

Horizontal Street Banner Application Form

Application for across the street banners that hang horizontally across two ends of 4th Street 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

<u>Organization</u>	Authorized Representative
Name:	Name:
Address:	Phone:
	E-mail:
Phone:	

BANNER INFORMATION

	Location:	East End (4 th & Tamalpais)	Advertisement Session #:	
		West End (4 th & 2 nd merge) \$275 x banners= \$	Installation & Removal dates are listed in the Banner Guidelines by Advert. Session #.	
Artwork: Attach a diagram of banner with artwork and wording, and with color specifications.				
Proof of Insurance: An Insurance Certificate for \$1,000,000 liability coverage must be subminimity with an additional endorsement naming the City of San Rafael as additionally insured.				

ACKNOWLEDGEMENTS

1.	I acknowledge that all materials	submitted in conjunction with this fo	orm shall be considered a part of this application.

- 2. I acknowledge that this application is not considered filed and processing and is not 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 Rafael is not responsible for damage to or loss of banners. I understand that the City of San Rafael will not store banners unless alternate arrangements are made.

Authorized Representative's Signature:

Date:

PLEASE DO NOT WRITE IN SPACE BELOW						
Application Received:	Received by:					
Artwork Approved:	Insurance Expiration:	Fees:	Paid:			