

City of Sutter Creek  
18 Main Street  
Sutter Creek, CA 95685  
209-267-5647  
www.cityofsuttercreek.org

Date Received: \_\_\_\_\_

**Submission Requirements**

1- Application\*

2- Map\*

3- Current Business License Number (*provided below*)

*\*All documentaion must be submitted via the application portal on the City website*

**TEMPORARY USE PERMIT APPLICATION**

**Applicant:**

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

APN: \_\_\_\_\_ Business License No.: \_\_\_\_\_

**Business Owner:**

Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Is this person the main contact? If not, please specify who the contact person is.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDITIONAL DOCUMENTATION REQUIREMENTS:**

**USE OF CITY PROPERTY:**

Does Temporary Use Area require use of City owned property? **yes/no** (*circle one*)

**If yes**, include Certificate of Insurance naming the City of Sutter Creek as an additional insured.

*See page 2 for Insurance requirements*

**LANDLORD APPROVAL:**

Are you the property owner? **yes/no** (*circle one*)

**If no**, attach written Landlord approval.

**STATE DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL:**

Will Temporary Use Area be used to serve alcohol? **yes/no** (*circle one*)

**If yes**, include license/permit issued by the State Department of Alcoholic Beverage Control (ABC).

**PROPOSED TEMPORARY USE AREA: ATTACH A SKETCH/PHOTO SHOWING THE FOLLOWING:**

(CHECK EACH BOX UPON COMPLETION)

☐ Location/Layout ☐ Maximum Occupancy of outdoor space used: \_\_\_\_\_

☐ \_\_\_\_\_ Sq.Ft. ☐ Social Distancing Compliance

☐ Type of Product/Service: \_\_\_\_\_ ☐ 5 Consecutive feet of sidewalk width Compliance (*ADA requirement*)

I hereby certify that I am the Owner of the business applying for this Temporary Use Permit (or the Owner's authorized representative) and agree to abide by the requirements of Resolution 19-20-34 Adopted by the Sutter Creek City Council on June 1, 2020, understanding that this permit may be revoked if I do not meet the requirements of the permit.

BUSINESS OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVED:** ☐

**DENIED:** ☐

**BY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## HOLD HARMLESS AGREEMENT AND RELEASE OF LIABILITY

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BUSINESS OWNER/APPLICANT

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TEMPORARY AREA USE LOCATION

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Mailing Address, City, State, Zip	email address	Telephone Number
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\_\_\_\_\_ agree to indemnify, defend, and hold harmless the City of Sutter Creek, its elected officials, officers, managers, employees, agents, volunteers, and representatives from and against any and all losses, liability, claims, actions, causes of action, demands, lawsuits, judgment expense and cost(s) arising out of or in any way connected or related to the above-referenced Special Event, regardless of where the injury, death, damage, or other cause of liability may occur, unless such injury, death, damage or other cause of liability is caused by the sole negligence or willful misconduct of the City.

The Business Owner/Applicant agree to provide satisfactory evidence of, and shall thereafter maintain for the duration of the Temporary Use Area Permit, such insurance policies and coverages in the types, limits, forms, and ratings required by the City Attorney or their designee. The City of Sutter Creek and its elected officials, officers, employees, agents, volunteers, and representatives shall be named as additional insured by endorsement in the Business Owner/Applicants insurance policies. (\$2,000,000.00 liability naming the City of Sutter Creek as an additional insured). **Please attach.**

I intend my signature below to be a complete and unconditional release of all liability, and for such release to be as broad and inclusive as permitted by the laws of the State of California.

### AUTHORIZED REPRESENTATIVE

(To be completed by individuals representing Business Owner/Applicant)

I, \_\_\_\_\_, represent and warrant that I have the authority, right, and power to enter into this Hold Harmless Agreement and that I have obtained any and all consents, powers, and authorities, necessary to permit me to enter into this Hold Harmless Agreement on behalf of \_\_\_\_\_ and to bind this business.

This authorization shall remain in full force and effect throughout the duration of the Temporary Use Area Permit.

Business Owner/Applicant:

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Printed Name

Signature

Date