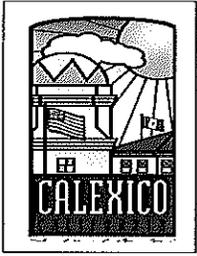


**AGENDA
ITEM**

6



CITY COUNCIL AGENDA STAFF REPORT

DATE: July 1, 2020

TO: Mayor and City Council

APPROVED BY: David B. Dale, City Manager *UF for D.D.*

PREPARED BY: Diego Favila, Fire Chief *[Signature]*

SUBJECT: Approval of Pre-Qualified Applicants for the 2020 Sale of Safe and Sane Fireworks

=====

Recommendation:

Approve the following list of prequalified applicants for the sale of Safe and Sane Fireworks for 2020:

1. Ministerio In Accion Mas Que Vencendores
2. Christ Community Church of Imperial Valley

Background:

From March 1 through April 3, 2020 the city of Calexico accepted applications for permits to sell safe and sane fireworks. Permits are issued only to nonprofit organizations and such fireworks shall be sold only at outdoor sales stands. Upon approval by council the applicant will be notified by May 23 of the granting or rejection of their application. This is all in accordance of Calexico Municipal Code Chapter 15.24.

Qualifying nonprofit organizations were required to have been organized and established in the city's corporate limits for a minimum of one year prior to filing an application. Eligible nonprofits also were required to have a principal and permanent meeting place in the city and a bona fide membership of at least 20 members. A majority of the members must have been residents of the City of Calexico. The nonprofit must conduct activities primarily for the benefit of the city and its residents, or must serve more city residents than non-city residents to be eligible to receive a permit. No nonprofit organizations would be granted more than one permit.

The above listed non-profit groups submitted all the required application forms and fees and have been prequalified by the Fire Chief and City Manager for your consideration. The City Council shall, in its sole discretion,

| |
|------------------------|
| AGENDA ITEM |
| 6 |

determine the nonprofit organizations to which permits will be granted in accordance with Chapter 15.24 of the Calexico Municipal Code. Such determination shall be made at a regular or special meeting of the City Council in accordance with procedures established by the City Council. Only nonprofit organizations prequalified by the City Manager pursuant to Section 15.24.080 shall be considered.

Fiscal Impact:

None.

Coordinated With:

None.

Attachment:

1. Application for Ministerio In Accion Mas Que Vencendores.
2. Application for Christ Community Church of Imperial Valley.

GROUP TNT FIREWORKS

LOC# CLX1407 § XXX2540

1407 IMPERIAL AVE (FOODLESS)

ADDRESS 2540 ROCKWOOD AVE (WALMART)

X TUP application

X Plot Plan

X Property Permission

2019 Copy of business license

X Wholesaler Check

X Insurance

RECEIVED
BY: JMS
APR 23 2020
TIME: 4:45 pm
CITY OF CALEXICO
DEVELOPMENT SERVICES DEPARTMENT



Community Development Department
 Planning Division
 "Temporary Use Permit"

Request must be submitted a MINIMUM of 15 days in advance of the event date.

REQUIRED ATTACHMENTS:

1. Submit one (1) site plan depicting use (minimum size 8 1/2" x 11").
2. Written proof of approval from property owner.
3. Copy of the City of Calexico Business License, if applicable.
4. Non-refundable application filing fee of \$135.00.
5. Insurance coverage naming the City as additional insured (\$1,000,000 minimum per occurrence).

| | | | |
|--------------------|---|--------------------|----------------------------|
| Applicant Name: | <u>STEVE BENNETT</u> | Date Submitted: | <u>3/24/2020</u> |
| Applicant Address: | <u>PO BOX 2437, FULLERTON, CA 92837-9900</u> | Phone Number: | <u>714-738-1002</u> |
| Company Name: | <u>TNT FIREWORKS ("WHOLESALE")</u> | Alt. Phone Number: | <u>626-607-4868 (CELL)</u> |
| Location of Event: | <u>2540 ROCKWOOD & 1407 IMPERIAL AVE.</u> | Bus. Lic. Number: | <u>150276</u> |

Date of Event: 6/28/20 to 7/4/20 Total Days: 7
 Time of Event: (12-10) 6/28 to (9-10) 6/29-7/4

Describe in detail the type of event (attach additional sheets if needed): Safe and Sane Fireworks which are approved by the State Fire Marshal are to be sold as a fundraiser by volunteers of multiple non-profit organizations. A fireworks booth will be dropped off as early as June 16, product will be delivered on June 27, and the stand will be picked up on July 6.

