



# TOWN OF PARADISE

5555 Skyway, Paradise, CA 95969 (530)872-6291 Fax (530)877-5059

## INSTRUCTIONS TO APPLICANT

### Parades

In order to obtain your local permit for a Parade in the Town of Paradise, please complete the following items and return them to Paradise Town Hall Attn: Planning Division. Applications shall be filed not less than thirty (30) days or more than sixty (60) days before the date(s) during which the proposed activity is to be conducted. By applying for a Parade Permit, you are also registering for the Town's Business License. (Business License Fee Waived)

- Completed and Signed Business License application
- Attach statement with details per section 10.20.040 (A-K)
- General, Automotive, and Employer's liability insurances in the minimum amount of \$1,000,000 with the Town named as additionally insured.
- Parade Permit fee (see current Master Fee Schedule)

Parade permit requirements shall not apply to:

- Wedding or funeral processions;
  - Students going to and from school classes or participating in school authorized educational activities;
  - A governmental agency acting within the scope of its functions; or
  - Any vehicular procession conducted within five (5) days of an election, which is in support of or in opposition to any candidate or ballot measure to be voted on at the election.
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- Approval by Town Manager
  - Approval by Police Department
  - Approval by Fire Department
  - Approval by Public Works
  - Approval by Town Attorney
  - Approval by \_\_\_\_\_ (other deemed by Town Manager)

You will be notified when your application has been approved. At that time an appointment will be scheduled to receive your Parade permit.

Parade permits are only valid for the period of the event.

It is the responsibility of the applicant to know and understand the relevant Town municipal code section and any other state or federal codes which may apply.

**Paradise Municipal Code sections and current Master Fee Schedule can be found at [www.townofparadise.com](http://www.townofparadise.com).**



# Town of Paradise

## Business License Application

5555 Skyway  
Paradise, CA 95969  
Tel: 530-872-6291  
www.townofparadise.com

New Business (\$40)    Renewal (\$25)    Commercial    Home Based Business    Bank    Located outside Paradise

### BUSINESS INFORMATION

Information in this section is available to the public if requested

Business Name:		
Business Phone:	Business Website:	
Business Address:	Would you like your Business Name and Website included in an online directory? <input type="radio"/> Yes <input type="radio"/> No	
City:	State:	ZIP Code:
Business Mailing Address (if different) (Address, City, State and ZIP):		
NAICS Code: _____ If you do not know your NAICS code, visit <a href="https://www.census.gov/eos/www/naics/">https://www.census.gov/eos/www/naics/</a>	Business Category (circle one): Retail / Construction & Development / Technology & Communication / Food Services & Ag Production / Government & Non-Profit / Healthcare / Manufacturing / Tourism / Utilities / Real Estate / Other	
Number of Employees:	State of California Seller's Permit Number:	
Hours/Days of Operation:	Tax Exempt <input type="radio"/> Yes <input type="radio"/> No	Religious Organization <input type="radio"/> Yes <input type="radio"/> No
Please describe in detail your business activity to be conducted within the Town of Paradise:		

### EMERGENCY CONTACT INFORMATION (PLEASE LIST 3 UNIQUE CONTACTS)

Personal Contact information will be kept private

Contact 1 – Business Owner Name:	Phone 1:	Phone 2:
	Email:	
Contact 2 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Contact 3 – Name and Relationship/Title:	Phone 1:	Phone 2:
	Email:	
Property Owner Name (if different from business owner)	Phone 1:	Phone 2:
	Email:	
Alarm Permit Number: _____	Alarm Type (circle all that apply):	
Alarm Company: _____	Water Flow / Smoke Detector / Heat Detector / Manual Pull Box / motion – intruder / Other _____	
Responsible Contact:		
Janitorial Service:	Phone:	
	Hours at Location:	

### BUILDING INFORMATION (NOT REQUIRED IF LOCATED OUTSIDE PARADISE)

Information in this section is available to the public if requested

Structure Type (circle one): Commercial / Residential Single Family / Residential Multi-Family / Assembly / Manufacturing / Other _____	<b>Floor plan diagram (Optional FD Use)</b>	
Animals Located on Business Premise? <input type="radio"/> Yes <input type="radio"/> No	Fire Suppression System (Sprinklers)? <input type="radio"/> Yes <input type="radio"/> No	Knox Box? <input type="radio"/> Yes <input type="radio"/> No
Utility Shutoff Locations : Gas:	Hazardous Materials on site? <input type="radio"/> Yes <input type="radio"/> No	
Electric:	Hazardous Materials Location: _____ For information on reporting requirements, visit <a href="http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx">http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx</a>	

# TOWN OF PARADISE

Administrative Services Department, 5555 Skyway, Paradise, CA 95969 -- (530) 872-6291  
Paradise Police Department, 5595 Black Olive Dr. Paradise, CA 95969 -- (530) 872-6241 or (530) 872-6161

## Specialty Permit Information

 Initial Renewal

### TO BE COMPLETED BY APPLICANT

Applicant Name: _____	Event Location: _____
Home Address: _____	Event Dates: _____ to _____
City: _____ State _____ ZIP: _____	Event Times: _____ to _____
Home Phone: _____	Event Dates: _____ to _____
DOB: _____ SSN: _____	Event Times: _____ to _____
CDL: _____ State _____ Expires: _____	<input type="checkbox"/> Event Located in Downtown Paradise Area
Mobile _____ E-Mail _____	Type of Merchandise being sold? _____

Additional Information: \_\_\_\_\_

Address: _____	From _____	To _____
Address: _____	From _____	To _____
Address: _____	From _____	To _____

Have you ever been convicted of a felony, as defined by California law?

