



www.ci.st-helens.or.us

**City of St. Helens**  
**UPDATED COUNCIL AGENDA**  
**Wednesday, June 1, 2016**  
 City Council Chambers, 265 Strand Street, St. Helens

**City Council Members**

Mayor Randy Peterson  
 Council President Doug Morten  
 Councilor Keith Locke  
 Councilor Susan Conn  
 Councilor Ginny Carlson

**Welcome!**

All persons planning to address the Council, please sign-in at the back of the room. When invited to provide comment regarding items not on tonight's agenda, please raise your hand to be recognized, walk to the podium in the front of the room to the right, and state your name only. You are not required to give your address when speaking to the City Council. If you wish to address a specific item on the agenda, you should make your request known to the Mayor as soon as possible before the item comes up. The Council has the authority to grant or deny your request. Agenda times and order of items are estimated and are subject to change without notice.

1. **6:30PM – PUBLIC HEARING:** FY2016-17 State Revenue Sharing & Budget Adoption
2. **7:00PM - CALL REGULAR SESSION TO ORDER**
3. **PLEDGE OF ALLEGIANCE**
4. **INVITATION TO CITIZENS FOR PUBLIC COMMENT –** *Limited to five (5) minutes per speaker.*
5. **DELIBERATIONS:** FY2016-17 State Revenue Sharing & Budget Adoption
6. **ORDINANCES – Final Reading**
  - A. **Ordinance No. 3206:** An Ordinance Amending St. Helens Municipal Ordinance No. 3149 to Remove the "Sunset Clause" on the McCormick Park Pet Off-Leash Area (and thus making the off-leash area permanent) by Deleting Section 4 of Said Ordinance
7. **RESOLUTIONS**
  - A. **Resolution No. 1745:** A Resolution Adopting a City of St. Helens Short Term Disability Policy
  - B. **Resolution No. 1746:** A Resolution of the City of St. Helens, Declaring Certain City Owned Property at 1300 Kaster Road Surplus and Designating a Soliciting Agent
8. **APPROVE AND/OR AUTHORIZE FOR SIGNATURE**
  - A. Interagency Agreement Addendum Memorandum of Understanding for Columbia Enforcement Narcotics Team (CENT)
  - B. Agreement with Walker|Macy for Columbia View Park Gazebo Replacement Concept Design
  - C. **Agreement with Maul Foster Alongi for Central Waterfront Redevelopment Planning**
9. **APPOINTMENTS TO CITY BOARDS & COMMISSIONS**
10. **CONSENT AGENDA FOR ACCEPTANCE**
  - A. Accounts Payable Bill List
11. **CONSENT AGENDA FOR APPROVAL**
  - A. OLCC Licenses
  - B. Work Session and Regular Session Minutes dated May 18, 2016
  - C. Accounts Payable Bill List
  - D. **Street Closure Request – Kiwanis Parade & Carnival – June 16-18, 2016**
12. **MAYOR PETERSON REPORTS**
13. **COUNCIL MEMBER REPORTS**
14. **DEPARTMENT REPORTS**
15. **ADJOURN**

The St. Helens City Council Chambers are handicapped accessible. If you wish to participate or attend the meeting and need special accommodation, please contact City Hall at 503-397-6272 in advance of the meeting.

Be a part of the vision...get involved with your City...volunteer for a City of St. Helens Board or Commission!  
 For more information or for an application, stop by City Hall or call 503-366-8217.

# PETITION FOR TEMPORARY CLOSURE OF CITY STREET(S)

*You must attach a map of street area to be closed.*

I/we, the undersigned, request that the St. Helens City Council allow temporary closure of the following streets.

