

**RESOLUTION NO. 2025-10**

**A RESOLUTION APPROVING WAYSIDE USE APPLICATIONS FOR THE  
ROCKAWAY BEACH CHAMBER OF COMMERCE  
KITE FESTIVAL**

**WHEREAS**, the City has received an application from the Rockaway Beach Chamber of Commerce for use of the Wayside; and

**WHEREAS**, staff has reviewed the application and provided comments and conditions for approval; and

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

**NOW, THEREFORE, THE CITY OF ROCKAWAY BEACH RESOLVES AS  
FOLLOWS:**

**Section 1.** The City of Rockaway Beach City Council hereby approves the following applications for Wayside Use, attached as Exhibit A and as specified below:

<b>Applicant</b>	<b>Event</b>
Rockaway Beach Chamber of Commerce	Kite Festival

**Section 2.** This approval is subject to the staff comments and conditions indicated in the Staff Review form, attached as Exhibit B.

**Section 3.** This Resolution shall be effective immediately upon adoption.

**APPROVED AND ADOPTED BY THE CITY COUNCIL THE 12<sup>th</sup> DAY OF  
FEBRUARY 2025.**

APPROVED



Charles McNeilly, Mayor

ATTEST



Melissa Thompson, City Recorder



# City of Rockaway Beach, Oregon

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

JAN28 '25 12:45PM

## APPLICATION USE PERMIT FOR CITY WAYSIDE or ANCHOR STREET PARK

Submit Completed Application in person or via email [cityhall@corb.us](mailto:cityhall@corb.us)

Choose One:  City Wayside

Anchor Street Park – Event Area Only

Portable Restrooms will be provided at event       Dumpster will be provided at event

Organization Name: Rockaway Beach Chamber of Commerce

Contact Person: Kristine Hayes

Address: 103 1st Ave, Rockaway Beach State: OR Zip: 97136

Phone #: (503)812-1600 Email: rbckkristine@gmail.com

Deposit Paid: \$300 Date: \_\_\_\_\_

Name of Event: Kite Festival

Date(s) of Event: 09/11/25-09/14/25 Times of Event: 9 am - 7 pm

Estimated # of People Attending: 2,500 Number of Vendors: 15-25

Contact Person(s): Kristine Hayes or Kim Tackett

Contact Phone Number(s): (503)812-1600 or (503)887-1900

Contact Email: rbckkristine@gmail.com or rbccvpkim@gmail.com

If traffic control is needed, please explain: Not needed at this time.

Incomplete applications will not be forwarded to City Council for approval.

### USE REGULATIONS:

1. \$2,000,000 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. \$300.00 cleaning deposit will be paid at time of application. Deposit will be retained if the site is not cleaned adequately, and if there is damage to City property, including barricades, restrooms, benches, tables, play equipment, etc.
3. Hours of availability are between 7:00 AM and 10:00 PM.
4. Property must be clean and cleared of all trash, papers, cans, bottles, etc. This includes the perimeter area.

5. Property to be barricaded by applicant. Arrangements for barricades to be made with Public Works by applicant. Public Works: 503-374-0586.
6. Any property damage during event is the responsibility of the applicant.
7. No stakes, nails or any pavement or fixture penetrating device will be used to tie down canopies, tents, etc.
8. Any markings denoting spaces shall be done in street chalk.
9. Application must be submitted 45 days prior to the event.
10. Must attach a drawing denoting area of Wayside or Anchor St. Park which will be used and manner of use.
11. Contact Tillamook County Dispatch for after-hours concerns: 503-815-1911.
12. Anchor Street Park Only: Applicant to ensure restrooms, playground and parking outside of event space remains open and accessible by the general public.
13. Deposit to be returned only after post event inspection and authorization from Public Works Department.

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

Kristine Hayes  
Signature of Applicant

01/24/2025  
Date

**FOR OFFICE USE ONLY**

**Pre-Event**

Date Received: 1/28/2025 Received by: E Avila

Amount Paid: \$ 300<sup>00</sup> Date Paid: 1/28/2025 Cash/Check # 40615

Insurance    Drawing/Map    Pre-Event Inspection    Deposit Collected    Dumpster Required    Portable Restroom Required

**Post-Event**

Date approved by City Council: February 18, 2025 Resolution 2025-10

Disposition of Deposit: \_\_\_\_\_

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

Amount Retained: \_\_\_\_\_ (Work order and invoice attached)

Post-Event Inspection: Authorized to return deposit    Yes    No   PW Signature: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/04/2024

**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> Hudson Insurance and Investment Services 612 PACIFIC AVE. PO BOX 670 TILLAMOOK OR 97141	<b>CONTACT NAME:</b> Cheryl Spellman <b>PHONE (A/C, No, Ext):</b> (503) 842-8213 <b>E-MAIL ADDRESS:</b> cspellman@hudson-tillamook.com	<b>FAX (A/C, No):</b> (503) 842-4932
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Rockaway Beach Chamber of Commerce Po Box 198 Rockaway Beach OR 97136	<b>INSURER A:</b> United States Liability Insurance Co	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CL2411405741      **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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NBP1565751B	10/26/2024	10/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			XL1633207B	10/26/2024	10/26/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	<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		Y/N	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)

Certificate Holder, its officers, agents and employees are Additional Insureds per the form issued by the carrier.

<b>CERTIFICATE HOLDER</b> City of Rockaway Beach PO Box 5 Rockaway Beach OR 97136	<b>CANCELLATION</b> 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 

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# Event Application Staff Review

Organization Name: Rockaway Beach Chamber of Commerce  
Event: Kite Festival  
Date(s): 9/11 - 9/14/2025

Drawing/Map clearly denoting event set-up including: portable restrooms, dumpsters, barricades, vendors, etc.

Comment/Conditions: Added the dumpster + Restroom to map.

Estimated # of People Attending: 2500

Dumpster Required  YES { } NO  
Recommended size/capacity: 1 yard

Restrooms Required  YES { } NO  
Recommended quantity: 2

Other Comments/Conditions: \_\_\_\_\_

*All applications contingent on City Council approval.*

Application Reviewed by: Dan Emersan  
Name

2/4/25  
Date