

RESOLUTION NO. 2025-16

**A RESOLUTION APPROVING REVISED WAYSIDE USE APPLICATION FOR THE
NEAH-KAH-NIE COAST ART & MUSIC CULTURAL FOUNDATION
MUSIC FESTIVAL AND REPEALING RESOLUTION 2025-11**

WHEREAS, the City previously approved an application from the Neah-Kah-Nie Coast Art & Music Cultural Foundation (NCAM) for use of the Wayside on August 21-25, 2025; and

WHEREAS, the City has received a request from NCAM to revise the event dates to August 14-18, 2025 to accommodate band availability; and

WHEREAS, staff has reviewed the application and provided comments and conditions for approval, and the Council has considered and reviewed the revised 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 Arts & Music Foundation (NCAM)	Music Festival August 14-18, 2025

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

Section 3. Resolution No. 2025-11 approving the original NCAM Wayside Use Application is hereby repealed.

Section 4. This Resolution shall be effective immediately upon adoption.

APPROVED AND ADOPTED BY THE CITY COUNCIL THE 9th DAY OF APRIL 2025.

APPROVED



Charles McNeilly, Mayor

ATTEST



Melissa Thompson, City Recorder

From: Robin <robinsncam@gmail.com>
Sent: Sunday, March 30, 2025 11:48 PM
To: City Manager
Cc: Melissa Thompson
Subject: Amend date of Music Festival

Hello Luke,

Due to Band availability,
NCAM would like to amend the date for the Music Festival from August 21-25 to August 14-18.

Refresher:

14th: close parking lot in evening after farmers market and restaurant closes.

15th: Stage delivery and set up.

16th: Music Festival!

17th: Festival

18th: stage pick up and Wayside clean up. (Last year we were done by about 11am).

We would appreciate if this could be on the April agenda for Band booking purposes.

Thank you so much!

NCAM Foundation

Robin Swain
503-812-3137



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

FEB 25 1:50 PM

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: NCAM
 Contact Person: Robin Swain
 Address: 113 S Miller St State: OR Zip: 97136
 Phone #: 503-812-3137 Email: Robinsncam@gmail.com
 Deposit Paid: \$300 Date: 1/11/2025
 Name of Event: NCAM Music Fest
 Date(s) of Event: ~~08/21/25 to 08/24/25~~ 08/14/25 to 08/18/25 Times of Event: 10am to 10pm
 Estimated # of People Attending: _____ Number of Vendors: 20 to 60
 Contact Person(s): Robin Swain
503-812-3137
 Contact Phone Number(s): _____
Robinsncam@gmail.com
 Contact Email: _____

If traffic control is needed, please explain: We will need to close wayside Friday morning for stage and vendor set up.

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.



Signature of Applicant

1/11/25

Date

FOR OFFICE USE ONLY

Pre-Event

Date Received: 2/3/25 Received by: Paula
 Amount Paid: \$300 / \$300 Date Paid: 2/3/25 Cash/Check # #1034 (Fee) #1035 (deposit)
☒ 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: _____



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).

PRODUCER Benson Family Insurance LLC PO BOX 537 Rockaway Beach OR 97136	Phone: 971-306-1040 Fax:	CONTACT NAME: Ronald Benson PHONE (A/C, No, Ext): 971-306-1040 E-MAIL ADDRESS: ron@bensonfamilyinsurance.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 25895

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 INSD	WYD	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:	✓		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 - COM/OP AGG \$
	AUTOMOBILE LIABILITY <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) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION S						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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

Holder's Nature of Interest : Additionally Insured

City of Rockaway Beach

P.O. Box 5
 276 S Hwy 101.
 Rockaway Beach, OR 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

Ron Brenson

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Event Application Staff Review

Organization Name: NCAM

Event: NCAM Music Festival

Date(s): 8/14/25 - 8/18/25

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

Comment/Conditions: use on 8/17 limited to retention of barricades. No access until close of Thursday Market event.

☒ Estimated # of People Attending: 2500

☒ Dumpster Required ☒ YES { } NO

Recommended size/capacity: 1 yard

☒ Restrooms Required ☒ YES { } NO

Recommended quantity: 2

Other Comments/Conditions: Must provide updated Certificate of Liability Insurance by 6/30/2025. ERM 19

All applications contingent on City Council approval.

Application Reviewed by:

[Redacted Signature]

[Redacted Signature]

Name

4/1/25

Date

4/1/25

Date



Event Application Staff Review

Organization Name: NCAM
 Event: NCAM Music Festival
 Date(s): 8/14/25 - 8/18/25

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

Comment/Conditions: use on 8/14 limited to retention of barricades no access until close of Thursday Market event.

- ☒ Estimated # of People Attending: 8500
☒ Dumpster Required ☒ YES { } NO
 Recommended size/capacity: 1 yard
☒ Restrooms Required ☒ YES { } NO
 Recommended quantity: 2

Other Comments/Conditions: Must provide updated Certificate of Liability Insurance by 6/30/2025. E.A. n19

All applications contingent on City Council approval.

Application Reviewed by:

[Redacted Signature]
 [Redacted Name]
 Name

4/1/25
 Date
4/1/25
 Date