



For Staff Use Only

File No. _____

Staff Approval _____

CC Approval _____

CITY OF MERCED

City-Owned Real Property Use Permit Application

A fee of \$35.00 must accompany this Real Property Use Application to cover cost of processing. This is not a business license fee. Other fees through Fire or other City departments may be applied based on type of use. All fees shall be paid a minimum of one week prior to date of use, but please get your application in as soon as possible prior to the event. City staff can approve events which do not involve the sale or service of alcohol, but if alcohol is involved, your application will need to be forwarded to the City Council for approval. Such a request that takes City Council approval must be turned in at least SIX WEEKS prior to the event.

Date: _____

Name of Organization: County of Merced, on behalf of the Human Services Agency

Non-Profit I.D. number: _____

Organization Address: 1920 Customer Care Way, Atwater, CA 95301

Mailing Address (if different): _____

Contact Person: Edward Skelton Phone Number: (209) 385-3000 ext. 5090

Site Location: Bob Hart Square

APN Number: _____

Type of Use / Description of Event (include whether or not alcohol will be served): 21st Annual Veterans Day Parade Opening Ceremony

Opening ceremony to honor and remember veterans of the Merced County community. Guest speakers, invited guests, and honorees will be recognized to kick off the parade. No alcohol will be served.

Dates and Times of Use (include time for setup and takedown as well as event time): _____

November 11, 2025. 9am-7pm. Event: 1pm-4pm. Take down 5pm-7pm

Applicant shall attach a Location Map to this application as well as a Business License application.

INDEMNIFICATION: Event Sponsor shall indemnify, protect, defend, ~~(with counsel selected by the City)~~ save and hold City, its officers, employees, agents, and volunteers harmless from any and all claims or causes of action for death or injury to persons, or damage to property resulting from intentional or negligent acts, errors, or omissions of Event Sponsor or Event Sponsor's officers, employees, agents, volunteers, and participants during performance of the Event, or from any violation of any federal, state, or municipal law or ordinance, to the extent caused, in whole or in part, by the willful misconduct, negligent acts, or omissions of Event Sponsor or its officers, employees, agents, volunteers, or participants, ~~or resulting from the negligence of the City, its officers, employees, agents, and volunteers, except for loss caused solely by the gross negligence of the City.~~ Acceptance by City of insurance certificates and endorsements required for this Event does not relieve Event Sponsor from liability under this indemnification and hold harmless clause. This indemnification and hold harmless

clause shall apply to any damages or claims for damages whether or not such insurance policies shall have been determined to apply.

INSURANCE: Prior to engaging in the event, Event Sponsor shall complete and file with the City a special events, general liability and automobile policy of at least \$500,000 combined limit for bodily injury and property damage which covers the entire event. Said policy shall stipulate that this insurance will operate as primary insurance and that no other insurance will be called on to cover a loss covered thereunder. Additional insured endorsements evidencing this special events, general liability and automobile coverage, naming the City and its officers, agents, and employees as additional insureds, must be submitted to the City prior to the event. This certificate shall provide that thirty (30) days written notice of cancellation shall be given to the City.

REFUSAL OR REVOCATION OF PERMIT: Failure to comply with any law, rule or regulation applicable to the use of said streets shall be grounds to revoke any such permit and, in such circumstances, the Chief of Police shall immediately revoke said permit. The Event Sponsor or permit holder, in such case, shall have the right to appeal said revocation to the City Council.

The undersigned declares under penalty of perjury that he/she has the authority to sign for and bind the Event Sponsor to the conditions imposed by the City upon the granting of this Application.

Signature: _____

Print Name: Peter Delaney, Director of Administrative Services

Date: _____

NOTE: Falsification of this application is a misdemeanor and grounds for revocation of any permit.

<i><u>For City Department Use Only</u></i>			
Proof of Non-Profit Status _____ Insurance _____		Fees paid _____	
Location Map _____ Indemnification _____		Receipt # _____	
		By: _____	
Approved _____	Denied _____	Approved _____	Denied _____
_____	_____	_____	_____
Planner	Date	Fire Chief	Date