Street Closure #1			
Street Name	Columbia Blvd		
Beginning Point	Hwy 30	Ending Point	1st Street
Start Date	June 18	End Date	June 18
Time to Begin Closure		Time to Reopen	
Purpose of Closure			
Street Closure #2			
Street Name	1st Street		
Beginning Point	Columbia Blvd	Ending Point	Cowlitz St.
Start Date	June 18	End Date	June 18
Time to Begin Closure		Time to Reopen	
Purpose of Closure			
Street Closure #3			
Street Name	Strand St		
Beginning Point	Cowlitz St.	Ending Point	Corner of City Hall
Start Date	June 16	End Date	June 18
Time to Begin Closure		Time to Reopen	
Purpose of Closure			

## Approval of emergency responders: (required)

<u>John M. Tapp</u>	<u>3/15/16</u>	<u>T. Moss</u>	<u>3/11/16</u>	<u>Neal Sheppard</u>	<u>3-11-16 by 321</u>
Fire District	Date	Police Department	Date	Public Works	Date
270 Columbia Blvd.	503-397-2990	150 S. 13th St.	503-397-3333	984 Oregon St.	503-397-3532

## DECLARATION

I/we understand that any barricades or other devices to close off the street must be provided at my (our) expense or may be provided by the City at my/our expense for specific times and dates. I/we also understand that arrangements for placement of barricades/devices must be made with the Public Works Department (503.397.3532). I/we certify that I/we have notified all affected property owners, business owners and/or tenants in person or in writing of my/our intent to close the street/s listed above and that written consents of each are attached. It is my/our belief that there are no major conflicts with this closure.

Petitioner Signature <u>John M. Brewster Jr</u>	Date Signed <u>4/14/2016</u>
Print Name <u>John M. Brewster Jr</u>	Phone <u>503 396-6868</u>
Mailing Address <u>59483 Meadowview Dr</u>	City, State, Zip <u>St Helens, OR 97051</u>
Petitioner Signature _____	Date Signed _____
Print Name _____	Phone _____
Mailing Address _____	City, State, Zip _____

## FOR OFFICIAL USE ONLY

Date Rec'd 4-28-16 Rec'd by [Signature] Date sent to CC 6/1/16 City Council ☐ Approved ☐ Denied Meeting date \_\_\_\_\_

Attested [Signature], City Administrator Date 5/31/16

## CITY STREET CLOSURE CONSENT FORM

*Applicant must take this form to each affected business for consent signatures.*

Applicant Kiwanis Club of St Helens Phone \_\_\_\_\_  
Name of Event Parade + Carnival Date(s) of Event June 16-18 Time(s) \_\_\_\_\_  
Street(s) to be closed for event Col. Blvd., 1st, + Strand St.

The following affected businesses/individuals have been contacted and informed of the event listed above and have marked whether they consent or not to the closure of the street(s) listed above on the date(s) listed above:

Business name <u>Roythai</u> <input checked="" type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature <u>[Signature]</u> Printed name <u>THANUNATH T.</u> Date signed <u>3/16/16</u>
Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____
Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____
Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____

Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____
Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____
Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____
Business name _____ <input type="checkbox"/> I/We consent to street closure <input type="checkbox"/> I/We DO NOT consent to street closure Signature _____ Printed name _____ Date signed _____

**Return this to City Hall with your  
Petition for Temporary Closure of City Street(s)**



Applications must be complete when submitted, including payment, emergency response signatures, insurance proof, event map, proof of non-profit status, and other additional applications (i.e., OLCC, street closure, concession agreement), and request to waive park use fees for non-profit organization.

As per Ordinance Nos. 2003 and 2250 and all amending ordinances.



