof and for bodily injury to or death of any persons (including but not limited to the employees, subcontractors, agents and invitees of each party hereto) arising out of or in any way connected to the occupancy, enjoyment and use of any City premises under this agreement to the extent permitted by law.						
Applicant understands this TUP/special event may implicate fees for City services, which will have to be paid in the City's Finance Department 48 hours prior to the event set-up. The undersigned also understands and accepts the City's refund policy for application processing and facility use and that fees and charges are adjusted annually and are subject to change.						
Sig	nature of <u>Applicant</u>	t: John Pom	Alm	Date 08	3/25/202	22

Special Event Application (continued)

Please complete the following sections with as much detail as possible since fees and requirements are based on the information you provide us.

Fees/Proceeds/Reporting	
Is your organization a "Tax Exempt, non	profit" organization? Yes 🗸 No
Are admission, entry, vendor or participa	ant fees required? Yes No
If YES, please explain the purpose and prov	vide amount (s):
\$_Estimated Gross Receipts including tic	ket, product and sponsorship sales from this event.
\$Estimated Expenses for this e	event.
\$What is the projected amount as a result of this event?	of revenue that the Nonprofit Organization will receive
Description of Event	
First time event Returning Even	t 🔟 include site map with application
Note that this description may be published	in our City Public Special Events Calendar:
Care package give-aways, free health scree	enings, free school supplies and clothing, live music and
performances.	
Estimated Attendance	
Anticipated # of Participants: 500	Anticipated # of Spectators: 500

## Traffic Control, Security, First Aid and Accessibility Requesting to close street(s) to vehicular traffic? Yes List any streets requiring closure as a result of the event (provide map): Date and time of street closure: \_\_\_\_\_Date and time of street reopening: \_\_\_\_\_ Other (explain) Requesting to post "no parking" notices? Yes No Requested "No Parking" on city streets and/or parking lots (list streets/parking lots) (provide map): Other (explain) Security and Crowd Control Depending on the number of participants, your event may require Police services. Please describe your procedures for both Crowd Control and Internal Security: Our organization will have volunteer internal security on site during setup, throughout the event, and during teardown. Our security staff will also monitor booths, stage, and all surrounding areas of venue. Have you hired Professional Security to handle security arrangements for this event? If YES, name and address of Security Organization Security Director (Name): Phone: If using the services of a professional security firm and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission. No If YES, please state how the event and surrounding area will Is this a night event? Yes be illuminated to ensure safety of the participants and spectators:

First Aid
Depending on the number of participants, your event may require specific First Aid services. First aid station to be staffed by event staff? Yes No First aid/CPR certified? Yes No
First aid station to be staffed by professional company. ▶ Company
If using the services of a professional medical organization/company and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 — Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission.
Accessibility  Please describe your Accessibility Plan for access at your event by individuals with disabilities:
Elements of your Event  Setting up a stage? Yes  No
Requesting City's PA system
Requesting City Stage; if yes, which size? Dimensions (13x28) Dimensions (20x28)
Applicant providing own stage  28ft x 16ft  (Dimensions)
Setting up canopies or tents?
# of canopies size 10x10,10x2 25 10×10
# of tents size  # of tents size  No canopies/tents being set up
No canopies/tents being set up

Setting up tables and chairs?					
Furnished by Applicant or Contractor					
60 # of tables No tables being	set up				
500 # of chairs No chairs being	set up				
(For City Use Only) Sponsored Events – Does no	t apply to co-sponsore	ed events			
# of tables No tables being	set up				
# of chairs No chairs being	set up				
Contractor Name					
Contractor Contact Information	City/State	Phone Number			
Setting up other equipment?					
Sporting Equipment (explain)					
Other (explain)					
Not setting up any equipment listed above at ever	Not setting up any equipment listed above at event				
Having amplified sound and/or music? Yes	<u> </u>				
PA System for announcements CD pla					
Live Music Small 4-5 piece live band Large 6+ piece live band					
Other (explain)					
If using live music or a DJ. ► Contractor Name Mat	t Basson/Bigfoot Stag	<b>e</b>			
230 Hutchinson Street	Vista	619-757-7703			
Address	Citv/State	Phone Number			