Instructions for Completion
City-Owned Real Property Use Permit Application

1. ***Name of Organization*** – Name of non-profit organization requesting permit.
2. ***Non-Profit I.D. Number*** – Proof of non-profit status, as provided by the State of California.
3. ***Organization Address*** – Organization's permanent address including City and State.
4. ***Mailing Address*** – Mailing address if different than above.
5. ***Contact Person*** – Name of representative who can answer questions.
6. ***Phone Number*** – Phone number of organization or organization's representative.
7. ***Site Location*** – Identify exact location of site to be used.
8. ***Type of Use/Event Description*** – Describe the purpose for which the site will be used and identify item(s) to be sold or service to be performed.
9. ***Dates of Use*** – identify the dates site will be in use.
10. ***Fees*** – Following submittal of application, permit Agent shall calculate all fees required. Fees are payable to the City of Merced prior to issuance of permit.
11. ***Required Attachments*** – Applicant shall attach to the application the following:
 - a. Original, signed Certificate of Insurance;
 - b. Completed Business License application
 - c. Location Map clearly indicating desired site and all structures, tables, etc., surrounding uses,
 - d. Site layout showing position of signs, vehicles, campers, tents, etc.;
 - e. Proof of non-profit status, as provided by the State of California.
12. ***Signature*** – Individual applying for the permit shall sign and date application.

**DEVELOPMENT SERVICES DEPARTMENT CITY OF MERCED 678 W. 18TH ST, MERCED
CA 95340 PHONE (209) 385-6858**

LIQUOR LIABILITY INSURANCE -POLICY-

YOU HAVE APPLIED FOR STREET CLOSURE/PARKING LOT CLOSURE AND HAVE INDICATED THAT ALCOHOLIC BEVERAGES WILL EITHER BE SERVED OR SOLD AS PART OF THE FUNCTION OR ACTIVITY BEING CONDUCTED AT THIS EVENT.

THE MERCED CITY COUNCIL HAS ADOPTED ORDINANCE #1941 CHAPTER 12.42 TEMPORARY STREET CLOSURES WHEREAS WHEN ALCOHOLIC BEVERAGES ARE TO BE SERVED OR SOLD, THE GROUP OR INDIVIDUAL SHALL BE REQUIRED TO COMPLY WITH ALL OTHER LAWS RELATING TO THE SALE OF ALCOHOLIC BEVERAGES.

FOR GROUPS SELLING ALCOHOLIC BEVERAGES AT A FUNCTION OR ACTIVITY, WE RECOMMEND THAT YOU CONTACT YOUR INSURANCE CARRIER TO OBTAIN SPECIFIC INFORMATION ON COVERAGE OR CONSIDER CONTRACTING WITH A CATERER WHO ALREADY HAS THE NECESSARY PERMITS, LICENSES, AND INSURANCE COVERAGE.

WHETHER YOU SELL OR SERVE ALCOHOLIC BEVERAGES, IT IS YOUR RESPONSIBILITY OR YOUR GROUP'S RESPONSIBILITY TO COMPLY WITH THE RULES AND REGULATIONS OF THE CALIFORNIA STATE DEPARTMENT OF ALCOHOL BEVERAGE CONTROL WITH REGARD TO OBTAINING THE NECESSARY LICENSES OR PERMITS. SHOULD YOU HAVE ANY QUESTIONS REGARDING THE REQUIREMENT FOR A LICENSE OR PERMIT, YOU SHOULD CONTACT THE CALIFORNIA STATE DEPARTMENT OF ALCOHOL BEVERAGE CONTROL, 31 EAST CHANNEL STREET, ROOM 168, P. O. BOX 150, STOCKTON, CALIFORNIA 95201; TELEPHONE (209) 948-7739.

I CERTIFY THAT I HAVE READ AND REVIEWED THE LIQUOR LIABILITY POLICY OF THE CITY OF MERCED AND WILL COMPLY WITH THESE REQUIREMENTS.

SIGNATURE _____ DATE _____

EVENT DATE _____

LOCATION OF EVENT _____

Request to Borrow City-Owned Equipment

For Administrative Use Only:

- ☐ Event within City Limits
- ☐ Equipment Available
- ☐ Director Approval _____

Requestor:

Name: Edward Skelton, County Veterans Service Officer Phone: (209) 385-3000 ext. 5090

Business Entity: County of Merced, on behalf of the Human Services Agency

Email Address: Edward.Skelton@CountyofMerced.com

Items Requested:

- ☒ Cones (Quantity: 20) ☐ Barricades (Quantity:)
☐ Other: _____

Description/ Location of Event: *(must be within City limits)*

21st Annual Veterans Day Opening Ceremony.

Honoring veterans of the Merced County community at Bob Hart Square.

Items requested for 11/11/2025.

Acknowledgement:

CHECK-OUT:

The quantity of items listed above have been received by requestor. Requestor acknowledges responsibility to replace any damaged or missing equipment.

REQUESTOR Signature

Date

CHECK-IN:

- ☐ All items have been returned.
☐ Both parties acknowledge the following items are missing or damaged: _____

REQUESTOR Signature

Date

CITY EMPLOYEE Signature

Date