[Signature] 3/24/2020
 Applicant Signature Date

(For City Use Only)

| City Department | Recommendation by Dept. Head | Signature: |
|----------------------|---|------------|
| Administration | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Fire | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Police | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Utilities Services | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Community Services | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Redevelopment Agency | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Risk Management | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Planning Division | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Engineering Division | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| General Services | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Other: | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |

Conditions of Approval: _____

ALL TEMPORARY USE PERMIT MUST COMPLY WITH ZONING ORDINANCE, SECTION 17.11.120 "TEMPORARY USE REGULATIONS".

Approved Denied By: _____ Date _____
 Director of Planning & Development Services

(Please read reverse side, Section 17.11.120 "Temporary Use Regulations")



DATE: March 24, 2020

TO: City of Calexico
City Manager's Office

FROM: Steve Bennett
Area Manager
TNT Fireworks

RE: TUP/Wholesaler Fee – July 2020

Attached to this letter is a check for July 2020 TUP/Wholesaler Fee for TNT Fireworks.

Also attached to this letter is the Temporary Use Permit Application with required documents for the Fireworks Stand Location(s) listed below.

- 1407 Imperial Avenue, Calexico
- 2540 Rockwood Ave, Calexico

The organization will be submitting their own TUP Application with required paperwork and payment as well.

If you have any questions or if anything else is needed, please feel free to contact me.

Thanks,

A handwritten signature in black ink, appearing to read "Steve Bennett", written over a horizontal line.

Steve Bennett
Area Manager
TNT Fireworks
555 North Gilbert Street
Fullerton, CA 92833
714-738-1002 (Office)
626-607-4868 (Mobile)
bennetts@tntfireworks.com (Email)



CITY OF CALEXICO BUSINESS LICENSE

190259

(FACILITY)

608 HEBER AVENUE
(760) 768-2120

TNT FIREWORKS

ISSUE DATE

BUSINESS NAME

BUSINESS ADDRESS

555 N GILBERT ST. FULSTON, CA 92028

ACCOUNT NUMBER

61573

TYPE OF BUSINESS

RETAIL

WHOLESALE

FOOD

GENERAL/SUB-CONTRACTOR

SERVICES

OTHER

EXPIRATION DATE

October 31, 2019

FINANCE DEPARTMENT

Jesse B. [Signature]

CLERK

More California and Mexico Fun!

GENERAL SERVICES

BOSS/AGENT

GENERAL SERVICES DEPARTMENT / FULSTON, CALIFORNIA 92028

CITY OF CALEXICO
FIREWORKS STAND PERMIT APPLICATION

PROPERTY OWNER AND/OR LESSOR /LESSEE CONSENT

INSTRUCTIONS: This form must be completed by the Owner of Record and/or lessor of the property.

Permission is hereby granted to TNT FIREWORKS - 714-738-1002 and
(Fireworks Wholesaler)

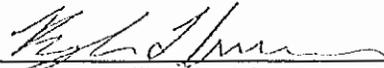
CHRIST Community Council - CALEXICO for the exclusive right to use the property
(Non profit Organization Name)

located at 2150 ROCKWOOD AVE, Calexico, California, from 8:00 a.m. on June 25, 2020
(Fireworks Stand Address)

through 12:00 Noon, July 6, 2020 or a temporary fireworks stand to sell safe and sane fireworks from 12:00 Noon, to 10:00 p.m. on June 28, 2020 and 9:00 a.m. to 10:00 p.m. on June 29th through and including July 4, 2020

It is understood that the retail fireworks operations will be conducted in accordance with all City, County, and State regulations.

