



CITY COUNCIL OF PARLIER REGULAR MEETING

DATE: Thursday, February 21, 2019
TIME: 6:30 PM
PLACE: Council Chambers
1100 East Parlier Avenue
Parlier, CA 93648

CALL TO ORDER/WELCOME:

Roll Call: Mayor Alma M. Beltran, Mayor Pro-Tem Trinidad Pimentel, Councilwoman Diane Maldonado, Councilman Noe Rodriguez, Councilman Jose Escoto, City Clerk Dorothy Garza.

FLAG SALUTE: Mayor Alma M. Beltran

ADDITIONS/DELETIONS TO THE AGENDA

PRESENTATIONS/INFORMATIONAL:

1. Informational – Status update on Earth Day/Egg Hunt Day.
2. Informational – Financial report on all open grants, including status update on Tree Grant.

PUBLIC COMMENTS:

Note: State law allows the Council to briefly respond to questions on items raised by the public, which are not on the agenda. Government Code Section 54954.2(a). Alternatively, the Council may choose to direct staff to provide information at a following meeting. Any member of the public may comment on any matter within the jurisdiction of the City that is not on the agenda. Those wishing to comment should be recognized by the Mayor and approach the podium. Comments are limited to five (5) minutes.

CONSENT CALENDAR:

3. Approve the Check Reports dated February 5, 2019 through February 14, 2019.
4. Approve and accept the Minutes dated February 7, 2019.
5. Approve correction of text in Police Chief contract to replace date of special pay lump sum payouts from "end of each fiscal year" to "date of anniversary of hire."
6. Consider waiving all fees for the use of the Parlier Community Center by Our Lady of Sorrows Catholic church on July 13, 2019 from 4:00 pm - 7:00 pm for a church mass and dinner event.
7. Consider waiving all fees for the use of the Parlier Community Center by Our Lady of Sorrows Catholic church on December 11, 2019 from 5:00 pm – 8:00 pm for decoration and set-up

- as well as December 12, 2019 from 3:00 pm – 8:00 pm for the church mass and dinner event.
8. Consider waiving all fees for the use of Richard Flores Field by the Parlier Youth Football and Cheer from February 22, 2019 through June 30, 2019 for the season. Included in this request is the use of the lights. Also use of Senior Center bathrooms during signups Saturdays 12-3pm unless otherwise reserved.
 9. Consider waiving all fees for the use of the Earl Ruth Park and surrounding streets by Parlier Rotary on March 30, 2019 from 7:00 am – 7:00 pm for the annual car show event. Including porta potties, trash receptacles, donations towards the band and disc jockey and a police static display.
 10. Consider waiving all fees for the use of the City Hall Council Chambers on March 13, 2019 from 5:30 pm – 7:30 pm for the Lions Club Student Speaker Contest.
 11. Consider waiving all fees for use of the Community Center basketball court for evening open recreation unless otherwise reserved.

REPORTS:

- 12. SUBJECT:** First Reading and Introduction of Ordinance No. 2019-03 An Ordinance of the City Council of the City of Parlier Adding Chapter 18.33 to the Parlier Municipal Code Regulating and Requiring Conditional Use Permit for Smoke Shops and Smoking Lounges.

RECOMMENDATION: City Council to waive First Reading and introduce Ordinance No. 2019-02 Adding Chapter 18.33 to the Parlier Municipal Code.

- 13. SUBJECT:** Consideration and Necessary Action on **Resolution 2019-02** Increasing Compensation Payable to elected City Clerk of the City of Parlier.

RECOMMENDATION: Staff recommends the City Council adopt the Resolution increasing the City Clerk's compensation from \$300 to \$____.

- 14. SUBJECT:** Consideration and Necessary Action on appointment and organization of Measure Q Community Advisory panel, Personnel Panel, and other possible community advisory panels such as for water quality or planning.

RECOMMENDATION: Staff recommends the City Council discuss preferences and possible action to organize, appoint and schedule community advisory panels.

