

RESOLUTION NO. 2025-14

**A RESOLUTION APPROVING USE APPLICATION FOR THE
LIONS CLUB WEENIE WAGON ADJACENT TO THE WAYSIDE**

WHEREAS, the City has received an application from the Lions Club for placement and use of their Weenie Wagon; 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 use and placement of the Weenie Wagon adjacent to the Wayside, attached as Exhibit A and as specified below:

Applicant	Event
Rockaway Beach Lions Club	Weenie Wagon (2025 dates and location as specified)

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
MARCH 2025.**

APPROVED



Charles McNeill, Mayor

ATTEST

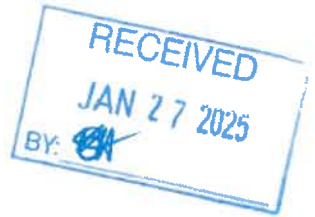


Melissa Thompson, City Recorder



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

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 Lion Club

Contact Person: Ron Hembery

Address: 8200 Manigault St State: OR Zip: 97136

Phone #: 208 305 8886 Email: rhembery@gmail.com

Deposit Paid: 12/25 \$300 Date: 12/25

Name of Event: Wagon

Date(s) of Event: See List Times of Event: Vari-~~a~~

Estimated # of People Attending: 100 Number of Vendors: 1

Contact Person(s): Ron Hembery

Contact Phone Number(s): 208 305 8886

Contact Email: rhembery@gmail.com

If traffic control is needed, please explain: _____

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

USE REGULATIONS: Benson Ins on File

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.

[Handwritten Signature]
Signature of Applicant

Jan 24, 2025
Date

FOR OFFICE USE ONLY

Pre-Event

Date Received: 1/29/25 Received by: EMILIA

Amount Paid: \$300 Date Paid: 1/29/25 Cash/Check # 3852

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

Post-Event

Date approved by City Council _____

Disposition of Deposit: _____

Deposit Returned Date: _____

Amount Retained: _____ (Work order and invoice attached)

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

Peckaway Lions Club Wennie Wagner Day
For The Wayside For 2025

May Friday 23rd ~~AM~~ Saturday 24th Sunday 25th Monday 26th ~~AM~~ ~~PM~~ ~~PM~~ ~~AM~~

JUNE Friday 27th Saturday 28th Sunday 29th Monday 30th

JULY Tuesday 1st Wednesday 2nd Thursday 3rd Friday 4th Independence ~~PM~~

JULY Saturday 5th Sunday 6th Monday 7th ~~AM~~ ~~AM~~ ~~AM~~

AUGUST Friday 8th Saturday 9th Sunday 10th Monday 11th ~~AM~~ ~~AM~~ ~~AM~~ ~~AM~~