Owner/Lessor Name: Walmart, Inc
Address: 702 SW 8th Street
City, State, and Zip Code: Bentonville, AR 72716
Telephone Number: (479) 273-4298

Signature: 
(Controlling Party)

Printed Name: KYLE THURMAN

Title / Principal: MANAGER II, WALMART SERVICES

Dated this 29th day of January, 2020

TNT FIREWORKS

SALES ASSOCIATE BENNETT CITY CALEXICO

LOCATION# XXX2540 ORGANIZATION CHRIST COMMUNITY CHURCH—CALEXICO

SIZE 6 X 32 TYPE OPM BACK DOORS 1 A-FRAMES 1

SET-UP 6/22 DOWN 7/6 LIGHTS OPM

ADDRESS 2540 ROCKWOOD AVE. (WALMART)

INTERSECTION NWC ROCKWOOD/ HWY 111 AND COLE RD.

THOMAS GUIDE — COUNTY IMP PAGE _____ GRID _____

SPECIAL INSTRUCTIONS SET STAND AS SHOWN, IN CENTER OF PARKING SPOTS, NEAR DRIVEWAY. FACE STAND TOWARDS THE REST OF THE WALMART PARKING LOT.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
 11/1/2020 10/31/2019

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).

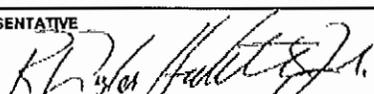
| | | |
|--|---------------------------------------|--------------------------------|
| PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600 | CONTACT NAME: _____ | |
| | PHONE (A/C, No, Ext): _____ | FAX (A/C, No): _____ |
| E-MAIL ADDRESS: _____ | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: Everest Indemnity Insurance Company | | 10851 |
| INSURER B: Arch Specialty Insurance Company | | 21199 |
| INSURER C: _____ | | |
| INSURER D: _____ | | |
| INSURER E: _____ | | |
| INSURER F: _____ | | |

COVERAGES **CERTIFICATE NUMBER:** 14584622 **REVISION NUMBER:** XXXXXXXX

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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____ | Y | N | S18GL00242-191 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY | | | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTIONS _____ | Y | N | UXP0056189-06 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | NOT APPLICABLE | | | <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured: Property located at 2450 Rockwood Ave, Calexico, CA. (XXX2540) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

| | |
|---|--|
| CERTIFICATE HOLDER 14584622 Christ Community Church of Imperial Valley and the City of Calexico; its appointed & elected officials, employees, representatives & volunteers when acting in their ofical capacities as such 608 Herber Ave. Calexico CA 92231 | CANCELLATION 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  |
|---|--|

CITY OF CALEXICO
FIREWORKS STAND PERMIT APPLICATION

PROPERTY OWNER AND/OR LESSOR /LESSEE CONSENT

INSTRUCTIONS: This form must be completed by the Owner of Record and/or lessor of the property.

Permission is hereby granted to TNT FIREWORKS - 714-738-1002 and
(Fireworks Wholesaler)

MONISTERIZO EN ACCION for the exclusive right to use the property
(Non profit Organization Name)

located at 1407 IMPERIAL AVE., Calexico, California, from 8:00 a.m. on June 25, 2020
(Fireworks Stand Address)

through 12:00 Noon, July 6, 2020 for a temporary fireworks stand to sell safe and sane fireworks from 12:00 Noon, to 10:00 p.m. on June 28, 2020 and 9:00 a.m. to 10:00 p.m. on June 29th through and including July 4, 2020.

It is understood that the retail fireworks operations will be conducted in accordance with all City, County, and State regulations.

Owner/Lessor Name: BIRCH CORP C/O RH PROPERTIES, LLC
Address: 1511 DOVE ST., SUITE 175
City, State, and Zip Code: NEWPORT BEACH, CA 92660
Telephone Number: (949) 252-9334

Signature: [Handwritten Signature]
(Controlling Party)

Printed Name: RON HOLLEY

Title / Principal: PROPERTY MANAGER

Dated this 28th day of JANUARY, 2019, 2020

INSPECTION DATE: 6/26 **TNT FIREWORKS**

SALES ASSOCIATE BENNETT

CITY CALEXICO

LOCATION# CLX1407 ORGANIZATION MINISTERIO EN ACCION

SIZE 6 X 32 TYPE OPM BACK DOORS 1 A-FRAMES 2

SET-UP 6/22 DOWN 7/6 LIGHTS OPM

ADDRESS 1407 IMPERIAL AVENUE (FOOD4LESS)

