RESOLUTION NO. 2025-11

A RESOLUTION APPROVING WAYSIDE USE APPLICATIONS FOR THE NEAH-KAH-NIE COAST CULTURAL FOUNDATION MUSIC FESTIVAL

WHEREAS, the City has received an application from the Neah-Kah-Nie Coast Cultural Foundation (NCAM) 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 application for Wayside Use, attached as Exhibit A and as specified below:

Applicant	Event
Neah-Kah-Nie Coast Cultural Foundation (NCAM)	Music 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 12th 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 * cityhall@corb.us

APPLICATION USE PERMIT FOR CITY WAYSIDE or ANCHOR STREET PARK

Submit Completed Application in person or via email cityhall@corb.us

□ Anchor Street Park – Event Area Only

* \Box Portable Restrooms will be provided at event * \Box 1	Dumpste
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Dumpster will be provided at event

Organization Name:		
Contact Person:		07120
113 S Miller St	OR	97136
Address:		Zip:
Phone #: 503-812-3137	Email:	cam@gmail.com
Deposit Paid:	Date:1/11/20	025
Name of Event: NCAM Music Fest		
08/21/25 to 08/24/25	Times of Event	10am to 10pm t:
Estimated # of People Attending:	Number of Ver	ndors: 20 to 60
Robin Swain Contact Person(s):		
202-012-212/		
Contact Phone Number(s): Robinsncam@gmail.com		
Contact Email:		
If traffic control is needed, please explain: We will vendor s	need to close Way set up.	vside Friday morning for stage and

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.
- \$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.

