



Civic Center: Community Room & Witte Hall

Event Vendor Info & Roster

Vendors not listed on the City's Approved Vendor or Exclusive Catering lists may still be permitted. However, any vendor who will be **paid to provide services onsite** must submit the following two documents, regardless of their approval status. This requirement applies to **all vendors conducting business on City property.**

1. City of Newport Beach Business License

- Any business or vendor without a current City of Newport Beach Business License may obtain a **1-Day Apportioned Business License**, which is processed by the Revenue Department.
- As the event organizer, please collect all completed applications from your vendors and submit them, along with this form, to your Facility Coordinator at least two weeks prior to the event.
 - *Note: Applications submitted fewer than two weeks before the event may not be processed in time.*

2. General Liability Insurance Policy

- A minimum coverage of \$1,000,000 per occurrence
- Certificate of Insurance Details:
 - Certificate Holder box:
 - City of Newport Beach
 - 100 Civic Center Drive, Newport Beach, Ca 92660
 - Additional Insured Endorsement
 - Must name "The City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers and employees" as an additional holder on the policy.

Event Details:

- Event Organizer: _____ Phone: (____) _____
- Email: _____
- Event Name: _____ Location: _____
- Date: _____
- Total number of vendors, exhibitors, and/or event service providers that will be on site _____.

List all vendors, exhibitors, service providers, and trades who will be onsite to provide a service. This includes any vendor conducting business transactions on City property. Examples include, but are not limited to: (Bands, DJ's, Coordinators, Photographers, Caterers, Party Rental, Bounce Houses, market vendors etc.)

[illegible]

CITY OF NEWPORT BEACH

REVENUE DIVISION

100 CIVIC CENTER DR • P.O. BOX 1768 • NEWPORT BEACH, CA 92658-8915
(949) 644-3141 • blicense@newportbeachca.gov • <http://www.newportbeachca.gov/Revenue>

DECLARATION FOR APPORTIONED BUSINESS TAX

OFFICE USE ONLY
BUSINESS NUMBER
LICENSE NUMBER

Businesses with incidental or occasional presence in the City may qualify for an apportioned business tax rate.

This declaration must be completed and returned by mail with a check to qualify for an apportioned tax rate.

THIS FORM CANNOT BE COMPLETED ONLINE. PLEASE ALLOW 5-7 BUSINESS DAYS FOR PROCESSING.

Business (DBA) Name

(Max 30 Characters)

[illegible]

Service Address of Business (Public Record)

Address is visible to the public and where you consent to receive Service of Process, **NOT** location where service is being provided.

Street address, City, State, Zip Code

Mailing Address (if different than Service Address),

Contact Person

Contact Phone

Email_

Business Type: ☐ Sole Prop ☐ Partnership ☐ LLC ☐ Corp

Identification Number – Choose **one** below & provide number as indicated (Not Public Record):

Driver's License No. & State

Federal Tax ID No. (FEIN)

Municipal ID No. & City

Social Security No.

Name of Event (if applicable)

Date(s) of Event/Start Date

FOR RECREATION DEPARTMENT INSTRUCTORS ONLY:

Owner/Principal Information. *If necessary, please attach a list of additional principals.*

Name

Drivers License No.

Residence Address

Unit No.

City _____ State _____ Zip _____ Phone (____) _____

Check the appropriate box below to indicate your activity. **Note that any inaccurate information provided may subject your business to pay the full annual license.** Amount includes \$4.00 State Mandate Fee

<input type="checkbox"/>	Exhibitors for Non-Profit 501(c)(3): (Sponsor or donating products) <i>Must attach Proof of Exemption</i>		\$0.00
<input type="checkbox"/>	Exhibitors: Single Event, no sales activities: (Marketing or Advertising)	One-time presence in the City <i>within one year</i> Date of Event_____	\$89.75
<input type="checkbox"/>	Exhibitors: Single Event with sales activities: Must provide Sellers Permit to qualify	One-time presence in the City <i>within one year</i> Date of Event_____	\$89.75
<input type="checkbox"/>	Professional Organizers & Associations: (Profit Companies)	Single Event: One-time presence in the City <i>within one year</i> Date of Event_____	\$89.75
<input type="checkbox"/>	Service Providers:	Single Event Only: One-time presence in the City <i>within one year</i> Date of Event_____	\$89.75
<input type="checkbox"/>	City Contractors: Contract with the City of Newport Beach and have no other business activity within the City		\$89.75

I declare under penalty of perjury that the foregoing is true and correct of my own knowledge and that I am authorized to make this statement. My business conduct in the City of Newport Beach does not exceed the category indicated above and I will immediately notify the Revenue Division should it change. I understand that failure to inform the Revenue Division of such change may result in the imposition of additional taxes, penalties, and/or criminal prosecution.

Applicant's Signature

Applicant's Name (Printed)

STATE FEE

AB 1379 adds a mandated state fee of \$4 on any applicant for a business license or renewal to comply with federal and state disability laws. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architects at www.dgs.ca.gov/dsa
The California commission on Disability Access at www.dgs.ca.gov/ccda

The Department of Rehabilitation at www.dor.ca.gov/

GENDER DISCRIMINATION NOTIFICATION-AB 1607

California Civil Code §51.6 prohibits businesses from engaging in gender-based discrimination. A full notice of the business's legal obligations is available in English and other languages at <https://www.dca.ca.gov/publications/> or by request from our office.

STATE WATERBOARD

If you do not know if your business is regulated by NPDES or you require further information, please visit the below links:

- **List of Regulated SIC Codes:**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.html
- **SB205 Flier:**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.html
- **Stormwater Industrial FAQ**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/indusfaq.html
- **Stormwater Programs**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.html
- **Industrial General Permits Types of Coverage**
https://www.waterboards.ca.gov/water_issues/programs/stormwater/docs/industrial/types_of_coverages.pdf



CERTIFICATE OF LIABILITY INSURANCE

AVARGAS

DATE (MM/DD/YYYY)

8/13/2021

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 YOUR INSURANCE PROUCER NAME PRODUCERS ADDRESS	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED YOUR BUSINESS YOUR BUSINESS ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A:	
	INSURER B:	
	INSURER C:	
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSR	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		A0140164003	12/16/2020	12/16/2021	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 Liquor Liab \$ 1,000,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

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

CERTIFICATE HOLDER

CANCELLATION

City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers and employees.
100 Civic Center Drive
Newport Beach, CA 92660

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

Amber Vargas

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization you are required to add as an additional insured under a written contract or agreement in effect prior to any accident, injury, loss or damage	All locations per written contract, agreement or permit Description: All jobs performed that have a written contract, agreement or permit
OR with the specific verbiage: City of Newport Beach, its City Council, boards and commissions, officers, agents, volunteers and employees.	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.