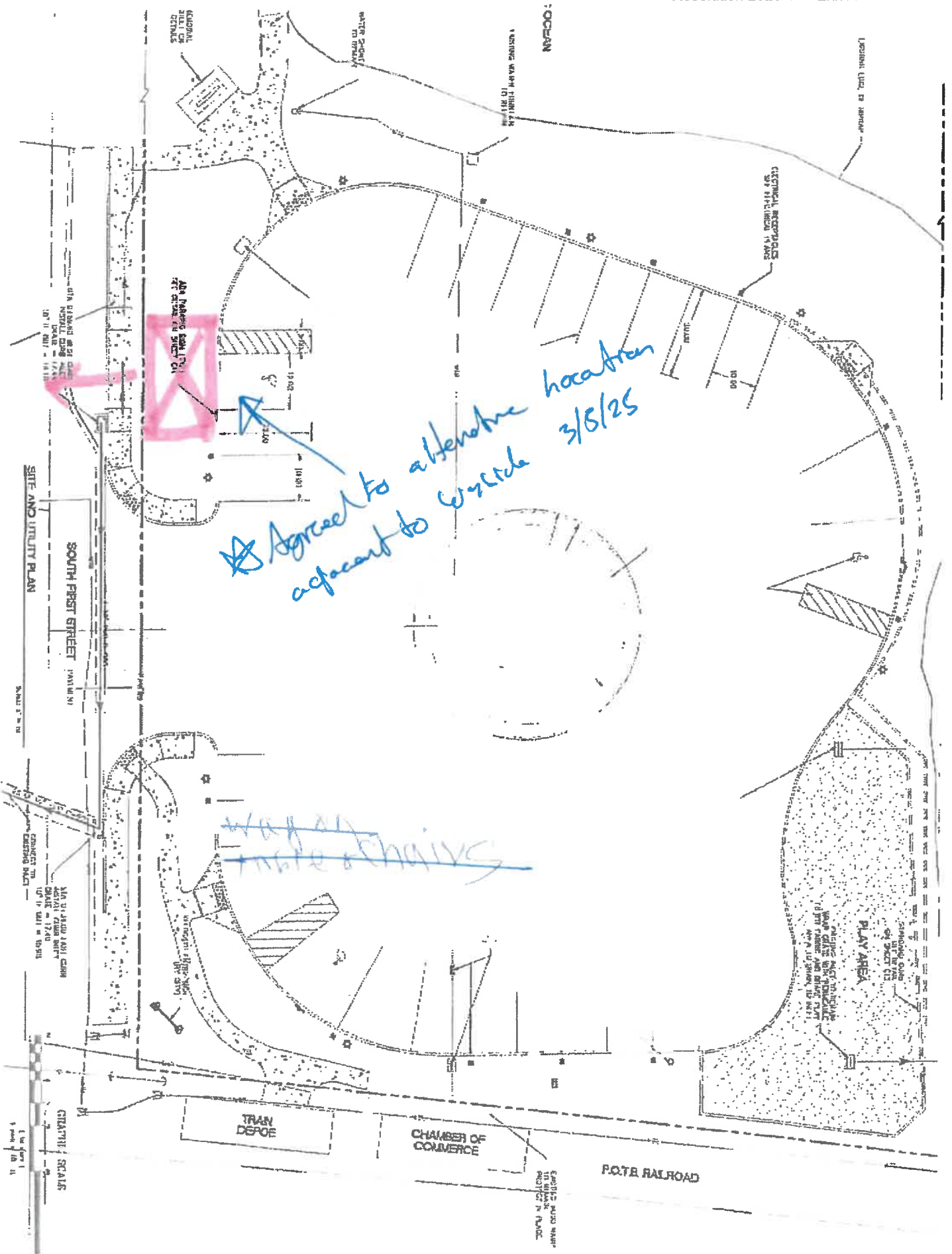
SEPTEMBER ~~Monday 1st~~ - TOTAL Days - 19

LABOR DAY ~~AM~~

We will need 3 EXTRA days For Specials E.

IX
Lions Club

JPP





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/04/2025

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).

PRODUCER Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007 FAX (A/C, No): E-MAIL: contact@hiscox.com ADDRESS:																					
INSURED Rockaway Beach Lions Rockaway Beach Wayside Rockaway Beach, OR 97136	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td style="width: 80%;">INSURER A: Hiscox Insurance Company Inc</td> <td colspan="2" style="text-align: center;">10200</td> </tr> <tr> <td>INSURER B:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER C:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER D:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER E:</td> <td colspan="2"></td> </tr> <tr> <td>INSURER F:</td> <td colspan="2"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Hiscox Insurance Company Inc	10200		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 SUBR (INS) (Y/N)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <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:		P103.349.582.1	05/09/2024	05/09/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 City Of Rockaway Beach 276 US-101 Rockaway Beach, Oregon 97136	CANCELLATION 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 Lion Club
 Event: Winnie Wagon
 Date(s): May, June, July, August, Sept

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

Comment/Conditions: _____

Estimated # of People Attending: 2100
 Dumpster Required { } YES NO
 Recommended size/capacity: _____

Restrooms Required { } YES NO
 Recommended quantity: _____

Other Comments/Conditions: Lion club maintains a clean area in past events.
Must provide updated Certificate of Liability Insurance by 05/20/2025. Anika
 All applications contingent on City Council approval.

Application Reviewed by: Dan Emerson 2/6/25
 Name Date
Anika 2/6/2025
 Name Date