INTERSECTION NWC BIRCH/ HWY 111 (IMPERIAL)

THOMAS GUIDE — COUNTY IMP

PAGE _____

GRID _____

SPECIAL INSTRUCTIONS FACE STAND TOWARDS RITE AID, SET STAND IN MIDDLE OF PARKING AREA AS PICTURED. CLOSE TO THE ISLAND THAT IS TOWARD HIGHWAY 111.





CERTIFICATE OF LIABILITY INSURANCE

11/1/2020

DATE (MM/DD/YYYY)

10/31/2019

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| | | |
|---|-----------------------|----------------|
| PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Everest Indemnity Insurance Company | | 10851 |
| INSURER B : Arch Specialty Insurance Company | | 21199 |
| INSURER C : Berkshire Hathaway Homestate Ins Co | | 20044 |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
1359665 American Promotional Events, Inc.
DBA TNT Fireworks, Inc.
555 North Gilbert Avenue
Fullerton CA 92833
CLX1407

COVERAGES CERTIFICATE NUMBER: 12229692 REVISION NUMBER: XXXXXXXX

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 | Y | N | SI8GL00242-191 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) | \$ XXXXXXXX |
| | | | | | | | BODILY INJURY (Per person) | \$ XXXXXXXX |
| | | | | | | | BODILY INJURY (Per accident) | \$ XXXXXXXX |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ XXXXXXXX |
| | | | | | | | | \$ XXXXXXXX |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB | Y | N | UXP0056189-06 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE | \$ 5,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ 5,000,000 |
| | DED RETENTIONS | | | | | | | \$ XXXXXXXX |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | AMWC031306 | 11/1/2019 | 11/1/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: Property located at 1407 Imperial Ave., Calexico, CA. Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

| | |
|---|--|
| CERTIFICATE HOLDER 12229692 Ministero En Accion Mas Que Vencedore and the City of Calexico; its appointed & elected officials, employees, representatives & volunteers when acting in their official capacities as such 608 Heber Avenue Calexico CA 92231 | CANCELLATION 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 |
|---|--|

GROUP MINISTERIO EN ACCION MAS QUE VENCENDORES

LOC # CLX1407

ADDRESS 1407 IMPERIAL AVENUE

X TUP application

X Plot Plan

X Property Permission

X Copy of business license

4 \$135 check

X Insurance

RECEIVED

BY: J. V. S.

APR 23 2020

TIME: 4:45 PM
CITY OF CALEXICO
DEVELOPMENT SERVICES DEPARTMENT



Community Development Department
 Planning Division
 "Temporary Use Permit"

Request must be submitted a MINIMUM of 15 days in advance of the event date.

REQUIRED ATTACHMENTS:

1. Submit one (1) site plan depicting use (minimum size 8 1/2" x 11").
2. Written proof of approval from property owner.
3. Copy of the City of Calexico Business License, if applicable.
4. Non-refundable application filing fee of \$135.00.
5. Insurance coverage naming the City as additional insured (\$1,000,000 minimum per occurrence).

Applicant Name: SAUL GARCIA
 Applicant Address: 711 PIERCE STREET, CALEXICO, CA
 Company Name: MINISTERIO EN ACCION MAS QUE
 Location of Event: 1407 IMPERIAL AVE

Date Submitted: 3/24/2020
 Phone Number: [REDACTED]
 Alt. Phone Number: _____
 Bus. Lic. Number: 150276

Date of Event: 6/28/20 to 7/4/20 Total Days: 7
 Time of Event: (12-10) 6/28 to (9-10) 6/29-7/4

Describe in detail the type of event (attach additional sheets if needed): Safe and Sane Fireworks which are approved by the State Fire Marshal are to be sold as a fundraiser by volunteers of multiple non-profit organizations. A fireworks booth will be dropped off as early as June 16, product will be delivered on June 27, picked up on July 5 and the stand will be picked up on July 6.