U	Jsing lighting equipment at	your event? Y	es No		
	Bringing in own lighting eq	ulpment			
	 ☐ Using professional lighting	company 🕨	Company Name	1	
		gompany 2	oompany ramo		
	Address	City	/State		Phone Number
U	Ising electrical power? Yes	No No		Using Kim	ball Park Bowl
			007M-4:00	ور به منتبط به السلام	romto)
1	Using on-site electricity	For sound	and/or lighting	For food a	nd/or refrigeration
	— 71	 [. <b></b> ]		F1	
~	Bringing in generator(s)	For sound	and/or lighting	For food a	nd/or refrigeration
Ve	endor Information				
Pl	LEASE NOTE: You may be	required to a	ply for a tempo	rary health perm	it if food or beverages
ar in	re sold of given away durin 1 the Special Event Guide.	g your special	event. Also se	e 'Permits and C	ompliance' on page 8
	lease contact the County o				
Н	laving food and non-alcoho	olic beverages	at your event?	Yes No	
<u> </u>	Vendors preparing food on	-site ▶ #	➤ Business I	icense#	
<u> </u>	If yes, please describe ho				ages will include grocery
	items. We will also be prov				
	If you intend to cook food in				(bottled water, chips)
	GAS ELECTRIC	CHARC	OAL OTHE	R (Specify):	
	Vendors bringing pre-pack	aged food ► #_	► Busii	ness License #	
	─ │Vendors bringing bottled, n	on-alcoholic be	verages (i.e., bot	lled water, can so	da. etc.) ▶ #
	_ Vendors selling food #				-
느	=				
	Vendors selling merchandi	se #	_► Business Lic	ense #(s)	· · · · · · · · · · · · · · · · · · ·
<b>'</b>	Food/beverages to be hand	lled by organiza	tion; no outside v	endors	
	Vendors selling services #_	<b>⊳</b> B	usiness License	#(s)	
	► Explain services				
	Vendors passing out inform	ation only (no b	usiness license n	eeded) #	
	► Explain type(s) of inform	nation	, 474		
1	No selling or informational v	endors at event			

Having children activities? Yes 🗸 No	
requires commercial liability insurance with lin dollars aggregate, in addition, the City of Natio pursuant to a separate endorsement, which si Risk Manager, along with the Certificate of Ins should be filed out at least one week prior to the	rare provided at the event, The City of National City of at least \$1 Million dollars per occurrence/\$2 Million on all City must be named as an Additional Insured rall be provided by the vendor or its insurer to the City's surance; for approval prior to the event. The application he event. For questions or to obtain a copy of the Engineering/Public Works Department at (619) 336-4580.
Inflatable bouncer house #	Rock climbing wall Height
Inflatable bouncer slide #	Arts & crafts (i.e., craft making, face painting, etc.)
Carnival Rides	Other
Having fireworks or aerial display? Yes  Vendor name and license #	
Dimensions	Duration
Number of shells	Max. size
National City requires commercial liability insu occurrence/\$4 Million dollars aggregate. In ad Additional Insured pursuant to a separate endo insurer to the City's Risk Manager, along with event. Depending on the size and/or nature of request higher liability limits. The vendor must Fire Department and the cost is \$602.00	other aerial display is planned for your event. The City of rance with limits of at least \$2 Million dollars per dition, the City of National City must be named as an orsement, which shall be provided by the vendor or its the Certificate of Insurance, for approval prior to the the fireworks display, the City reserves the right to also obtain a fireworks permit from the National City.
Arranging for media coverage? Yes 🖊 No	
Yes, but media will not require special set-u	
Ves media will require energal cotum. Dec	s avilla a

### Event Signage

PLEASE NOTE: For City sponsored or co-sponsored events, banners publicizing the event may be placed on the existing poles on the 1800 block and 3100 block of National City Boulevard. The banners must be made to the City's specifications. Please refer to the City's Special Event Guidebook and Fee Schedule for additional information.

Are you planning to have signage at your event? Yes Vo No
Yes, we will post signage # 25 Dimensions 24x/8
Yes, having inflatable signage #► (complete Inflatable Signage Request form)
Yes, we will have banners # 15
What will signs/banners say? Free Health Screenings, Free School Supplies, Fun Forther Whole Panaly
How will signs/banners be anchored or mounted? 2 19 2005
Location of banners/signage Signs police on National City Blud.
Location of banners/signage Signs poles on National City Blvd.  Waste Management Banners - Basclach Anamond Funces, Fences along
PLEASE NOTE: One toilet for every 250 people is required, unless the applicant can show that there are sufficient facilities in the immediate area available to the public during the event.
Are you planning to provide portable restrooms at the event? Yes No V
Are you planning to provide portable restrooms at the event? Yes No V  If yes, please identify the following:
➤ Total number of portable toilets:
➤ Total number of ADA accessible portable toilets:
Contracting with portable toilet vendor.
Company Phone  ► Load-in Day & Time ► Load-out Day & Time
Portable toilets to be serviced. ▶ Time
Set-up, Breakdown, Clean-up
Setting up the day before the event?
Yes, will set up the day before the event.   # of set-up day(s)
No, set-up will occur on the event day
Requesting vehicle access onto the turf?
Yes, requesting access onto turf for set-up and breakdown (complete attached Vehicle Access Request form)
No, vehicles will load/unload from nearby street or parking lot.

