



THURSDAY NIGHT PROMOTIONS APPLICATION

Application must be submitted to the DA office a minimum of **THREE WEEKS** prior to the desired starting date.

Please read entire form carefully before signing!

Incomplete forms will not be accepted.

1. Starting date _____ if ongoing, list dates _____ Fundraising dates* _____

2. Name of Person/Group/Business _____

3. Address _____ City _____ State _____ Zip Code _____

4. Phone Number (Day) _____ Phone Number (Night) _____ email: _____

5. Number of persons working in booth space? _____

6. Is electrical power needed? _____ (If yes, it is the applicant's responsibility to contact the DA TNP Coordinator who will help facilitate obtaining electrical power. It is also the applicant's responsibility to properly ground cords by taping them to the pavement. Permission to use private power sources must be obtained by applicant. No generators are allowed.)

7. Is this a non-profit organization? _____ If yes, you must provide IRS # _____

8. If applicable, enter seller's permit # _____

9. Complete Description of Activity _____

It is the applicant's responsibility to be familiar with the Thursday Night Promotions Rules and Regulations. Copies of the TNP Rules and Regulations are available in the Downtown Association office and on line. Non-compliance with the rules and regulations may result in permit revocation of the applicant from the event.

The undersigned certifies that s/he is authorized to 1) execute on behalf of the group/business and 2) accept legal process on behalf of the group/business. The undersigned also agrees to indemnify and hold harmless the City of SLO, the Downtown Association, building owners and tenants from all damages, liabilities, costs and expenditures, including attorney's fees and costs of defense, which may occur by reason of use of the streets during Thursday Night Promotions.

NOTE: Space and necessary permits are issued once an application is approved and appropriate fees are paid. Make checks payable to the Downtown Association. Space locations are determined on a first come first served basis. No guarantees of location or power are made.

Date Signature Please print name

It is the applicant's responsibility to call the DA Office on Wednesday, after 10 a.m. to confirm approval, modifications or denial of the application.

In the event of an official cancellation due to rain, it is also applicant's responsibility to reschedule with the TNP Coordinator.

DO NOT WRITE BELOW THIS LINE

APPROVED _____ DENIED _____ ELECTRICAL POWER _____

COMMITTEE COMMENT/RECOMMENDATION _____

GUIDELINES FOR TNP BOOKING

These guidelines are provided to describe categories, fees and requirements.
Any applicant not meeting necessary requirements will be ineligible to participate in TNP.

MEMBERS/\$40.00

- ∞ Must be a member with a business in our Downtown Association boundaries (assessment district).
- ∞ Must supply a copy of:
 1. City of San Luis Obispo business tax certificate
 2. Liability insurance (1 million dollar general aggregate)
The Downtown Association and the City of San Luis Obispo are to be named "Additional Insured" (See Sample)
 3. Workers Comp. Insurance (if other than owners staff booth)
 4. Sellers Permit
- ∞ If selling food, must supply a copy of:
 1. Health Department permit (contact number 781-5552)

NON MEMBERS/\$80.00

- ∞ Must have a business address and have regular operating hours (e.g. 5 days/week, 8 hours/day)
- ∞ Must supply a copy of:
 1. City of San Luis Obispo business tax certificate
 2. Liability insurance (1 million dollar general aggregate)
The Downtown Association and the City of San Luis Obispo are to be named "Additional Insured" (See Sample)
 3. Workers Comp. Insurance
 4. Sellers Permit
- ∞ If selling food, must supply a copy of:
 1. Health Department permit (contact number 781-5552)
- ∞ Non-Members may book no sooner than **ONE-MONTH** prior to requested start date. However, for those booking on a quarterly basis, this rule is excepted.

NOT FOR PROFIT/\$30.00

- ∞ Not for Profit participants are:
 1. Information based, or
 2. Political in nature, or
 3. Cal Poly clubs and organizations
- ∞ Can participate weekly by providing information only
- ∞ Can only fundraise one date per quarter. This date must be approved by the TNP committee in advance of the fundraising activity. Fundraising includes: sale of goods or services excluding any alcohol or tobacco products. All food fundraisers must have necessary health department permits.
- ∞ Must supply a copy of Liability insurance (1 million dollar general aggregate)
The Downtown Association and the City of San Luis Obispo are to be named "Additional Insured" (See Sample)
- ∞ Must supply a copy of proof of non profit status from the IRS
- ∞ Sellers Permit

BBQs/\$.50/square foot***

- ∞ Must be on quarterly billing
- ∞ Allowed only one "miss"*** per quarter
- ∞ Downtown Association members are given first priority in this category

MEDIA/\$50.00***

- ∞ With approval from the TNP committee, media may participate in TNP with fees being applied toward sponsorship or advertising.

Entertainment October-March is \$20.00, April-September is \$40.00

- ∞ With approval from the TNP committee, entertainment may participate in TNP

* **FUNDRAISING (SEE NOT FOR PROFIT CATEGORY)**

** **A "miss" is defined as not participating in TNP when the event has not been officially cancelled.**

*** **Participants must also adhere to insurance, additional permits and health department requirements if applicable**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
						MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$ 1 million
						PRODUCTS - COMP/OP AGG	\$ 1 million
							\$
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The SLO Downtown Association and the City of San Luis Obispo are named as additional insured but only in connection with the insured's participation in Thursday Night Promotions, Downtown Farmers' Market

CERTIFICATE HOLDER

SLO Downtown Association
1108 Garden Street, Suite 210
San Luis Obispo, CA 93401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE