

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

| Type of Event | | | _ | |
|--|---|---|------------------------|----------------------|
| Fair/Festival | Parade/March | Walk or Run | Concert/Perfor | mance |
| TUP | Sporting Event | Other (specify) | | |
| Event Name & Lo | | | | |
| | go Granfondo bike ride | | | |
| Event Location (list a | all sites being requeste | ed) use of city streets | | |
| Event Times | | | | |
| Set-Up Starts Date 4/23/2023 | Time_5:00 AM | Day of Week | Sunday | |
| Event Starts Date 4/23/2023 | Time | Day of Wee | k | 5 |
| Event Ends Date_4/23/2023 | Time_ ^{5:00} PM | Day of Week | Sunday | |
| Breakdown Ends Date 4/23/2023 | Time_5:00 PM | Day of Week | Sunday | - |
| Applicant Informa | ation | | | |
| Applicant (Your name | e) | Sponsoring | Organization Life | Sports Foundation |
| | different from applica | | | |
| Mailing Address PO | box 1210, Poway CA | 92074 | | |
| | 9709 After Hours F | | | |
| Public Information Ph | none858-255-9709 | E-mail _tobias@ | gftours.com | |
| 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. | | | | |
| City's Finance Departm | this TUP/special event ment 48 hours prior to the application processing ar | event set-up. The undend facility use and that fe | ersigned also understa | ands and accepts the |
| Signature of Applicar | t: Tobias Pane | eb | D | ate 2/1/2023 |

| Special | Event | Application | (continued) |
|---------|--------------|--------------------|-------------|
| | | | Joonanaaa |

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, nonprofit" organization? Yes 🗸 No |
| Are admission, entry, vendor or participant fees required? Yes 🗸 No |
| If YES, please explain the purpose and provide amount (s): |
| Fundraiser for Life Sports Foundation |
| |
| \$_Estimated Gross Receipts including ticket, product and sponsorship sales from this event. |
| \$Estimated Expenses for this event. |
| \$What is the projected amount of revenue that the Nonprofit Organization will receive as a result of this event? |
| Description of Event First time event |
| Note that this description may be published in our City Public Special Events Calendar: |
| 14th annual San Diego Granfondo bike ride through National City, Chula Vista and San Diego |
| |
| |
| |
| |
| |
| Estimated Attendance |
| Auticipated # of Participants, 1000 |

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: Have you hired Professional Security to handle security arrangements for this event? No √ 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 V 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 AMR |
| 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: |
| Individuals with disabilities have their own bikes |
| |
| 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 (Dimensions) |
| Setting up canopies or tents? |
| # of canopies size |
| # of tents size |
| |

| Setting up tables and chairs? | | |
|--|-------------------------|--------------|
| Furnished by Applicant or Contractor | | |
| # of tables No tables being se | et up | |
| # of chairs No chairs being se | t up | |
| (For City Use Only) Sponsored Events – Does not a | apply to co-sponsored e | vents |
| # of tables No tables being se | t up | |
| # of chairs No chairs being se | t up | |
| Contractor Name | | |
| Contractor Contact Information | City/State | Phone Number |
| , (44.656 | Only/Otato | Thore Number |
| Setting up other equipment? | | |
| Sporting Equipment (explain) | | |
| Other (explain) | | |
| Not setting up any equipment listed above at event | | |
| Having amplified sound and/or music? Yes No | | |
| PA System for announcements CD player | er or DJ music | |
| Live Music Small 4-5 piece live band | Large 6+ piece | live band |
| Other (explain) | | |
| If using live music or a DJ. ▶ Contractor Name | | |
| > | | |
| Address | City/State | Phone Number |