FOR OFFICE USE	
<input type="checkbox"/> Date rec'd <u>4-28-16</u>	<input checked="" type="checkbox"/> Insurance (attach)
<input type="checkbox"/> Amount paid _____	<input checked="" type="checkbox"/> Event Map (attach)
<input type="checkbox"/> Receipt # _____	<input checked="" type="checkbox"/> Street Closure Petition (attach)
<input type="checkbox"/> Business License # <u>non-profit</u>	<input checked="" type="checkbox"/> ER signatures (if applicable)
<input type="checkbox"/> Additional required permits (attach)	
Non-profit organization request for Waiver of Park Reservation fees. Proof of 501(c)(3) AND request for Waiver of Park Use <u>must</u> be attached.	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied by <u>K. Payne</u> Date <u>5-31-16</u>	

**Purpose of application (check all that apply)**

- ☒ Park Use/Reservation  
*Complete sections 1 & 2*
- ☒ Public Assembly of 50 or more people  
*(30 day notice required) Complete full application*
- ☒ Parade/Run/Walk  
*(45 day notice required) Complete full application*
- ☐ Athletic Field(s) Reservation  
*(Single use or for less than two week period)*

**Additional requests (check all that apply)**

- ☐ camping/overnight sleeping
- ☐ commercial activity (requires separate agreement)
- ☒ amplify sound
- ☐ display signs (may require separate application)
- ☒ use during hours of closure
- ☒ use of special use area Veneer, Plaza
- ☒ use of electrical connections owned by City
- ☒ street closure (requires separate application—attached)
- ☒ other Carnival

**SECTION 1: CONTACT INFORMATION**

Applicant/Authorized agent name Kiwanis Club of St. Helens Phone 503 369-0575

Company/Group name \_\_\_\_\_ Company Phone \_\_\_\_\_

Contact name & phone for day of event John Brewington 503 396-6868

Address PO Box 295 City, State, Zip St Helens OR 97051

Mailing address (if different) \_\_\_\_\_

**SECTION 2: LOCATION/EVENT INFORMATION**

Description of proposed activity Kiwanis Community Parade + Carnival

Area/Park(s) Parade - Col. Blvd → 1st St <sup>St Helens St</sup> → 16th St → 16th St → Strand St + Veneer site

Start date June 16, 2016 End date June 18, 2016 Estimated attendance 5000

Day/Date/Hour(s) of use Include hours needed for set-up and clean-up of activity

Day	Start	Finish
Monday		
Tuesday		
Wednesday		
Thursday	<u>June 16, 2016</u>	<u>5:00pm</u> finish <u>10:00pm</u>
Friday	<u>June 17, 2016</u>	<u>12:00pm</u> finish <u>12:00am</u>
Saturday	<u>June 18, 2016</u>	<u>8:00am</u> finish <u>12:00am</u>
Sunday		

Concession sales? ☐ NO ☒ YES: ☒ Alcohol ☒ Food/beverage ☒ Merchandise ☒ Services

*If YES, a separate Concessions Agreement, negotiated with the City Administrator, is required.*

Describe concessions alcohol + food sales, street vendor sales

= 4 hours  
= 5+ hours

## Fee Schedule

As per Resolution Nos. 1329, 1346, 1421 and 1686

Fee type	Check all that apply	# of days	Amount due
Park Use/Reservation McCormick Park areas *2, 3, 4, & soccer field Campbell Park areas 1, 2 + Godfrey Park	<input type="checkbox"/> \$20 per half day		\$
	<input type="checkbox"/> \$35 per full day		\$
Columbia View Park Gazebo/Amphitheater *McCormick Park Veterans Pavilion (area 1) Includes electrical connection	<input type="checkbox"/> \$30 per half day		\$
	<input type="checkbox"/> \$40 per full day		\$
Athletic Fields <i>Not more than 2 weeks use</i>	<input type="checkbox"/> \$10 per day x _____ fields x _____ days		\$
<b>ADDITIONAL FEES:</b>			
Use of field lights	<input type="checkbox"/> \$10 per day x _____ fields x _____ days		\$
Public assembly	<input checked="" type="checkbox"/> \$25		\$ 25.00
Parade/Run/Walk	<input checked="" type="checkbox"/> \$25		\$ 25.00
Engage in commercial activity	<input checked="" type="checkbox"/> \$25		\$ 25.00
Amplify sound	<input checked="" type="checkbox"/> \$25		\$ 25.00
Use during hours of closure	<input checked="" type="checkbox"/> \$25		\$ 25.00
Use of special use area	<input checked="" type="checkbox"/> \$25		\$ 25.00
Use of electrical connections	<input checked="" type="checkbox"/> \$20 per day	3	\$ 60.00
<b>TOTAL AMOUNT DUE</b>			\$ 210.00 waived

\*Groups over 100 people reserving McCormick Park Pavilion or Area 2 must reserve both areas to accommodate the large event. This is in addition to the Public Assembly and Dumpster Rental requirements.

