



## Across the Street Banner Application Form

Application for across the street banners advertising events of general interest to the public, which events are conducted in City limits by a non-profit organization and proceeds, if any, from such events are used for charitable or civic purposes.

### APPLICANT INFORMATION

#### NON-PROFIT ORGANIZATION

#### AUTHORIZED REPRESENTATIVE

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

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

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

Telephone: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

### BANNER INFORMATION

One or Two Banners (circle one)

Location of banner: 4<sup>th</sup> & Tamalpais (east end)  
(circle which apply) 4<sup>th</sup> & 2<sup>nd</sup> merge (west end)

Date of Installation: \_\_\_\_\_

Date of Removal: \_\_\_\_\_

Total number of weeks banner(s) will be up: \_\_\_\_\_

Banner Material: \_\_\_\_\_

Attach diagram of banner with artwork and wording, and with color specifications.

Proof of Insurance: Please attach Certificate of Liability Insurance with City of San Rafael named as an Additional Insured on an Additional Insured Endorsement attached to Certificate. Minimum Liability coverage is \$1,000,000.

### ACKNOWLEDGEMENTS

1. I acknowledge that all materials submitted in conjunction with this form shall be considered a part of this application.
2. I acknowledge that this application will not be considered filed and processing may not be initiated until City staff determines that the submittal is complete with all necessary information and is "acceptable as complete". The City will notify the applicant of all application deficiencies no later than 30 days following application submittal.
3. I declare under penalty of perjury that the information contained in this application is true and correct to the best of my knowledge.
4. By signature on this form, the organization authorizes the listed representative(s) to file applications, plans and other information. It is the organization's responsibility to inform City staff in writing of any changes.
5. As the owner, lessee or person in lawful possession of this banner, I understand, agree and acknowledge that the City of San is not responsible for damage to or loss of banners. I understand that the City of San Rafael will store all banners unless alternate arrangements are made.

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Date

### PLEASE DO NOT WRITE IN SPACE BELOW

Application Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Artwork Approved: \_\_\_\_\_

Fees: \_\_\_\_\_ Paid: \_\_\_\_\_

Ins. Expiration: \_\_\_\_\_

**1400 FIFTH AVENUE, P.O. BOX 151560, SAN RAFAEL, CA 94915-1570**

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**WWW.CITYOFSANRAFAEL.ORG**