| Using lighting equipment at your event? Yes No ✓ | |
|---|---------------|
| Bringing in own lighting equipment | |
| Using professional lighting company ▶ Company Name | |
| | |
| Address City/State Phone Number | _ |
| Using electrical power? Yes No ✓ Using Kimball Park Bowl Lighting (fromto) | |
| Using on-site electricity For sound and/or lighting For food and/or refrigeration | |
| Bringing in generator(s) For sound and/or lighting For food and/or refrigeration | |
| | Olivi Carrier |
| Vendor Information | |
| PLEASE NOTE: You may be required to apply for a temporary health permit if food or beverage are sold of given away during your special event. Also see 'Permits and Compliance' on page in the Special Event Guide. For additional information on obtaining a temporary health permit, please contact the County of San Diego Environmental Health at (619) 338-2363. | 8 |
| Having food and non-alcoholic beverages at your event? Yes █ No ✓ | |
| Vendors preparing food on-site ▶ #▶ Business License # | |
| If yes, please describe how food will be served and/or prepared: | |
| | |
| If you intend to cook food in the event area please specify the method: GAS ELECTRIC CHARCOAL OTHER (Specify): | _ |
| Vendors bringing pre-packaged food ▶ #▶ Business License # | |
| Vendors bringing bottled, non-alcoholic beverages (i.e., bottled water, can soda, etc.) ▶ # | |
| Vendors selling food # ▶ Business License #(s) | |
| Vendors selling merchandise # ▶ Business License #(s) | |
| Food/beverages to be handled by organization; no outside vendors | |
| Vendors selling services #▶ Business License #(s) | |
| ► Explain services | |
| Vendors passing out information only (no business license needed) # | |
| Explain type(s) of information | |
| ✓ No selling or informational vendors at event | |

| Having children activities? Yes No ✓ |
|---|
| PLEASE NOTE: In the event inflatable jumps are provided at the event, The City of National City requires commercial liability insurance with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. The application should be filed out at least one week prior to the event. For questions or to obtain a copy of the "Facility Use Application", please contact 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 RidesOther |
| Having fireworks or aerial display? Yes No ✓ |
| Vendor name and license # |
| |
| DimensionsDuration |
| Dimensions |
| |
| PLEASE NOTE: In the event fireworks or another aerial display is planned for your event, The City of National City requires commercial liability insurance with limits of at least \$2 Million dollars per occurrence/ \$4 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. Depending on the size and/or nature of the fireworks display, the City reserves the right to request higher liability limits. The vendor must also obtain a fireworks permit from the National City Fire |
| PLEASE NOTE: In the event fireworks or another aerial display is planned for your event, The City of National City requires commercial liability insurance with limits of at least \$2 Million dollars per occurrence/ \$4 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. Depending on the size and/or nature of the fireworks display, the City reserves the right to request higher liability limits. The vendor must also obtain a fireworks permit from the National City Fire Department and the cost is \$545.00 |

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 No |
|---|
| Yes, we will post signage # Dimensions |
| Yes, having inflatable signage #▶ (complete Inflatable Signage Request form) |
| Yes, we will have banners # |
| What will signs/banners say? |
| How will signs/banners be anchored or mounted? |
| Location of banners/signage |
| Waste Management |
| PLEASE NOTE: One toilet for every 250 people is required, unless the applicant can show that there are <u>sufficient</u> facilities in the immediate area available to the public during the event. |
| Are you planning to provide portable restrooms at the event? Yes No |
| 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 |
| 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: |
| We request 1 officer at 8th st and Harbor dr to help cyclists making the left hand turn onto |
| 8th st from 7:00 AM - 9:00 AM |

Please make a copy of this application for your records.

We do not provide copies.



