

**RESOLUTION NO. 2024-31**

**A RESOLUTION APPROVING WAYSIDE USE APPLICATION FOR THE  
ROCKAWAY BEACH MUSIC FESTIVAL**

**WHEREAS**, the City has received applications from the Neah-Kah-Nie Coast Arts, Music & Cultural Foundation for use of the Wayside for the Rockaway Beach Music Festival; and

**WHEREAS**, staff has reviewed the application and deemed them complete; and

**WHEREAS**, the City Council has considered and reviewed the application before them.

**NOW, THEREFORE, BE IT RESOLVED THAT**

**Section 1.** The City of Rockaway Beach City Council hereby approves the applications for Wayside Use from the Neah-Kah-Nie Coast Arts, Music & Cultural Foundation for the Rockaway Beach Music Festival Event , attached as Exhibits A.

**Section 2.** This Resolution shall be effective immediately upon adoption.

**APPROVED AND ADOPTED BY THE CITY COUNCIL THE 12TH DAY OF JUNE  
2024.**

APPROVED



Charles McNeilly, Mayor

ATTEST



Melissa Thompson, City Recorder

MAY 2 '24 4:47PM

### City of Rockaway Beach, Oregon

276 S. Highway 101, PO Box 5  
Rockaway Beach, OR 97136  
(503) 374-1752 FAX (503) 355-8221  
[www.corb.us](http://www.corb.us) \* [cityhall@corb.us](mailto:cityhall@corb.us)



#### APPLICATION USE PERMIT FOR CITY WAYSIDE

Organization Name: Near-Whale Coast Arts Music & Cultural Foundation  
Fulcrum Partnership

Contact Person: Robin Swain & Laura Swanson

Address: [Redacted] State: OR Zip: 97136

Phone Number: [Redacted] Email: [Redacted]

Deposit Paid: \$300 Date: May 2, 2024

Name of Event: Rockaway Beach Music Festival

Date(s) of Event: Sept. 20, 21, 22 Time(s) of Event: Sat 12AM-11pm

Estimated number of people attending: \_\_\_\_\_ Number of Vendors: \_\_\_\_\_

Contact Person(s): Robin Swain

Contact Phone Numbers: [Redacted]

Contact Email: [Redacted]

If traffic control is needed, please explain:  
Barricade wayside, volunteers monitoring early ADA parking

Please attach a drawing denoting area of Wayside which will be used and manner of use:

#### Use Regulations:

1. \$2,000,000.00 General Liability Insurance listing the City of Rockaway Beach as an additional insured is required. Insurance should be per occurrence and should not be an aggregate.
2. Cleaning Deposit will be paid at time of application.
3. Restrooms must be maintained by applicant.
4. Garbage can and extra dumpster pickups are the applicant's responsibility including City owned garbage container at site.
5. Wayside must be clean and cleared of all trash, papers, cans, bottles, etc. at the conclusion of the event. This includes perimeter area.
6. Wayside to be barricaded by applicant. (Barricades to be picked up and returned to City shops by applicant).

7. Sites to be cleaned and garbage picked up by 10 AM the following day of the event last into the evening.
8. Any property damaged during event is the responsibility of the applicant.
9. No stakes, nails, or any pavement or fixture penetrating device will be used to tie down canopies, tents, etc.
10. Any markings to denote spaces shall be done in street chalk.
11. Application must be submitted at least 45 days prior to the event.
12. Incomplete applications will not be forwarded to City Council for approval.

APPLICANT: I have read and understand my, or my organizations' responsibility regarding these City facilities, and will adhere to the rules set forth.

[Redacted Signature]

Signature of Applicant

May 2, 2024

Date

Deposit- \$300.00 funds will be retained to cover clean up costs, if the site is not cleaned ADEQUATELY, and also damage to City property, including barricades, restrooms, benches, tables, play equipment, etc. (City Council may waive or reduce deposit).

Date approved by City Council: \_\_\_\_\_

Disposition of Deposit:

Returned Date: \_\_\_\_\_

Portion of all retained (work order and invoice attached)