BRIEF COMMENTS: COUNCIL COMMUNICATIONS/COMMENTS:

CITY MANAGER

CITY ATTORNEY

CITY COUNCIL

PUBLIC COMMENTS ON CLOSED SESSION

(THIS PORTION OF THE MEETING IS RESERVED FOR PERSONS DESIRING TO ADDRESS THE COUNCIL ON AN ITEM WHICH IS TO BE CONSIDERED DURING CLOSED SESSION. SPEAKERS SHOULD LIMIT THEIR COMMENTS TO FIVE (5) MINUTES.)

CLOSED SESSION:

15. Government Code Section 54956.9

Pending Litigation Pursuant to
City of Parlier v. Nelson
FCSC Case No. 18CECG 04136

16. Government Code Section 54956.9

Potential Litigation Pursuant to
One (1) Case.

17. Government Code Section 54956.8

Conference with Real Property Negotiators
Property: To be determined
Agency Negotiator(s): Antonio Gastelum
Negotiating parties: County of Fresno, unknown additional private owners
Under Negotiation: Placement, design, and permitting of Genezen monument signs

18. Government Code Section 54957

Public Employee Performance Evaluation
Titles:
City Manager
Finance Director/Controller
Police Chief
Community Development Director
Director of Maintenance and Operations
Wastewater Treatment Plant Superintendent
City Engineer
City Planner
Preschool Director
Facilities Manager
Building Inspector/Code Enforcement

ADJOURNMENT

ADA NOTICE

In compliance with the American with Disabilities Act, if you need special assistance to participate in this meeting, please contact the City Clerk at (559) 646-3545 ext. 227. Notification 48 hours prior to the meeting will enable the City to make arrangements to ensure accessibility to this meeting.

DOCUMENTS

Any writings or documents provided to a majority of the City Council regarding any item on this agenda will be made available for public inspection at the front counter at City Hall located at 1100 East Parlier Avenue, Parlier, CA during normal business hours. In addition, most documents are posted on the City's website at <http://parlier.ca.us>.

STATEMENT ON RULES OF DECORUM AND ENFORCEMENT

The Brown Act provides that members of the public have a right to attend public meetings, to provide public comment on action items and under the public forum section of the agenda, and to criticize the policies, procedures, or services of the city or of the acts or omissions of the city council. The Brown Act also provides that the City Council has the right to exclude all persons who willfully cause a disruption of a meeting so that it cannot be conducted in an orderly fashion.

During a meeting of the Parlier City Council, there is a need for civility and expedition in the carrying out of public business in order to ensure that the public has a full opportunity to be heard and that the Council has an opportunity to conduct business in an orderly manner. The following is provided to place everyone on notice of the rules of decorum and enforcement.

GENERAL RULES OF DECORUM

While any meeting of the City Council is in session, the following rules of decorum shall be observed:

1. All remarks shall be addressed to the City Council as a whole and not to any single member, unless in response to a question from a member of the City Council.
2. A person who addresses the City Council under public comment for a specific agenda item or under the Public Forum section of the agenda may not engage in speech or conduct (i) which is likely to provoke others to violent or riotous behavior, (ii) which disturbs the peace of the meeting by loud and unreasonable noise, (iii) which is irrelevant or repetitive, or (iv) which disrupts, disturbs, or otherwise impedes the orderly conduct of any City Council meeting.
3. A person, other than members of the Council and the person, who has the floor, shall not be permitted to enter into the discussion unless requested by the Mayor to speak.
4. Members of the City Council may not interrupt a person who has the floor and is making public comments. Members of the City Council shall wait until a person completes his or her public comments before asking questions or commenting. The Mayor shall then ask Council members if they have comments or questions.
5. No person in the audience at a Council meeting shall engage in disorderly or boisterous conduct, including the utterance of loud, threatening or abusive language, whistling, stamping of feet or other acts which disturb, disrupt or otherwise impeded the orderly conduct of any Council meeting.