[Signature]
 Applicant Signature
4/24/2020
 Date

(For City Use Only)

| City Department | Recommendation by Dept. Head | | Signature: |
|----------------------|-----------------------------------|---------------------------------|------------|
| Administration | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Fire | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Police | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Utilities Services | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Community Services | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Redevelopment Agency | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Risk Management | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Planning Division | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Engineering Division | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| General Services | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Other: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |

Conditions of Approval: _____

ALL TEMPORARY USE PERMIT MUST COMPLY WITH ZONING ORDINANCE, SECTION 17.11.120 "TEMPORARY USE REGULATIONS".

Approved Denied By: _____ Date _____
 Director of Planning & Development Services

(Please read reverse side, Section 17.11.120 "Temporary Use Regulations")

INSPECTION DATE: 6/26 **TNT FIREWORKS**

SALES ASSOCIATE BENNETT

CITY CALEXICO

LOCATION# CLX1407 ORGANIZATION MINISTERIO EN ACCION

SIZE 6 X 32 TYPE OPM BACK DOORS 1 A-FRAMES 2

SET-UP 6/22 DOWN 7/6 LIGHTS OPM

ADDRESS 1407 IMPERIAL AVENUE (FOOD4LESS)

INTERSECTION NWC BIRCH/ HWY 111 (IMPERIAL)

THOMAS GUIDE — COUNTY IMP PAGE _____ GRID _____

SPECIAL INSTRUCTIONS FACE STAND TOWARDS RITE AID, SET STAND IN MIDDLE OF PARKING AREA AS PICTURED. CLOSE TO THE ISLAND THAT IS TOWARD HIGHWAY 111.



CITY OF CALEXICO
FIREWORKS STAND PERMIT APPLICATION

PROPERTY OWNER AND/OR LESSOR /LESSEE CONSENT

INSTRUCTIONS: This form must be completed by the Owner of Record and/or lessor of the property.

Permission is hereby granted to TNT FIREWORKS - 714-738-1002 and
(Fireworks Wholesaler)

MINISTRO EN ACCION for the exclusive right to use the property
(Non profit Organization Name)

located at 1407 IMPERIAL AVE., Calexico, California, from 8:00 a.m. on June 25, 2020
(Fireworks Stand Address)

through 12:00 Noon, July 6, 2020 for a temporary fireworks stand to sell safe and sane fireworks from 12:00 Noon, to 10:00 p.m. on June 28, 2020 and 9:00 a.m. to 10:00 p.m. on June 29th through and including July 4, 2020.

It is understood that the retail fireworks operations will be conducted in accordance with all City, County, and State regulations.

Owner/Lessor Name: BIRCH CORP C/O RH PROPERTIES, LLC
Address: 1511 DOVE ST., SUITE 175
City, State, and Zip Code: NEWPORT BEACH, CA 92660
Telephone Number: (949) 252-9334

Signature: [Handwritten Signature]
(Controlling Party)

Printed Name: RON HOLLEY

Title / Principal: PROPERTY MANAGER

Dated this 28th day of JANUARY, 2019 2020



CITY OF CALEXICO BUSINESS LICENSE

190259

ISSUE DATE

608 HEIDER AVENUE
(760) 768-2120

TNT FIREWORKS

555 N GILBERT ST. FULLERTON, CA 92608

61573

BUSINESS NAME

BUSINESS ADDRESS

ACCOUNT NUMBER

TYPE OF BUSINESS

RETAIL WHOLESALE

FOOD

GENERAL/SUB-CONTRACTOR

SERVICES

OTHER

EXPIRATION DATE

October 31, 2013

FINANCE DEPARTMENT

CLERK

Jesse B. Smith

Mayor, Calexico and Marine Post

GENERAL LICENSE

REGISTRATION

GENERAL LICENSE MUST BE PAID FOR BUSINESS REGISTRATION & REGISTRATION FEE



CERTIFICATE OF LIABILITY INSURANCE

11/1/2020

DATE (MM/DD/YYYY)
10/31/2019

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).