Special Events

Pre-Event Storm Water Compliance Checklist

| I. Special Event Information | |
|--|-------------------------------|
| Name of Special Event: San Diego Granfondo | |
| Event Address: PO Box 1210, Poway CA 92074 | Expected # of Attendees: 1000 |
| Event Host/Coordinator: KOZ Events | Phone Number: 858-255-9709 |

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: | | | / |
| Will enough recycling bins provided for the event? Provide number of recycle bins: | | | / |
| 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? | | | / |
| Are spill cleanup kits readily available at designated spots? | | | / |

^{*} 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

| Organization: Life Sports Foundation | |
|--|---|
| Organization: Life Sports Foundation Person in Charge of Activity: Tobias Panek | |
| Address: PO Box 1210, Poway CA 92074 | |
| Telephone: 858-255-9709 Date(s) of Use: 4/23/2023 | |
| 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, indemnshold harmless the City of National City and the Parking Authority and its office employees and agents from and against any and all claims, demands, costs, I liability or, for any personal injury, death or property damage, or both, or any liand other liability, including attorney's fees and the costs of litigation, arising or related to the use of public property or the activity taken under the permit by the permittee or its agents, employees or contractors. | nify and ers, losses, itigation out of or |
| Signature of Applicant: Tobias Panels | |
| Official Title: President, KOZ Events Date: 2/1/2023 | |
| For Office Use Only | |
| Certificate of Insurance ApprovedDate | |
| | |

City of National City BUSINESS TAX CERTIFICATE

"For Services Provided in National City, California Only"

Business Name

KOZ EVENTS

Business Location

9939 HIBERT ST

SAN DIEGO, CA 92131-1029

Business Owner(s)

TOBAIS (PRES) PANEK

CARRIE (VICE PRES) PANEK

TOBAIS PANEK KOZ EVENTS PO BOX 1210

POWAY, CA 92074-1380

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



2023

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

Business Type

Special Event

Account Number

09018345

Effective Date

January 01, 2023

Expiration Date

December 31, 2023



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.

KOZ EVENTS

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 CENTER 8839 N CEDAR AVE #212

SUPPO



City of National City BUSINESS TAX CERTIFICATE

TOBAIS PANEK KOZ EVENTS PO BOX 1210 POWAY, CA 92074-1380 **Account Number:**

09018345

Date of Issue:

01/01/2023

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date: SEP 2 0 2017

LIFE SPORTS FOUNDATION
9939 HIBERT ST STE 105
SAN DIEGO, CA 92131-0000

Employer Identification Number: 82-2498593 DLN: 26053654002787 Contact Person: CUSTOMER SERVICE ID# 31954 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 509(a)(2) Form 990/990-EZ/990-N Required: Yes Effective Date of Exemption: July 27, 2017 Contribution Deductibility: Addendum Applies: No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

LIFE SPORTS FOUNDATION

Sincerely,

stephen a. martin

Director, Exempt Organizations Rulings and Agreements



Life Sports Foundation 16805 Highland Valley Rd. Ramona CA 92065

9/2/2022

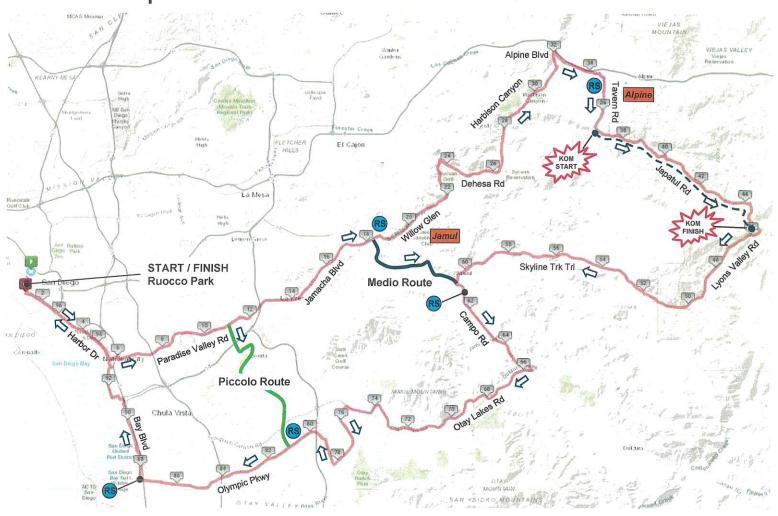
The Official notice authorizes and validates the following,

The KOZ Events organization via Tobias Panek and Jennifer Nanista are authorized agents to apply on behalf of the Life Sports Foundation to secure permits for the San Diego Granfondo scheduled for Sunday April 23, 2023. Should you have any questions, please contact me at carrie@lifesportsfoundation.com or 619-507-7920.