NPDES-Litter Fence
City to install litter fence
Applicant to install litter fence
N/A N/A
Breaking down set-up the day after the event?
Yes, breakdown will be the day after the event. ▶ # of breakdown day(s)
No, breakdown will occur on the event day.
How are you handling clean-up?
Using City crews
Using volunteer clean-up crew during and after event.
Using professional cleaning company during and after event.
Miscellaneous
Please list anything important about your event not already asked on this application:

Please make a copy of this application for your records. We do not provide copies.



## **Special Events**

### Pre-Event Storm Water Compliance Checklist

<ol> <li>Spec</li> </ol>	cial Ever	nt Info	rmation
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Name of Special Event: Care for Humanity	
Event Address: Kimball Park	Expected # of Attendees: 1000
Event Host/Coordinator: Kimberly Comilang	Phone Number: 619-948-6441

### II. Storm Water Best Management Practices (BMPs) Review

•	YES	NO	N/A
Will enough trash cans provided for the event?  Provide number of trash bins: 16			and the state of t
Will enough recycling bins provided for the event?  Provide number of recycle bins: 10			
Will all portable toilets have secondary containment trays? (exceptions for ADA compliant portable toilets)			/
Do all storm drains have screens to temporarily protect trash and debris from entering?			<b>/</b>
Are spill cleanup kits readily available at designated spots?	<b>/</b>		

<sup>\*</sup> A Post-Event Storm Water Compliance Checklist will be completed by City Staff.

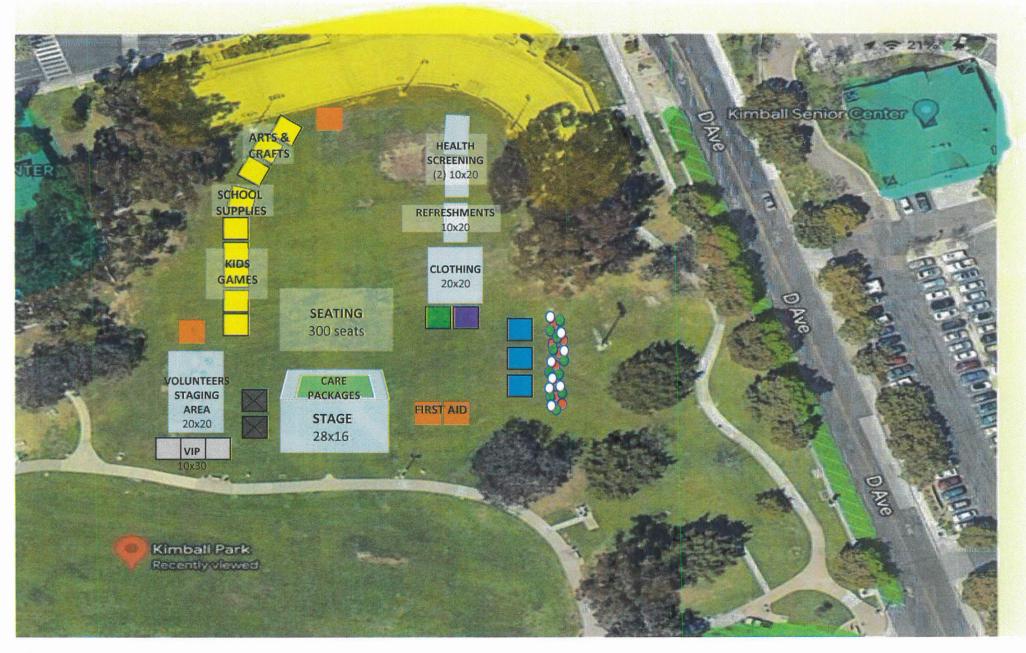
### **City of National City**

## PUBLIC PROPERTY USE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Persons requesting use of City property, facilities or personnel are required to provide a minimum of \$1,000,000 combined single limit insurance for bodily injury and property damage which includes the City, its officials, agents and employees named as additional insured and to sign the Hold Harmless Agreement. Certificate of insurance must be attached to this permit. The insurance company issuing the insurance policy must have a A.M. Best's Guide Rating of A:VII and that the insurance company is a California admitted company; if not, then the insurance policy to the issuance of the permit for the event. The Certificate Holder must reflect:

City of National City Risk Management Department 1243 National City Boulevard National City, CA 91950

National City, CA 91950	
Organization:	
Person in Charge of Activity: Kimberly Comilang/John Pangilinan	
Address: 35927 Shetland Hill East Fallbrook, CA 92028	
Telephone: Date(s) of Use:	
HOLD HARMLESS AGREEMENT	
As a condition of the issuance of a temporary use permit to conduct its activities public or private property, the undersigned hereby agree(s) to defend, indemnitional harmless the City of National City and the Parking Authority and its officer employees and agents from and against any and all claims, demands, costs, localisability or, for any personal injury, death or property damage, or both, or any lit and other liability, including attorney's fees and the costs of litigation, arising our related to the use of public property or the activity taken under the permit by the permittee or its agents, employees or contractors.  Signature of Applicant:  Overall Coordinator  Date: 4 25 200	fy and rs, osses, igation ut of or e
Date. 0/20/02	
For Office Use Only	
Certificate of Insurance ApprovedDate	



### **LEGEND**













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### **CERTIFICATE OF LIABILITY INSURANCE** ILITY INSURANCE 08/25/2022 HIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION

DATE (MM/DD/YYYY)

Indigesia Ni Cristo 2201 E 8th St National City, CA 91950  COVERAGES  THE POLICIES ARREST PRISONANCE EXCHANGE 21/697  THE POLICIES ARREST PRISONANCE CONTROL PARK ESERVATION TO THE POLICIES ARREST PRISONANCE P	Robert Papa (99845A) 2934 E 8th St				ONLY AND	ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
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#### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statment on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

#### **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or after the coverage afforded by the policies listed thereon.

# City of National City BUSINESS TAX CERTIFICATE

"For Services Provided in National City, California Only"

**Business Name** 

IGLESIA NI CRISTO

**Business Location** 

2201 E 8TH ST

NATIONAL CITY, CA 91950-2803

Business Owner(s)

**ERIC JOHN EUSEBIO** 

JOY SOLIMAN

IGLESIA NI CRISTO 2201 E 8TH ST

NATIONAL CITY, CA 91950-2803

NATIONAL CITY

2022

TO BE POSTED IN A CONSPICUOUS PLACE AND NOT TRANSFERABLE OR ASSIGNABLE

**Business Type** 

Exempt / Non-Profit

Account Number

09005393

**Effective Date** 

January 01, 2022

**Expiration Date** 

December 31, 2022



City Manager

NOTE: IT IS YOUR OBLIGATION TO RENEW THIS CERTIFICATE WHETHER OR NOT YOU RECEIVE A RENEWAL NOTICE

For all inquiries regarding this certificate, contact HdL Business Tax Support Center at (619) 382-2596.

THIS BUSINESS TAX CERTIFICATE DOES NOT PERMIT A BUSINESS THAT IS OTHERWISE PROHIBITED.

#### IGLESIA NI CRISTO

Thank you for your payment on your National City Business Tax Certificate. ALL CERTIFICATES MUST BE AVAILABLE FOR INSPECTION UPON REQUEST. If you have questions concerning your business license, contact the Business Support Center via email at: NationalCity@HdLgov.com or by telephone at: (619) 382-2596

Keep this portion for your license separate in case you need a replacement for any lost, stolen, or destroyed license. A fee may be charged for a replacement or duplicate certificate.

This certificate does not entitle the holder to conduct business before complying with all requirements of the National City Municipal code and other applicable laws, nor to conduct business in a zone where conducting such business violates law.

If you have a fixed place of business within the National City, please display the Business Tax Certificate below in a conspicuous place at he premises. Otherwise, every Business Tax Certificate holder not having a fixed place of business in the City shall keep the Business Tax Certificate upon his or her person, or affixed in plain view any cart, vehicle, van or other movable structure or device at all times if required by the Collector.

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: https://www.dca.ca.gov/publications/



BUSINESS TAX SUPPORT CENTER 8839 N CEDAR AVE #212 FRESNO, CA 93720-1832



City of National City
BUSINESS TAX CERTIFICATE

IGLESIA NI CRISTO 2201 E 8TH ST NATIONAL CITY, CA 91950-2803 Account Number:

09005393

Date of Issue:

01/01/2022