| | | |
|---|-----------------------|----------------|
| PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Everest Indemnity Insurance Company | | 10851 |
| INSURER B : Arch Specialty Insurance Company | | 21199 |
| INSURER C : Berkshire Hathaway Homestate Ins Co | | 20044 |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
1359665 American Promotional Events, Inc.
DBA TNT Fireworks, Inc.
555 North Gilbert Avenue
Fullerton CA 92833
CLX1407

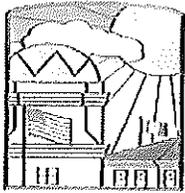
COVERAGES CERTIFICATE NUMBER: 12229692 REVISION NUMBER: XXXXXXXX

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 | Y | N | S18GL00242-191 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | Y | N | UXP0056189-06 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 DED: RETENTION \$ XXXXXXXX |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | AMWC031306 | 11/1/2019 | 11/1/2020 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured: Property located at 1407 Imperial Ave., Calexico, CA Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

| | |
|---|--|
| CERTIFICATE HOLDER 12229692 Ministero En Accion Mas Que Vencedore and the City of Calexico; its appointed & elected officials, employees, representatives & volunteers when acting in their official capacities as such 608 Heber Avenue Calexico CA 92231 | CANCELLATION 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 |
|---|--|



CITY OF CALEXICO

608 Heber Avenue
Calexico, CA 92231
Tel: 760.768.2110
Fax: 760.768.2103
www.calexico.ca.gov

FOR IMMEDIATE RELEASE

March 16, 2020

The City of Calexico is closely monitoring the Coronavirus Disease (COVID-19) on a daily basis and is following the latest information provided by the California Public Health Department, the Imperial County Public Health Department and the Centers for Disease Control and Prevention. The City of Calexico is committed to maintain the safety and well-being of our community by taking socially responsible preventive measures.

Effective March 17, 2020, the City of Calexico will be taking the following preventive measures:

1. City-organized events will be cancelled/postponed.
2. Temporary Use Permits for community events and gatherings will be suspended and new applications will not be issued.
3. All programming at the Calexico Recreation Department will be suspended.
4. City parks will close—organized sports practices and events will be suspended.
5. Camarena Memorial Library will close; however, book loaning and other services will continue. Please call the library at (760) 768-2170 for more information.
6. Until further notice, there will be no public access to City Council meetings. Please submit your public comments for the upcoming meeting by 5:00 p.m. on Wednesday, March 18, 2020 at ggarcia@calexico.ca.gov or <https://tinyurl.com/wnqx14k>
7. All city commission meetings will be cancelled until further notice.

The City of Calexico asks that you follow the Imperial County Public Health Department recommendation to stay home and minimize social contact to the extent possible and follow daily preventive actions like, washing hands for 20 seconds, covering mouth and nose with a tissue when coughing or sneezing, cleaning and disinfecting areas frequently, avoiding touching your face, and avoiding close contact with people who are sick.

The Calexico's Fire Department's Facebook Page will be the official site to disseminate current and on-going updates on behalf of the City. For the latest information on behalf of the City of Calexico, visit our Facebook page at <https://www.Facebook.com/CalexicoFire/>

For questions regarding your child's school and classes, please visit the Calexico School District <https://www.cusdk12.org/>

For local information, visit the Imperial County Public Health Department at <http://www.icphd.org>

For information from the Centers for Disease Control and Prevention, visit <https://www.cdc.gov/COVID19>

Respectfully,

David Dale
City Manager
City of Calexico

Viva Calexico!

GROUP CHRIST COMMUNITY CHURCH - CALEXICO

LOC # XXX2540

ADDRESS 2540 ROCKWOOD AVE

X TUP application

X Plot Plan

X Property Permission

X Copy of business license

X \$135 check

X Insurance



Community Development Department
 Planning Division
 "Temporary Use Permit"

Request must be submitted a MINIMUM of 15 days in advance of the event date.

REQUIRED ATTACHMENTS:

1. Submit one (1) site plan depicting use (minimum size 8 1/2" x 11").
2. Written proof of approval from property owner.
3. Copy of the City of Calexico Business License, if applicable.
4. Non-refundable application filing fee of \$135.00.
5. Insurance coverage naming the City as additional insured (\$1,000,000 minimum per occurrence).

