

# Public Event Permit

Public Events in Harrisburg are allowed through Harrisburg Municipal Code (HMC) Chapter 9.52. A public event in Harrisburg is required for any activity below, where there are likely more than 100 participants or attendees. A public event is required for events in which:

1. Persons are permitted or invited to attend, and where a fee is charged; or
2. A voluntary contribution is paid or solicited for the privilege of attending; or
3. Any money is raised or items are sold to defray the expenses of such events, unless exempted under Chapter 9.52; or
4. It is an event which is required to obtain a permit from Linn County pursuant to the Linn County Outdoor Assembly Peace, Health, Safety, and Welfare Code, found in Linn County Code Chapter 580.

There are exceptions to the requirement of a public event permit; those are included in HMC Chapter 9.52. Please contact the City of Harrisburg if you feel that your event should fall under the exemptions for obtaining a permit. The Harrisburg Municipal Code can be found by going to our website, at [www.ci.harrisburg.or.us](http://www.ci.harrisburg.or.us).

**Permit Application Fee:** \$165 for events 500 people or less; \$250 for events with more than 500 people. Permit Fees are set by Council Resolution.

**Permits are required to be submitted at least 30 days prior to the first day upon which such public event is to be held.**

Date of Application: 06-30-22

**Applicant:** Name: MICHAEL BRYSON FOUNDATION  
Mailing Address: PO BOX 411, HARRISBURG, OR 97416  
Phone Number: (h) \_\_\_\_\_ (c) 541 513 3413  
Email: parrishabryson@gmail.com

**Organizer:** Name: ECLECTIC EDGE EVENTS  
Mailing Address: DO BOX 5862, EUGENE, OR 97405  
Phone Number: (h) \_\_\_\_\_ (c) 541-510-4569  
Email: \_\_\_\_\_

**Main Contact:** Name: PARRISH BRYSON  
Address: PO BOX 411 HARRISBURG OR 97416  
Phone Number: (h) \_\_\_\_\_ (c) 541-513-3413  
Email: parrishabryson@gmail.com

**Owner of Property, if not an applicant, organizer or contact person:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

*Please note; the City of Harrisburg needs the contact information for persons principally involved in this event. Those are typically the owners, managers, producers, and others who may be requested by the City. The City Administrator might contact you for other contact information, if needed.*

**Address and Description of Property on which the proposed public event will be conducted:**

HIGH SCHOOL PARKING LOT AND ROUTE 04 SK

Date(s) and Time(s) of Event: 08-06-2022 . 8:30 am - 11:00 am

How many people do you expect to attend this event? HOPEFULLY 200+

RUNNERS/WALKERS

Please describe the Public Event, including potential nuisance issues such as noise, dust, trash, and other health and safety considerations.

THIS WILL BE A

5K SAME AS FIRECRACKER RUN

**Insurance Requirements:** *If the decision maker determines that the public event creates a significant potential for injury to persons or property, the applicant shall furnish evidence of liability insurance. If the organizer doesn't file proof of non-cancellable insurance at least 10 days prior to the first day of the event, the City Administrator may void a permit for the public event, and will notify the organizer at the address above.*

**Noise:** Will this event include noise that may impact neighboring properties, including information on any amplified sound?  Yes  No. If yes, please describe what kind of noise or amplified sound you are providing, and the hours of such operations:

Other information relative to the impact the event may have on health and safety issues, or the convenience of neighbors near the event or the general public:

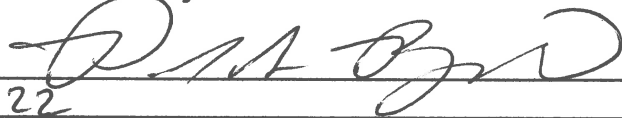
**You are required to include an event site plan (drawn to scale) that provides the following information:**

- Traffic Plan, including emergency access routes
- Proposed parking areas
- Setbacks from adjoining properties
- Location and quantity of proposed sanitary facilities
- Source(s) and location of potable water
- Any proposed overnight camping area
- Location and plans for proposed signage for the event
- Location and number of garbage cans and recycling containers, and a plan for how waste generated by your event will be disposed of
- If dust will be generated by this event; please provide a plan showing how you will contain it.