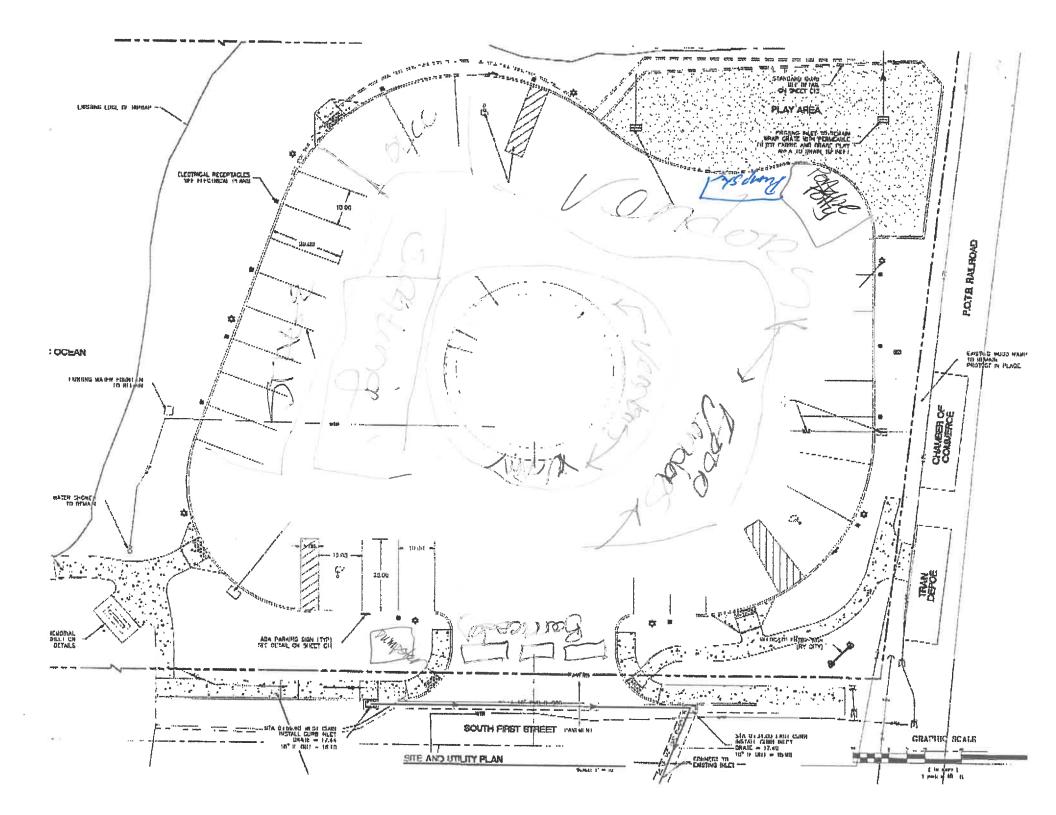
Bobston

Signature of Applicant

1/11/25

Date

FOR OFFICE USE ONLY						
Pre-Event Date Received: 2325 Amount Paid: 30 30 Date Paid: 2325 Cash/Check # 1034 (Fee) #1035 (dup06)F)						
Amount Paid: 300 Date Paid: 3325 Cash/Check # 1034 (Fee) #1035 (dep06H)						
PRInsurance Drawing/Map Pre-Event Inspection Deposit Collected Dumpster Required Portable Restroom Required						
Post-Event						
Date approved by City Council FEDTUARY 12, 2025 Resolution 2025-11						
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) 6/4/2024

THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN: REPRESENTATIVE OR PRODUCER, A	IVEL	Y OF	R NEGATIVELY AMEND, DOES NOT CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY TH	E POLICIES	
IMPORTANT: If the certificate holder If SUBROGATION IS WAIVED, subject	is an	ADD	DITIONAL INSURED, the p	oolicy(i	es) must ha	ve ADDITION	AL INSURED provision	nsorb t As	e endorsed. tatement on	
this certificate does not confer rights	to the	cert	tificate holder in lieu of st	uch en	dorsement(s).	icquire un endersemen			
PRODUCER	CONTA	CT Ronald Be	nson							
Fax: Benson Family Insurance LLC					971-30		FAX (A/C, No):			
				E-MAIL	ron@het	sonfamilyinsu				
PO BOX 537 Rockaway Beach OR 97136			ADDAL					NAIC#		
Kockaway Beach OK 97130				INSURER A : United States Liability Insurance Company					25895	
INSURED				INSURE						
NEAH-KAH-NIE COAST ART MUSIC	AND	CUL	TURAL	INSURE						
PO BOX 34				INSURE						
Rockaway Beach OR 97136				INSURE						
			H	INSURE						
COVERAGES CER	TIFI	CATE	E NUMBER:				REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES	S OF	INSU	RANCE LISTED BELOW HAV	/E BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE PO	LICY PERIOD	
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	INT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN' ED BY	CONTRACT	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE	ст то	WHICH THIS	
INSR LTR TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs		
COMMERCIAL GENERAL LIABILITY					6-1-2024	6-1-2025	EACHOCCURRENCE	\$	2,000,000.00	
A CLAIMS-MADE V OCCUR			NBP1570918				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000.00	
	1						MED EXP (Any one person)	\$	5,000.00	
							PERSONAL & ADV INJURY	\$	2,000,000.00	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000.00	
POLICY PRO- JECT LOC		1					PRODUCTS - COMP/OP AGG	\$		
OTHER:		1						\$		
AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$		
ANY AUTO	1		at the second				BODILY INJURY (Per person)	\$		
OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident)	\$		
HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$		
								\$		
UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
EXCESS LIAB CLAIMS-MADE							AGGREGATE	5		
DED RETENTION \$								\$		
WORKERS COMPENSATION							PER OTH- STATUTE ER			
AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	\$		
OFFICER/MEMBEREXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$		
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedul	e, may be	attached if more	e space is require	ed)			
Fundraising Non-profit										
_										
CERTIFICATE HOLDER				CANC	ELLATION					
Holder's Nature of Interest : Additionally Insur-	vi							_		
City of Rockaway Beach				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
P.O. Box 5										
276 S Hwy 101.			ĺ	AUTHORIZED REPRESENTATIVE						
Poolsaway Boach OP 07126					Ron Brenson					

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Event Application Staff Review

2.1.*

Orga	anization Name: NCAM
Ever	nt: NCAM MUSIC Festival
	e(s): 8/21-8/24/2025
\square	Drawing/Map clearly denoting event set-up including: portable restrooms, dumpsters, barricades, vendors, etc. Comment/Conditions: <u>Use on ⁸/21</u> limited to retention of <u>barricades</u> . No access until close of Thursday Market event.
	Estimated # of People Attending: Dumpster Required {} YES { } NO Recommended size/capacity: Restrooms Required {} YES { } NO
	Recommended quantity: 2

Other Comments/Conditions:	Mu	ct.	provide	4	odated	Certificate of
Liability Insurance						

All applications contingent on City Council approval.

Application Reviewed by:

Dan Emerson Name

2/4/25

Date