Applicant Name: FRANK ZAZUETA Date Submitted: 3/26/2020
 Applicant Address: 1021 KLOKE ROAD, CALEXICO, CA Phone Number: [REDACTED]
 Company Name: CHRIST COMMUNITY CHURCH Alt. Phone Number: _____
 Location of Event: 2540 ROCKWOOD AVE Bus. Lic. Number: _____
CALEXICO, CA

Date of Event: 6/28/20 to 7/4/20 Total Days: 7
 Time of Event: (12-10) 6/28 to (9-10) 6/29-7/4

Describe in detail the type of event (attach additional sheets if needed): Safe and Sane Fireworks which are approved by the State Fire Marshal are to be sold as a fundraiser by volunteers of multiple non-profit organizations. A fireworks booth will be dropped off as early as June 16, product will be delivered on June 27, picked up on July 5 and the stand will be picked up on July 6.

[Signature] 4-10-20
 Applicant Signature Date

(For City Use Only)

| City Department | Recommendation by Dept. Head | | Signature: |
|----------------------|-----------------------------------|---------------------------------|------------|
| Administration | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Fire | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Police | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Utilities Services | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Community Services | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Redevelopment Agency | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Risk Management | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Planning Division | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Engineering Division | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| General Services | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |
| Other: | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | |

Conditions of Approval: _____

ALL TEMPORARY USE PERMIT MUST COMPLY WITH ZONING ORDINANCE, SECTION 17.11.120 "TEMPORARY USE REGULATIONS".

Approved Denied By: _____ Date _____
 Director of Planning & Development Services

(Please read reverse side, Section 17.11.120 "Temporary Use Regulations")

TNT FIREWORKS

SALES ASSOCIATE BENNETT CITY CALEXICO

LOCATION# XXX2540 ORGANIZATION CHRIST COMMUNITY CHURCH—CALEXICO

SIZE 6 X 32 TYPE OPM BACK DOORS 1 A-FRAMES 1

SET-UP 6/22 DOWN 7/6 LIGHTS OPM

ADDRESS 2540 ROCKWOOD AVE. (WALMART)

INTERSECTION NWC ROCKWOOD/ HWY 111 AND COLE RD.

THOMAS GUIDE — COUNTY IMP PAGE _____ GRID _____

SPECIAL INSTRUCTIONS SET STAND AS SHOWN, IN CENTER OF PARKING SPOTS, NEAR DRIVEWAY. FACE STAND TOWARDS THE REST OF THE WALMART PARKING LOT.



CITY OF CALEXICO
FIREWORKS STAND PERMIT APPLICATION

PROPERTY OWNER AND/OR LESSOR /LESSEE CONSENT

INSTRUCTIONS: This form must be completed by the Owner of Record and/or lessor of the property.

Permission is hereby granted to TNT FIREWORKS - 714-738-1002 and
(Fireworks Wholesaler)

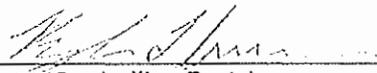
CHRIST COMMUNITY CHURCH CALEXICO for the exclusive right to use the property
(Non profit Organization Name)

located at 2150 ROCKWOOD AVE, Calexico, California, from 8:00 a.m. on June 25, 2020
(Fireworks Stand Address)

through 12:00 Noon, July 6, 2020 or a temporary fireworks stand to sell safe and sane fireworks from 12:00 Noon, to 10:00 p.m. on June 28, 2020 and 9:00 a.m. to 10:00 p.m. on June 29th through and including July 4, 2020

It is understood that the retail fireworks operations will be conducted in accordance with all City, County, and State regulations.