CITY OF PARLIER

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Check Report

By Check Number

Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Bank Code: APBNK-APBNK						
ALE01	ALERT-O-LITE, INC.	02/07/2019	Regular	0.00	2,391.66	50844
ALT01	ALTA MONTCLAIR/EBSA	02/07/2019	Regular	0.00	100.00	50845
ASI01	ASI	02/07/2019	Regular	0.00	400.00	50846
ASI01	ASI	02/07/2019	Regular	0.00	1,763.05	50847
ASI01	ASI	02/07/2019	Regular	0.00	960.00	50848
AUTO1	AUTO ZONE	02/07/2019	Regular	0.00	8.62	50849
BAN01	BANKCARD CENTER	02/07/2019	Regular	0.00	5,804.62	50850
	Void	02/07/2019	Regular	0.00	0.00	50851
CAL1C	CAL POLICE CHIEF'S ASSOC	02/07/2019	Regular	0.00	99.00	50852
CEN02	CENTRAL VALLEY LOCK & SAFE INC.	02/07/2019	Regular	0.00	164.14	50853
EDD02	EMPLOYMENT DEVELOPMENT DE	02/07/2019	Regular	0.00	3,793.00	50854
FRE20	FRESNO MADERA CHIEF'S ASSOCIATION	02/07/2019	Regular	0.00	150.00	50855
INT14	INTERSTATE GAS SERVICES, INC.	02/07/2019	Regular	0.00	555.00	50856
MID03	MID VALLEY DISPOSAL LLC	02/07/2019	Regular	0.00	77,593.28	50857
OFF01	OFFICE DEPOT	02/07/2019	Regular	0.00	380.32	50858
PPA02	PARLIER POLICE ASSO.	02/07/2019	Regular	0.00	2,400.00	50859
66101	ROGER C. GOODMAN JR.	02/07/2019	Regular	0.00	16,118.07	50860
SUP01	SUPPLYWORKS	02/07/2019	Regular	0.00	68.63	50861
SYS00	SYSO OF CENTRAL CALIFORNIA	02/07/2019	Regular	0.00	616.94	50862
TCM01	TCM INVESTMENTS LP	02/07/2019	Regular	0.00	253.38	50863
THE05	THE OFFICE CITY	02/07/2019	Regular	0.00	122.96	50864
USM01	U-SAVE MARKET	02/07/2019	Regular	0.00	607.58	50865
ADT01	ADT SECURITY SERVICES	02/12/2019	Regular	0.00	1,040.23	50866
ASB01	ASBURY ENVIRONMENTAL SERVICES	02/12/2019	Regular	0.00	460.00	50867
AUTO1	AUTO ZONE	02/12/2019	Regular	0.00	27.39	50868
BAN01	BANKCARD CENTER	02/12/2019	Regular	0.00	786.46	50869
BCT01	BCT CONSULTING, INC.	02/12/2019	Regular	0.00	1,060.00	50870
BRE14	BRENTAG PACIFIC, INC.	02/12/2019	Regular	0.00	484.33	50871
CIT22	CITY OF PARLIER	02/12/2019	Regular	0.00	3,333.33	50872
CIT22	CITY OF PARLIER	02/12/2019	Regular	0.00	1,916.67	50873
KAI00	KAISER FOUNDATION HEALTH	02/12/2019	Regular	0.00	11,357.23	50874
	Void	02/12/2019	Regular	0.00	0.00	50875
KIN06	KINGS INDUSTRIAL OCC. MED. CTR, INC.	02/12/2019	Regular	0.00	101.00	50876
LEE01	LEE'S SERVICE	02/12/2019	Regular	0.00	141.50	50877
QUI02	QUILL CORPORATION	02/12/2019	Regular	0.00	181.12	50878
RHO01	RHODES INC.	02/12/2019	Regular	0.00	356.19	50879
SAN1H	SANGER NURSERY	02/12/2019	Regular	0.00	181.47	50880
SUP01	SUPPLYWORKS	02/12/2019	Regular	0.00	20.08	50881
SYS00	SYSO OF CENTRAL CALIFORNIA	02/12/2019	Regular	0.00	563.80	50882
SO 01	THE GAS CO.	02/12/2019	Regular	0.00	1,899.76	50883
UNU00	UNUM LIFE INSURANCE CO.	02/12/2019	Regular	0.00	115.96	50884
UN 01	unWIRED BROADBAND, INC.	02/12/2019	Regular	0.00	149.99	50885
USM01	U-SAVE MARKET	02/12/2019	Regular	0.00	552.62	50886
YAM01	YAMABE & HORN ENGINEERING INC.	02/12/2019	Regular	0.00	1,620.00	50887
AT&02	A T & T MOBILITY	02/13/2019	Regular	0.00	607.02	50888
ADP00	ADP, INC.	02/13/2019	Regular	0.00	504.36	50889
	Void	02/13/2019	Regular	0.00	0.00	50890
AME04	AMERICAN PAVING COMPANY	02/13/2019	Regular	0.00	739,054.11	50891
AME04	AMERICAN PAVING COMPANY	02/13/2019	Regular	0.00	805,702.22	50892
AUTO1	AUTO ZONE	02/13/2019	Regular	0.00	8.63	50893
BAN01	BANKCARD CENTER	02/13/2019	Regular	0.00	195.96	50894
BEA01	BEATWEAR, INC.	02/13/2019	Regular	0.00	303.75	50895
BES02	BEST UNIFORMS	02/13/2019	Regular	0.00	463.09	50896
CEN19	CENTRAL SANITARY SUPPLY	02/13/2019	Regular	0.00	270.89	50897