 YES  NO

If YES, Date of conviction: \_\_\_\_\_ Offense \_\_\_\_\_

Have you ever been required to register with a law enforcement agency pursuant to Section 290 of the Penal Code?

 YES  NO

If YES, Date \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

It shall be unlawful for any person knowingly to falsify or conceal any fact or make any false or fraudulent statement or misrepresentation in any matter or proceeding within the jurisdiction of any department or agency of the Town (Ordinance 16, Section 15-11).

*I declare under the penalty of perjury that the foregoing is true and complete to the best of my knowledge and belief.*

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parade Permit required - \$101.92

**TOWN OF PARADISE  
PARADE PERMIT  
APPLICATION  
(ROAD CLOSURE/ROAD USAGE)**

**(Must be submitted for approval  
at least 15 days prior to date of event)**

**Date Submitted:** \_\_\_\_\_ **Date of Event:** \_\_\_\_\_

**Name of Parade** \_\_\_\_\_

\_\_\_\_\_  
**Name of Applicant**

\_\_\_\_\_  
**Applicant's Telephone Numbers (Home, Work, Cell)**

**Applicant's Email Address(s)**  
\_\_\_\_\_

**Name of Organization**  
\_\_\_\_\_

\_\_\_\_\_  
**Address**  
\_\_\_\_\_

\_\_\_\_\_  
**Name of Person Coordinating Event**

\_\_\_\_\_  
**Coordinator Telephone Numbers (Home, Work, Cell)**

\_\_\_\_\_  
**Coordinator's Email Address(s)**

**Describe the Event:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parade Permit required - \$101.92

**Requested Location of Parade, Road Closure/Road Usage with Streets and Boundaries specifically described:**

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**Estimated Number of Parade/Event Entries, if applicable**

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**Types of Entries** \_\_\_\_\_

**Approximate Number of People Attending the Parade/Event**

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**Staging Area? Where and what time will assembly begin** \_\_\_\_\_

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**Start Time of Parade (Road Closure)** \_\_\_\_\_

**End Time of Parade (Road Closure)** \_\_\_\_\_

**Parade Route – (Closure)** \_\_\_\_\_

**End Location** \_\_\_\_\_

**Minimum Speed of Entries** \_\_\_\_\_

**Maximum Speed of Entries** \_\_\_\_\_

**Maximum Space between Entries** \_\_\_\_\_

**Will the entire street(s) be used curb to curb: YES ( ) NO ( )**

**Explain, if necessary** \_\_\_\_\_

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**Application fee \$ 101.92 and is due upon submission of application**

Parade Permit required - \$101.92

**Possible Additional Event Staffing Fees (Police/Fire/PublicWorks) (VIPS may be \$9/Hour or as determined by the Police Chief)**

**Total Fee \$ \_\_\_\_\_ Received on \_\_\_\_\_  
Date**

**Upon approval of this Parade Permit (road closure) Event Application, the Permit will be routed to the Police Chief for her evaluation and approval. If approved by the Police Chief, she will sign it, the Town Manager will then sign the Permit, Indemnification and Release Agreement will be created and signed by all parties, required Insurance Certificate (specific insurance requirements attached) will be received by the Town, and Event Staffing Fees collected, if the staffing fees are deemed necessary.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Lauren M. Gill, Town Manager**

## EXHIBIT "B"

### INSURANCE REQUIREMENTS FOR PERMITEE/RENTER

Permitee shall procure and maintain for the duration of the Agreement insurance against claims for injuries to persons or damages to property, which may arise from or in connection with the performance of the work hereunder by Permitee, his agents, representatives, or employees.

#### *Minimum Scope of Insurance*

Coverage shall be at least as broad as

1. Insurance Services Office Commercial General Liability coverage (occurrence Form CG 0001).
2. Insurance Services Office Form Number CA 0001 covering Automobile Liability, Code 1 (any auto).
3. Workers' Compensation insurance as required by the State of California and Employer's Liability Insurance.

#### *Minimum Limits of Insurance*

Permitee shall maintain limits no less than:

General Liability:	\$ 1,000,000 per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
Automobile Liability:	\$1,000,000 per accident or bodily injury and property damage.
Employer's Liability:	\$1,000,000 per accident for bodily injury or disease.

#### *Deductibles and Self-Insured Retentions*

Any deductibles or self-insured retentions must be declared to and approved by the Town of Paradise. At the option of the Town, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the Town, its officers, officials, employees and volunteers; or Permitee shall provide a financial guarantee

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satisfactory to the Town guaranteeing payment of losses and related investigations, claim administration and defense expenses.

The commercial general liability and automobile liability policies are to contain, or be endorsed to contain, the following provisions:

1. The Town, its officers, officials, employees and volunteers are to be covered as insureds as respects: liability arising out of work or operations performed by or on behalf of the Permittee; or automobiles owned, leased, hired or borrowed by the Permittee.
2. For any claims related to this project Permittee insurance coverage shall be primary insurance as respects the Town, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the Town, its officers, officials, employees or volunteers shall be excess of Permittee's insurance and shall not contribute with it.
3. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be canceled by either party, except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the Town.
4. Coverage shall not extend to any indemnity coverage for the active negligence of the additional insured in any case where an agreement to indemnify the additional insured would be invalid under Subdivision (b) of Section 2782 of the Civil Code.

***Acceptability of Insurers***

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A-VII unless otherwise acceptable to the Town.

***Verification of Coverage***

Permittee shall furnish the Town with original certificates and amendatory endorsements effecting coverage required by this clause. The endorsements should be on forms provided by the Town or on other than the Town's forms provided those endorsements conform to Town requirements. All certificates and endorsements are to be received and approved by the Town before work commences. The Town reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.