N/A

You are required to provide a valid copy of all necessary licenses required by the state, or local health authorities. Please list applicable licenses provided:

**Any changes to the persons principally involved with this event must be communicated to the City Administrator prior to the first day of the event.**

**Applicant Signature:**   
**Date:** 06-27-22

**Preapplication Conference:** A preapplication conference might be required before the application is deemed complete by the City. Any preapplication conference shall take place within 10 working days of receipt of the application by the City.

**Application Review:** The City Administrator shall review the application for completeness. Each reviewing authority shall review the application, and determines whether the application contains sufficient information to show that the applicant can comply with the requirements of HMC 9.52. (Reviewing authorities means any government official designated by the City Council to review an application for a permit to conduct a public event. It can also include, but is not limited to the City Administrator, the Public Works Director, the Chief of Harrisburg Fire and Rescue, and the Linn County Sheriff or his/her designee).

Upon receipt of the complete application, the City Administrator will mail a notice to property owners within 300 feet of the planned location for the proposed public event. The City Administrator is required to provide property owners with at least ten days from the date of the mailing to comment in writing on the proposal.

The City Administrator may impose any conditions deemed appropriate, regardless of whether they are included in HMC Chapter 9.52. Written notice of conditions and approval shall be provided to the applicant.

The City Administrator can deny the application if:

1. The applicant is unable to demonstrate compliance with or the ability to comply with the rules and regulations set forth in this chapter.
2. The City Administrator is unable to make any of the findings of fact required in HMC Chapter 9.52.

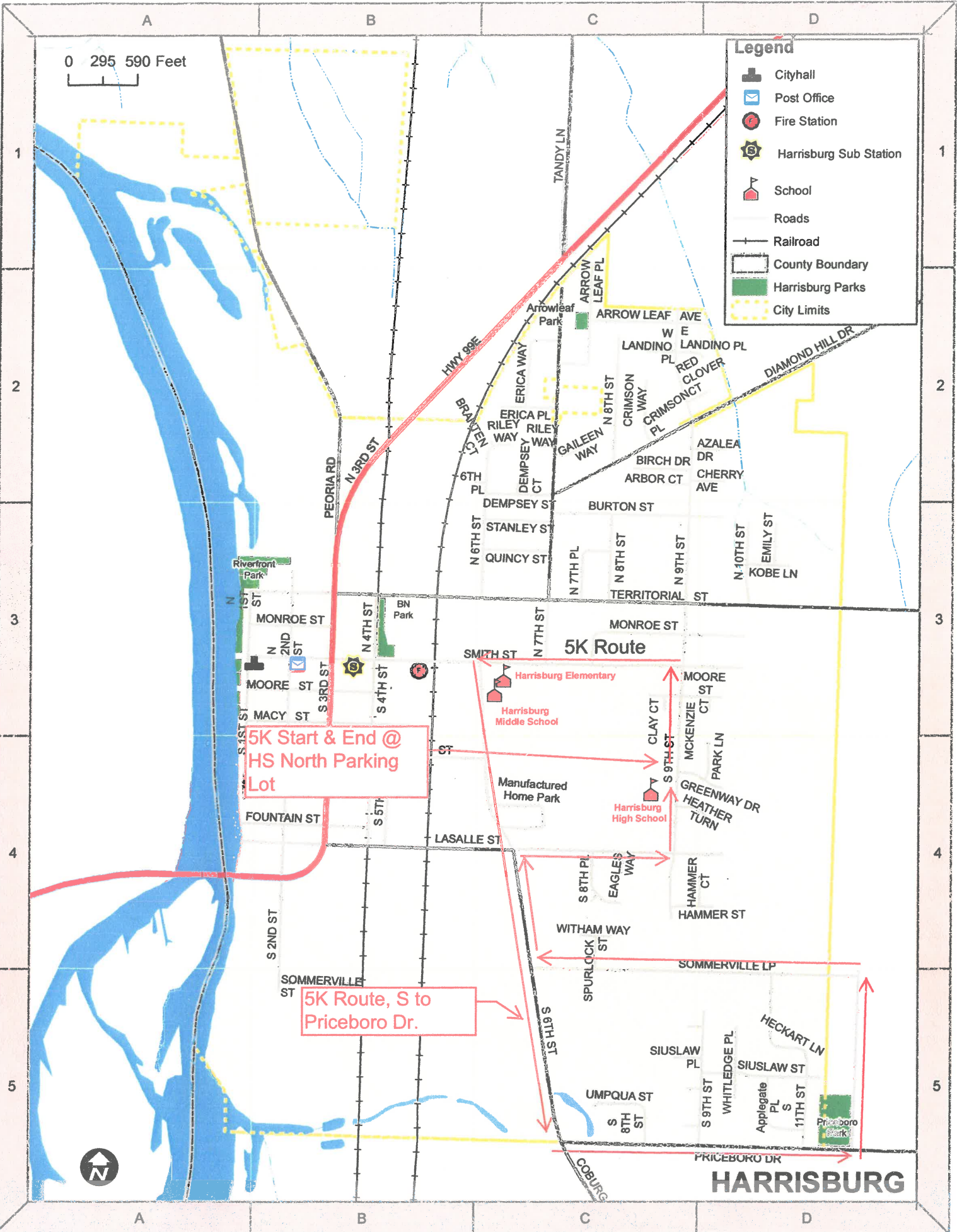
Any party may appeal a final decision of the City Administrator on a public event application to the City Council by providing written notice to the City Administrator no later than 10 days after the mailing of the notice of decision. Any hearing on the appeal shall be conducted de novo. Notice of the hearing shall be provided to the appellant and to all participating parties, either orally or in writing, at least 10 days prior to the City Council hearing.

