



# 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~~ 06-28-23

**Applicant: Name:** MICHAEL BRYSON FOUNDATION  
**Mailing Address:** PO BOX 411, HARRISBURG, OR 97446  
**Phone Number: (h)** \_\_\_\_\_ **(c)** 541 513 3413  
**Email:** parrishabryson@gmail.com

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

**Main Contact: Name:** PARRISH BRYSON  
**Address:** PO BOX 411 HARRISBURG OR 97446  
**Phone Number: (h)** \_\_\_\_\_ **(c)** 541-513-3413  
**Email:** parrishabryson@gmail.com

RECEIVED  
JUL 23 2023

BY: 

**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 OF SK

Date(s) and Time(s) of Event: ~~08-06-2022~~ 8:00 AM - 11:00 AM  
08-05-2023

How many people do you expect to attend this event? HOPEWELL 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<sup>PM</sup> 06-28-23

**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.

Office Staff Use Only:

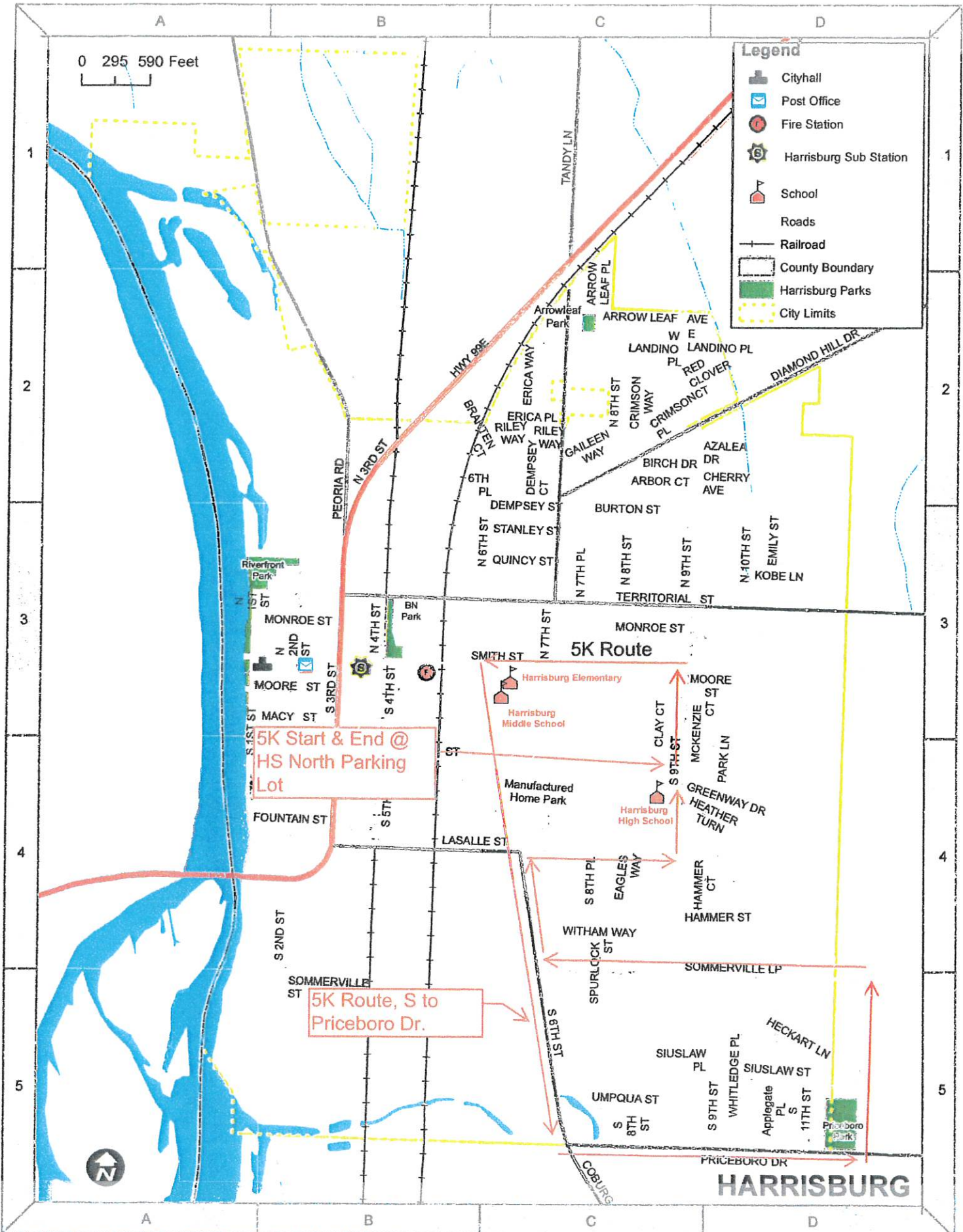
To be verified with applicant:

- Temporary Liquor License needed
- Noise Permit protocol needed
- Dance Permit required

Date Rec:

Review Complete:





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**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
City of Harrisburg 120 Smith st, PO Box 378 Harrisburg, OR 97446
Named Insured: MBF
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**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)

06/27/2023

**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 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> Foresite Sports, Inc. DBA: Eventsured 24 S. Newtown Street Road Newtown Square, PA 19073	<b>CONTACT NAME:</b> Eventsured Customer Service <b>PHONE (A/C, No, Ext):</b> 888-882-5902 <b>E-MAIL ADDRESS:</b> info@eventsured.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Michael Bryson Foundation Parrish Bryson 96281 Howard Ln Junction City, OR 97448-9315	<b>INSURER A:</b> Houston Casualty Company <span style="float:right">NAIC # 42374</span>	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER: TM293121** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>	Y		H22SE00130/TM293121	08/05/2023 12:01AM	08/06/2023 2:01AM	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 1,000
	<input checked="" type="checkbox"/>						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							DEDUCTIBLE \$ 0
<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident) \$
<input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
<b>UMBRELLA LIAB</b>							EACH OCCURRENCE \$
<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE							AGGREGATE \$
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							WC STATUTORY LIMITS   OTHER
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT \$
Y/N <input type="checkbox"/> N/A							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Additional Insureds must be venue managers or municipalities and are added with respect to our insured's operations only. Waiver of Subrogation (WOS) and Primary & Non-Contributory (PNC) wording applies only when coverage is purchased by the insured, required by written contract and as indicated below. This coverage is with respect to the Run/Fun Run/Race to be held on 08/05/2023 - 08/05/2023 with 150 attendees at Michael Bryson Shuffle 400 S 9th St Harrisburg, OR 97446. Additional Insureds include: Michael Bryson Shuffle 400 S 9th St Harrisburg, OR 97446; City of Harrisburg Harrisburg High School Linn County.

<b>CERTIFICATE HOLDER</b> Michael Bryson Shuffle 400 S 9th St Harrisburg OR, 97446	<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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