



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.
-
- 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.



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 https://www.census.gov/eos/www/naics/	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 _____		Floor plan diagram (Optional FD Use)
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 http://www.buttecounty.net/publichealth/EnvironmentalHealth/Hazmat-CUPA.aspx	

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: _____ 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 _____



**TOWN OF PARADISE
PARADE PERMIT APPLICATION
(ROAD OR TRAILWAY CLOSURE/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:



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

Estimated Number of Parade/Event Entries, if applicable

Types of Entries _____

Approximate Number of People Attending the Parade/Event

Staging Area? Where and what time will assembly begin _____

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 _____



Application fee \$ 190.60 and is due upon submission of application

Possible Additional Event Staffing Fees (Police/Fire/PublicWorks) (VIPS may be charged as determined by the Police Chief)

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

Upon approval of this Parade Permit Event Application, the Permit will be routed to the Police Chief for evaluation and approval. If approved by the Police Chief, he 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

Eric Reinbold, Police Chief

Kevin Phillips, 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.