<p>Office Staff Use Only:</p> <p>To be verified with applicant:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Temporary Liquor License needed</li><li><input type="checkbox"/> Noise Permit protocol needed</li><li><input type="checkbox"/> Dance Permit required</li></ul> <p>Date Rec:</p> <p>Review Complete:</p>
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0 295 590 Feet

**Legend**

- Cityhall
- Post Office
- Fire Station
- Harrisburg Sub Station
- School
- Roads
- Railroad
- County Boundary
- Harrisburg Parks
- City Limits



**5K Start & End @  
HS North Parking  
Lot**

**5K Route, S to  
Priceboro Dr.**

**5K Route**

**HARRISBURG**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

<p><b>Name Of Additional Insured Person(s) Or Organization(s)</b></p> <p>City of Harrisburg 120 Smith st, PO Box 378 Harrisburg, OR 97446</p> <p>Named Insured: MBF</p> <p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>
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**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/30/2022

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).

<b>PRODUCER</b> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	<b>CONTACT NAME:</b> Mass Merchandising Underwriting	
	<b>PHONE (A/C, No, Ext):</b> 800-426-2889	<b>FAX (A/C, No):</b> 260-459-5105
<b>E-MAIL ADDRESS:</b> info@sportsinsurance-kk.com		
<b>PRODUCER CUSTOMER ID:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> MBF PO box 411 Harrisburg, OR 97446 A Member of the Sports, Leisure & Entertainment RPG	<b>INSURER A:</b> Nationwide Mutual Insurance Company	23787
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** W02236989 **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 INSD	SUBR WVD	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		6BRPG0000007787200	08/06/2022 12:01 AM EDT	08/08/2022 12:01 AM	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
							PROFESSIONAL LIABILITY	
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			6BRPG0000007787200	08/06/2022 12:01 AM EDT	08/08/2022 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	\$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability to Participants (LLP) limit is a per occurrence limit.  
 Event Name: MBF 5k Suffle Type of Event: Walk and Run Distance:5K  
 Event Date (including ancillary events and set-up/tear-down): 8/6/2022 to 8/7/2022 Number of Participants: 200 Event Location: Harrisburg High School , 400 S 9th st, Harrisburg

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

<b>CERTIFICATE HOLDER</b> City of Harrisburg 120 Smith st, PO Box 378 Harrisburg, OR 97446 (Owner/Lessor of Premises)	<b>CANCELLATION</b> 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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Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas