



CITY OF  
**HERMOSA BEACH**  
Public Works

CITY OF HERMOSA BEACH  
**APPLICATION FOR  
STREET BANNER  
PERMIT**

2024-2025

City of Hermosa Beach  
Department of Public Works  
1315 Valley Drive, Suite 001  
Hermosa Beach, CA 90254  
(310) 318-0214

Thank you for your interest in obtaining a Street Banner Permit. Currently, Street Banner Permits are issued only to non-profit organizations for the purpose of publicizing non-commercial ventures and events of an area-wide or general community interest within the City of Hermosa Beach.

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**FEES**

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Fee Type	Amount Owed	Payable To
<b>Permit Fee</b>	\$65.00	<b>City of Hermosa Beach</b>  Payment can be mailed to Public Works Department 1315 Valley Drive, Suite 001 Hermosa Beach, CA 90254  Or email <a href="mailto:mby@hermosabeach.gov">mby@hermosabeach.gov</a> (310) 318-0214
<b>Banner Installation Fee</b>	\$315.00	<b>SIGNVERTISE</b>  Payment must be submitted in person along with the delivery of the banner(s).  1301 S. Pacific Coast Highway Redondo Beach, CA 90277 (310) 792-1111

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**PERMIT REQUIREMENTS**

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**COMPLIANCE**

Applicant agrees to comply with all applicable City Ordinance, Codes, State Laws, and ALL requirements of this permit. The City must approve the banner(s)' artwork.

**INSTALLATION AND REMOVAL OF BANNER(S)**

- Applicants are responsible for delivering all approved banners and payment to **SIGNVERTISE**, the company providing banner installation services to the City of Hermosa Beach, a minimum of two (2) working days prior to scheduled installation date.
- The City is NOT responsible for the maintenance of the banner. Banners will be removed from location in the interim if they are deemed to be a hazard. If the banner falls into a state of disrepair or determined to be a hazard, the applicant will be responsible for any and all costs of said repair or removal.

### PROOF OF LIABILITY INSURANCE

The applicant shall obtain, and at all times during the life of the permit, have in full force and effect public liability and property damage insurance with the following limits of liability,

- a. One Hundred Thousand (\$100,000.00) Dollars for death or bodily injury or loss sustained by one person in any occurrence;
- b. Three-Hundred Thousand (\$300,000.00) Dollars for death or bodily injury or loss sustained by more than one person in any occurrence; and
- c. Fifty Thousand (\$50,000.00) Dollars for loss occasioned by damage/injury to property in any occurrence.

The insurance policy shall contain a broad form of contractual liability. The City Attorney shall approve policies as to form and carrier. **The City of Hermosa Beach must be named as additional insured.** (See Appendix A)

### BANNER REQUIREMENTS

1. All banners must be clean and in good condition. All four corners and grommet holes **MUST** be in good condition. No rips, tears, or missing corners.
2. Grommet size must be no less than ½" inside diameter. Banners **MUST** have grommets and holes spaced 24" to 36" apart (both top and bottom of banner).
3. All grommets on the banner **MUST HAVE CLIPS** (See Appendix C). **YOU MUST SUPPLY THESE CLIPS OR YOUR BANNER(S) WILL NOT BE INSTALLED.**
4. All banners must have webbing on the top and bottom with **SEWN REINFORCED CORNERS.**
5. The **MINIMUM** and **MAXIMUM** height for all banners is **3 FEET.**
6. The **MINIMUM** length for banners is **15 FEET** (12 FEET for Pier Plaza and Pacific Coast Highway/10<sup>th</sup> Street Locations); the **MAXIMUM** length for all banners is **30 FEET.**
7. All banners to be double sided, with same design on both sides.

(See Appendix B)

### BANNER LOCATIONS

Available locations for banner installation(s) include the following (See Appendix C):

- Lyndon Street / Hermosa Avenue
- 10<sup>th</sup> Street / Pacific Coast Highway
- Pier Avenue / Valley Drive
- Aviation Boulevard / Prospect Avenue
- Pier Plaza A (The Strand Side)
- Pier Plaza B (Hermosa Ave Side)
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**NOTE:** At the 10<sup>th</sup> Street / Pacific Coast Highway location, only one side of the banner is visible from Aviation Boulevard and Pacific Coast Highway.

**Should you have any questions about the information above, please contact Public Works at (310) 318-0214 or [mby@hermosabeach.gov](mailto:mby@hermosabeach.gov)**

**Prior to completing the application, please review ALL requirements and fees on page 2 and 3 of this application.**

**APPLICANT'S INFORMATION**

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

Agency Address: \_\_\_\_\_

Non-Profit #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone/Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

**BANNER INFORMATION**

Event Title: \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Date for Banner(s) Installation: \_\_\_\_\_

Date for Banner(s) Removal: \_\_\_\_\_

Banner Locations: Please select preferred location(s) from the list below. Staff will notify you if the selected locations are available.

<input type="checkbox"/> Lyndon Street/Hermosa Avenue	<input type="checkbox"/> Pier Avenue/Valley Drive
<input type="checkbox"/> 10 <sup>th</sup> Street/Pacific Coast Highway	<input type="checkbox"/> Aviation Boulevard/Prospect Avenue
<input type="checkbox"/> Pier Plaza A	<input type="checkbox"/> Pier Plaza B

Notes: \_\_\_\_\_

\_\_\_\_\_

**APPLICATION SIGNATURE**

**By signing below, applicant acknowledges review and understanding of all requirements provided on page 2 and 3 of this application.**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Should you have any questions about the information above, please contact Public Works at (310) 318-0214 or [mby@hermosabeach.gov](mailto:mby@hermosabeach.gov)**



SAMPLE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

NAME AND ADDRESS OF INSURANCE COMPANY	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
YOUR COMPANY NAME AND ADDRESS	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		

### COVERAGES

CERTIFICATE NUMBER: 1281557956

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY 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		4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ 10,000						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				X 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 (ACCORD 101. Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER IS NAMED AS ADDITIONALLY INSURED PER ATTACHED ENDORSEMENT.

### CERTIFICATE HOLDER

### CANCELLATION

City of Hermosa Beach 1315 Valley Drive Hermosa Beach, CA 90254	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

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## APPENDIX B

### Required Materials

Please provide the required materials shown below along with your banner. Materials cannot be smaller than the actual size of the clips shown below.

### ***Stainless Steel Spring Snap Link Clip***

3 Inches (3")

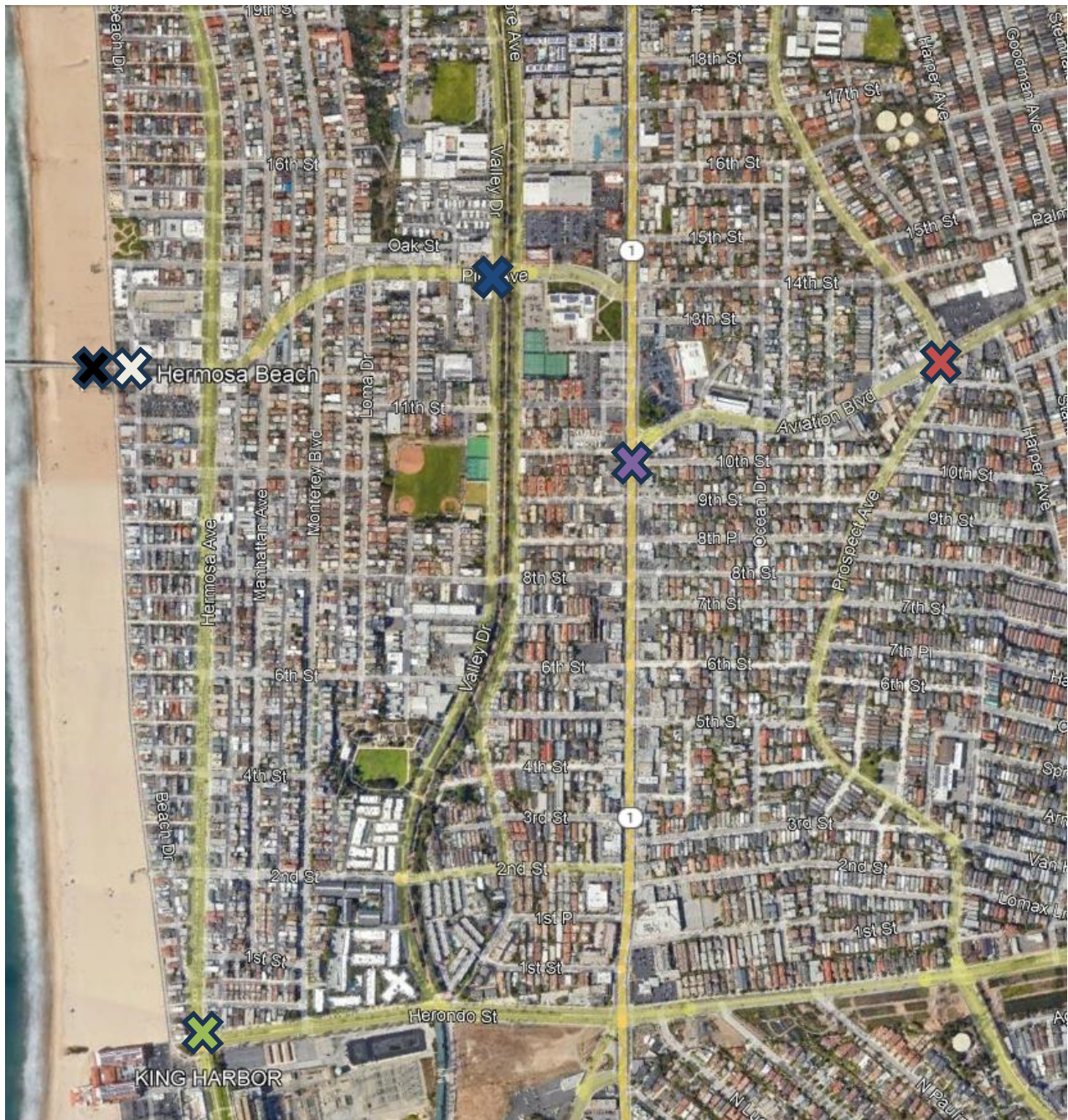


### ***Grommets***

1.5 Inches (1/2") Inside Diameter



# APPENDIX C



**Legend:**

-  Lyndon Street/Hermosa Avenue
-  Pier Avenue/Valley Drive
-  10<sup>th</sup> Street/Pacific Coast Highway
-  Aviation Boulevard/Prospect Ave
-  Pier Plaza A
-  Pier Plaza B