DECLARATION	
By signing this application and <u>initialing the bottom of pages 5, 6 &amp; 7</u> attached ("Agreements and Conditions" and "Rules and Regulations") you declare that you have read and agree to these guidelines for use of City-owned properties including public right-of-ways.	
Signature of applicant or authorized agent	Date signed <u>4/14/2016</u>

## SPECIAL USE PERMIT APPROVAL

☐ This Special Use Application is authorized ☐ with additional conditions listed below.

This Permit can be revoked at any time, upon notice to applicant, its agent, or employees, for noncompliance with the Agreements & Conditions (attached) and Rules & Regulations (attached) of this permit or for the preservation of the public peace, health, safety, or general welfare.

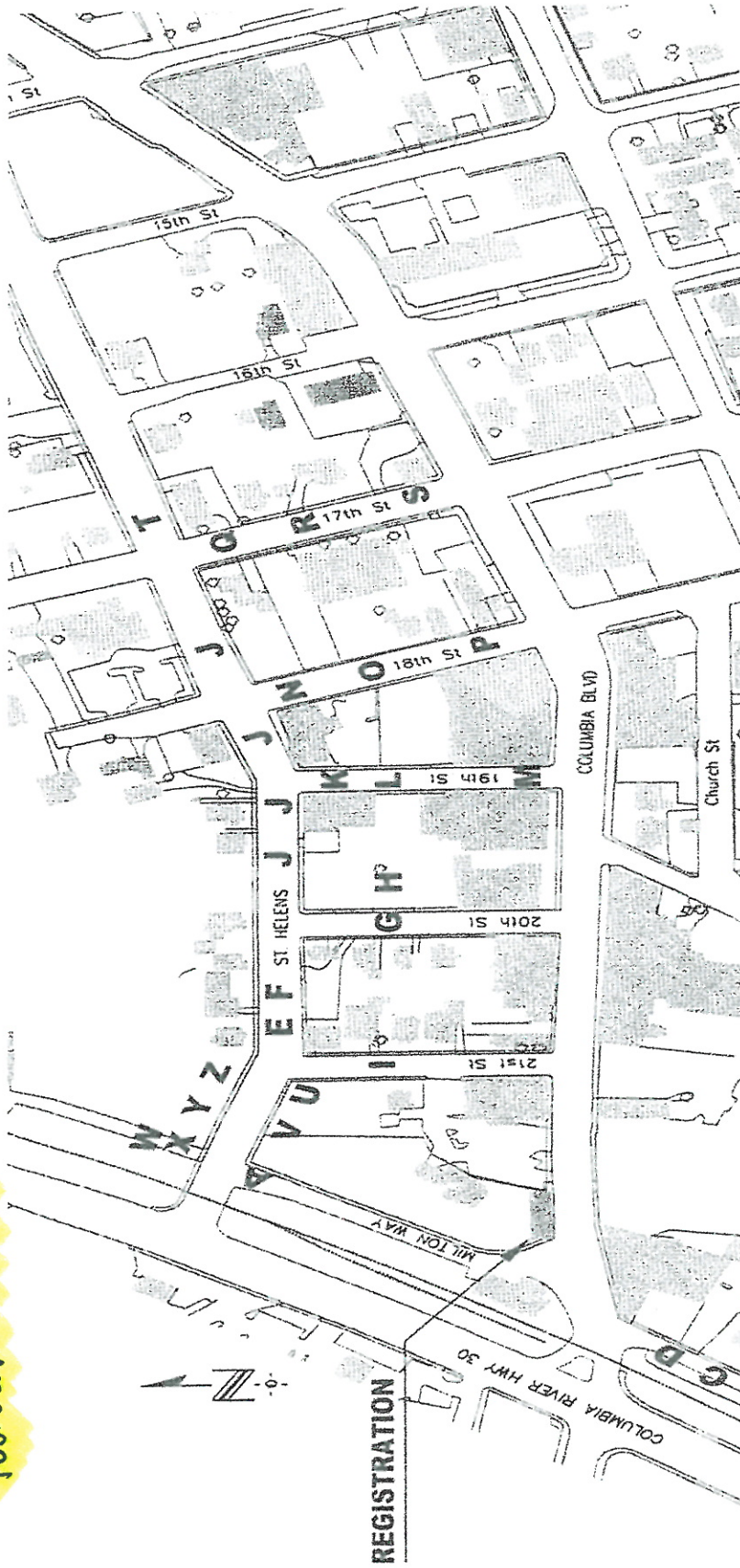
Approved by John Walsh, City Administrator Date \_\_\_\_\_

Signed [Signature] Date 5/31/16

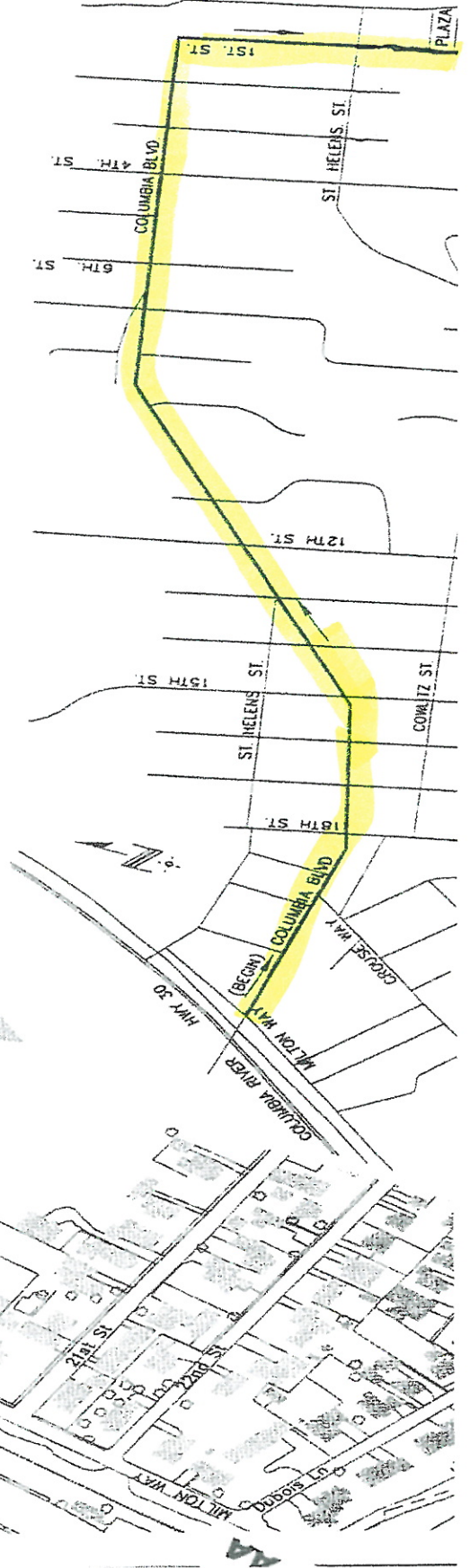
Permit issued \_\_\_\_\_ Date \_\_\_\_\_



# Parade Route

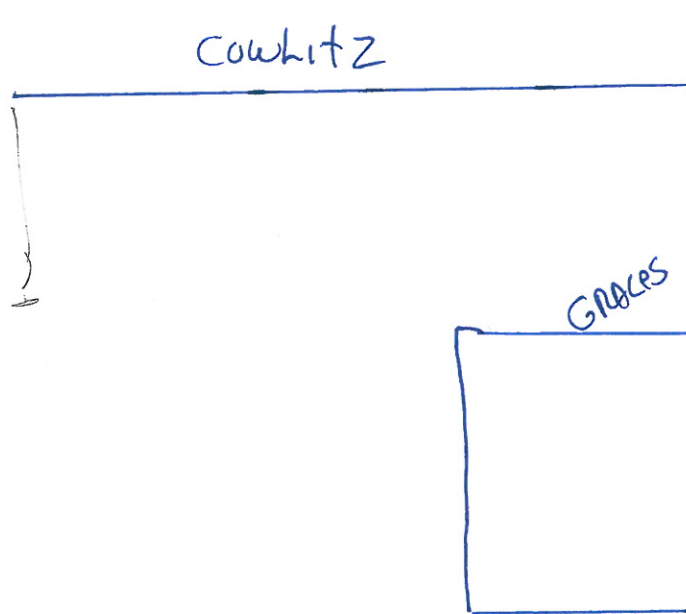
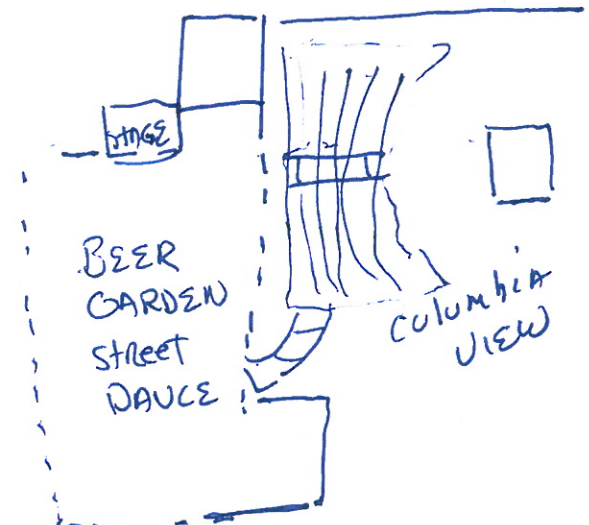


## STAGING LOCATIONS by Classifications



PLAZA

COURT HOUSE



CARNIVAL  
WATER FRONT  
PROPERTY





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2016

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 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).

<b>PRODUCER</b> Hylant Group Inc-Indianapolis 301 Pennsylvania Parkway, #201 Indianapolis IN 46280		<b>CONTACT NAME:</b> Lisa Christenson <b>PHONE (A/C No. Ext):</b> 317-817-6172 <b>FAX (A/C No.):</b> 317-817-5151 <b>E-MAIL ADDRESS:</b> kiwaniscert@hylant.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Lexington Insurance Company	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED** **KIWAN03**  
 Kiwanis International, All Clubs and Their Members  
 3636 Woodview Trace  
 Indianapolis IN 46268

## COVERAGES

CERTIFICATE NUMBER: 362729216

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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y		013136005	11/1/2015	11/1/2016	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Liquor Liability \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			013136005	11/1/2015	11/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Aggregate \$3,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2015	11/1/2016	All Claims \$75,000

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

Certificate Holder is named as Additional Insured as respects to General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) during the policy term are included):  
 June 6th to 20th 2016, or any future date(s) during the policy term.  
 Helens Community Parade w/carnival rides, beer garden, band and vendors  
 Located @ St. Helens, OR 97051  
 Kiwanis Club of St. Helens Noon

## CERTIFICATE HOLDER

## CANCELLATION

City of St. Helens  
 Attn: Crystal Farnsworth  
 265 Strand St.  
 St. Helens, OR 97051

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

*Judy K. Wilson*

© 1988-2010 ACORD CORPORATION. All rights reserved.