Owner/Lessor Name: Walmart, Inc
Address: 702 SW 8th Street
City, State, and Zip Code: Bentonville, AR 72716
Telephone Number: (479) 273-4298

Signature: 
(Controlling Party)

Printed Name: KYLE THURMAN

Title / Principal: MANAGER II, WALMART SERVICES

Dated this 29th day of January, 2020



CITY OF CALEXICO BUSINESS LICENSE

190259

ISSUED

ISSUE DATE

BUSINESS NAME

TNT FIREWORKS
608 HEIDER AVENUE
(760) 768-2120

BUSINESS ADDRESS

555 N GILBERT ST. FULLERTON, CA 92608

ACCOUNT NUMBER

615773

TYPE OF BUSINESS

RETAIL

WHOLESALE

FOOD

GENERAL/SUB-CONTRACTOR

SERVICES

OTHER

EXPIRATION DATE

October 31, 2019

FINANCE DEPARTMENT

CLERK

Jessie B. [Signature]

Where California and Mexico Meet

CITIZENSHIP REQUIRED

REGISTRATION

GENERAL BUSINESS LICENSES ARE ISSUED TO ALL BUSINESSES OPERATING IN A REGISTERED PLACE



CERTIFICATE OF LIABILITY INSURANCE

11/1/2020

DATE (MM/DD/YYYY)

10/31/2019

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| | | |
|---|-----------------------|----------------|
| PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Everest Indemnity Insurance Company | | 10851 |
| INSURER B : Arch Specialty Insurance Company | | 21199 |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
1359683 American Promotional Events, Inc.
DBA TNT Fireworks, Inc.
555 North Gilbert Avenue
Fullerton CA 92833
XXX2540

COVERAGES CERTIFICATE NUMBER: 14584622 REVISION NUMBER: XXXXXXXX

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 SUBR INSD 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 | Y N | SI8GL00242-191 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE | \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 500,000 |
| | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | \$ 2,000,000 |
| | | | | | | PRODUCTS - COM/POP AGG | \$ 2,000,000 |
| | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident) | \$ XXXXXXXX |
| | | | | | | BODILY INJURY (Per person) | \$ XXXXXXXX |
| | | | | | | BODILY INJURY (Per accident) | \$ XXXXXXXX |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ XXXXXXXX |
| | | | | | | | \$ XXXXXXXX |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | Y N | UXP0056189-06 | 11/1/2019 | 11/1/2020 | EACH OCCURRENCE | \$ 5,000,000 |
| | DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/> | | | | | AGGREGATE | \$ 5,000,000 |
| | | | | | | | \$ XXXXXXXX |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | NOT APPLICABLE | | | PER STATUTE | OTH-ER |
| | | | | | | E.L. EACH ACCIDENT | \$ XXXXXXXX |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ XXXXXXXX |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ XXXXXXXX |

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

Additional Insured: Property located at 2450 Rockwood Ave, Calexico, CA. (XXX2540) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

14584622

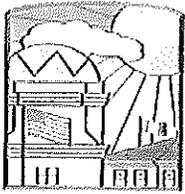
Christ Community Church of Imperial Valley and the City of Calexico; its appointed & elected officials, employees, representatives & volunteers when acting in their official capacities as such
608 Herber Ave.
Calexico CA 92231

CANCELLATION

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

© 1988-2018 ACORD CORPORATION. All rights reserved.



CITY OF CALEXICO

608 Heber Avenue
Calexico, CA 92231
Tel: 760.768.2110
Fax: 760.768.2103
www.calexico.ca.gov

FOR IMMEDIATE RELEASE

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For information from the Centers for Disease Control and Prevention, visit <https://www.cdc.gov/COVID19>

Respectfully,

David Dale
City Manager
City of Calexico

Viva Calexico!

FILING IN CALEXICO

DEADLINE: NOON on MARCH 31st

1. Turn in application packet with City Clerk. At the City Manager's Office located at City Hall (608 Heber Ave., Calexico, CA 92231). There is a Checklist that indicates everything that is required. Provide check for \$835 (Included in the Packet). DONE
2. Apply and Pay for Temporary Use Permit ("TUP Permit") at Planning window.
Provide check for \$135 (Included in the Packet).
The Checklist should show the items included.
You will need to sign this application (Yellow Highlighted)
3. Obtain "Received Stamps" from the city official on all TUP and Application Cover Sheets and please submit a scanned version back to TNT Fireworks so we can have on file.
4. Confirm that all paperwork is complete and nothing else is outstanding.
This way we can correct any issues before the deadline is past.