Sincerely,

Carrie Panek President / CEO

Route Map



GRANFONDO SAN DIEGO Permit Timeline

| Saturday | | | |
|------------|---|----------------------------|--|
| 6:00 AM | Expo set-up in Ruocco Park, close parking lots | | |
| | Set-up bike racks, fi | nish line truss, place out | |
| 10:00 AM | Registration Opens / Expo Opens | | |
| 4:00 PM | EXPO closes | | |
| 5:00 PM | Security Arrives | | |
| | | | |
| Sunday | | | |
| 4:00 AM | Finish line set-up | | |
| | Place Tapper at G st. Push S/B traffic into median lane | | |
| 5:00 AM | Registration Opens | | |
| 7:00 AM | Opening remarks, event rules, cautions | | |
| Ride Start | | | |
| 7:30 AM | Gran Fondo | 105 mi | |
| 8:00 AM | Medio Fondo | 60 mi | |
| 8:30 AM | Piccollo Fondo | 34 mi | |
| 8:45 AM | Donut ride | 20 mi | |
| 5:30 PM | Course Closes | | |

Campagnolo GranFondo San Diego Gran Fondo Cue Sheet

| 0 mi | Start at Ruocco Park | |
|---------|---|--|
| 5.6 mi | Turn left onto W 8th St | |
| 6.0 mi | Turn right onto Roosevelt Ave | |
| 6.2 mi | Turn left onto W Plaza Blvd | |
| 8.6 mi | Straight onto Paradise Valley Rd | |
| 12.7 mi | Continue onto Jamacha Blvd | |
| 17.2 mi | Turn right onto 94 | |
| 17.7 mi | Continue straight onto Jamacha (rest stop on Right) | |
| 18.6 mi | Turn right onto Willow Glen Dr | |
| 23.6 mi | Turn right onto Dehesa Rd | |
| 26.8 mi | Continue straight onto Harbison Canyon Rd | |
| 31.4 mi | Turn left onto Arnold Way | |
| 32.2 mi | Turn right onto Alpine Blvd | |
| 34.4 mi | Turn right onto Tavern Rd (rest stop on Right) | |
| 37.1 mi | Continue onto Japatul Rd (start KOM/QOM) | |
| 44.2 mi | Turn right onto Lyons Valley Rd (End KOM/QOM) | |
| 51.9 mi | Turn right onto Skyline Truck Trail | |
| 59.0 mi | Continue onto Lyons Valley Rd | |
| 60.3 mi | Turn left onto Jefferson Rd | |
| 60.1 mi | Turn left onto Campo Rd (rest stop on Right) | |
| 65.6 mi | Turn right onto Otay Lakes Rd | |
| 75.3 mi | Turn left onto Hunte Pkwy | |
| 78.2 mi | Turn right onto Eastlake Pkwy | |
| 79.2 mi | Turn left onto Olympic Pkwy | |
| 80.2 mi | Turn right onto E Palomar St (Rest stop on Right) | |
| 80.5 mi | Return to Olympic Pkwy and right onto Olympic Pkwy | |
| 84.6 mi | Continue straight on E Orange Ave | |
| 87.1 mi | Turn left onto Palomar St | |
| 88.0 mi | Turn right onto Bay Blvd | |
| 90.5 mi | At E st Make left onto Gunpowder Point Dr and onto Bayshore Bikeway | |
| 91.8 mi | Turn left onto W 32nd St | |
| 92.0 mi | Turn right onto Tidelands Ave | |
| 93.3 mi | Turn left onto E Harbor Dr | |
| 98.1 mi | Finish left into Ruocco Park | |