**OFFICE USE**

Insurance

Drawing

Pre- event Inspection

Post- event Inspection; authorized to return deposit

## **Rockaway Beach Music Festival**

May 2, 2024

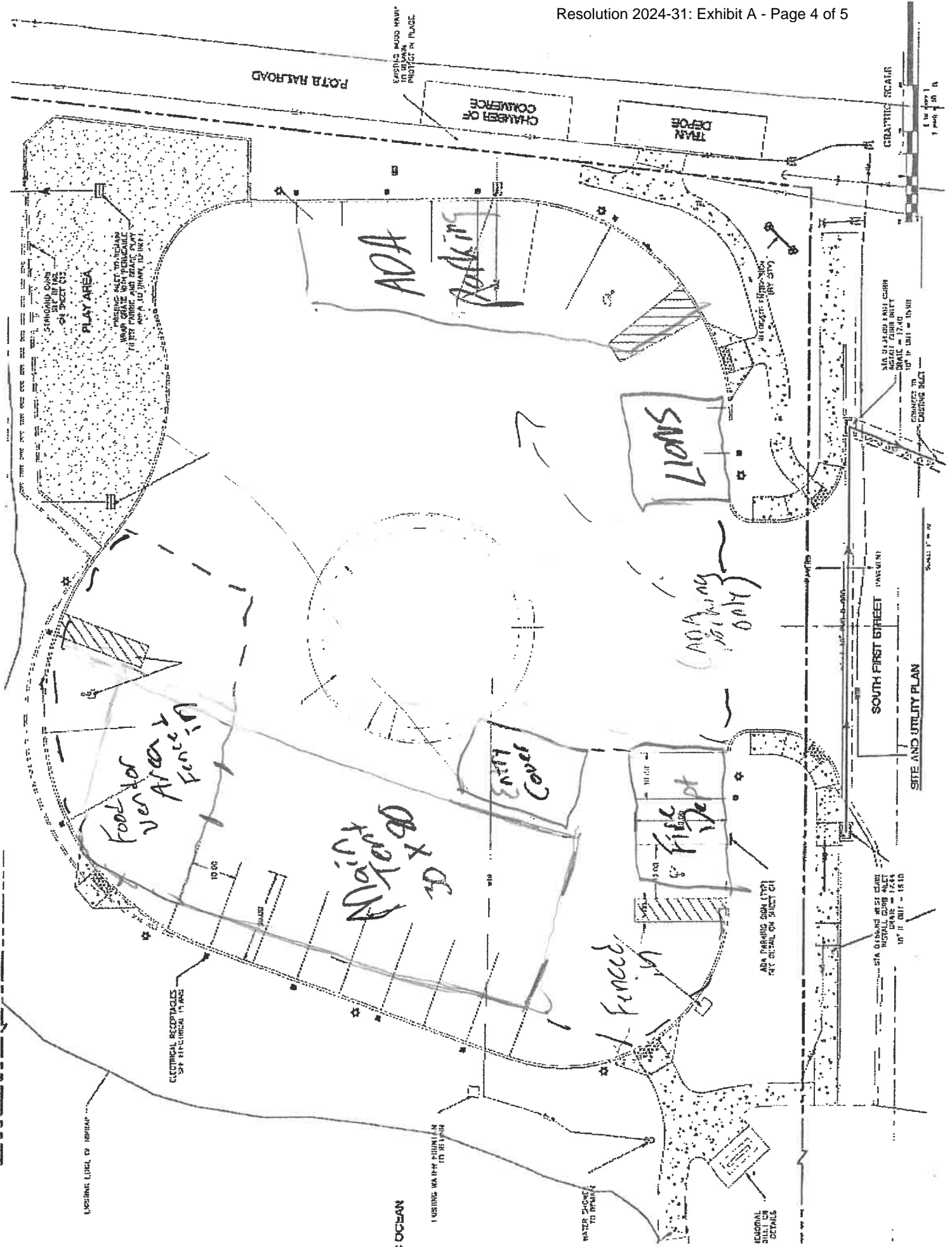
TO: Luke Shepherd, Mayor and City Counselors  
FROM: Neah-Kah-Nie Coast Arts, Music and Cultural Foundation  
RE: Insurance Clarification

We want to make it clear that we have just signed the contract with Fulcrum, which is our sponsoring non-profit in partnership with Neah-Kah-Nie Coast Arts, Music and Cultural Foundation for our Rockaway Beach Music Festival. This festival is a scholarship fund raiser for NKN students.

We have not yet received our insurance packet from Fulcrum. This insurance is the coverage for the event with the exception of alcohol. In regard to OLCC regulations our food and beverage vendor cannot apply until 60 days before the event. We are requesting September 20<sup>th</sup> - 22<sup>nd</sup>, 2024. The location has to be approved at this time allowing us to come back to provide you our amended insurance closer to the event date. Thank you.

Sincerely,

The RB Music Festival Committee





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/4/2024

**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 have ADDITIONAL INSURED provisions or 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).**

<b>PRODUCER</b> Benson Family Insurance LLC PO BOX 537 Rockaway Beach OR 97136  <b>INSURED</b> NEAH-KAH-NIE COAST ART MUSIC AND CULTURAL PO BOX 34 Rockaway Beach OR 97136	Phone: 971-306-1040 Fax:	<b>CONTACT NAME:</b> Ronald Benson <b>PHONE (A/C, No, Ext):</b> 971-306-1040 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> ron@bensonfamilyinsurance.com  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : United States Liability Insurance Company</td> <td>25895</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : United States Liability Insurance Company	25895	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER D :																
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INSURER F :																

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		<input checked="" type="checkbox"/>	NBP1570918	6-1-2024	6-1-2025	EACH OCCURRENCE	\$ 2,000,000.00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000.00
							MED EXP (Any one person)	\$ 5,000.00
							PERSONAL & ADV INJURY	\$ 2,000,000.00
							GENERAL AGGREGATE	\$ 2,000,000.00
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Fundraising Non-profit

**CERTIFICATE HOLDER**

**CANCELLATION**

Holder's Nature of Interest : Additionally Insured  City of Rockaway Beach  P.O. Box 5 276 S Hwy 101. Rockaway Beach, OR 97136	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 Ron Brenson
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