Check Report

Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
CIN01	CINTAS CORPORATION NO. 2	02/13/2019	Regular	0.00	237.76	50898
CIT22	CITY OF PARLIER	02/13/2019	Regular	0.00	364.59	50899
D &00	D & D SERVICES, INC.	02/13/2019	Regular	0.00	195.00	50900
FRE13	FRESNO COUNTY TREASURER	02/13/2019	Regular	0.00	19,275.95	50901
GRA01	GRANTED SOLUTIONS	02/13/2019	Regular	0.00	5,240.00	50902
MIC02	GREEN AND CLEAN LANDSCAPING	02/13/2019	Regular	0.00	350.00	50903
MET01	METRO UNIFORM & ACCESSORIES	02/13/2019	Regular	0.00	269.72	50904
ONT00	ON TRAC	02/13/2019	Regular	0.00	5.99	50905
PRE44	PRESORT CENTER OF FRESNO, LLC	02/13/2019	Regular	0.00	538.80	50906
RLB01	REEDLEY LUMBER & BUILDING	02/13/2019	Regular	0.00	68.14	50907
SIG04	SIGNMAX	02/13/2019	Regular	0.00	134.98	50908
SOU07	SOUTH COUNTY VETERINARY H	02/13/2019	Regular	0.00	198.00	50909
SPA00	SPARKLETTS	02/13/2019	Regular	0.00	83.06	50910
STA1U	STAR 1 MINI MART	02/13/2019	Regular	0.00	832.38	50911
T&J00	T & J ARCO STATION	02/13/2019	Regular	0.00	1,167.37	50912
TOR26	TORRES FENCE CO.,INC.	02/13/2019	Regular	0.00	1,095.35	50913
UND01	UNDERGROUND SERVICE ALERT	02/13/2019	Regular	0.00	402.37	50914
UNI05	UNITY IT	02/13/2019	Regular	0.00	960.98	50915
VUL00	VULCAN MATERIALS CO.	02/13/2019	Regular	0.00	159.10	50916
ASI01	ASI	02/07/2019	Bank Draft	0.00	84.83	DFT0000193
PER01	CALPERS	02/07/2019	Bank Draft	0.00	14,914.51	DFT0000194
ASI01	ASI	02/12/2019	Bank Draft	0.00	774.96	DFT0000195

Bank Code APBNK Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	113	70	0.00	1,719,388.95
Manual Checks	0	0	0.00	0.00
Voided Checks	0	3	0.00	0.00
Bank Drafts	3	3	0.00	15,774.30
EFT's	0	0	0.00	0.00
	116	76	0.00	1,735,163.25

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	113	70	0.00	1,719,388.95
Manual Checks	0	0	0.00	0.00
Voided Checks	0	3	0.00	0.00
Bank Drafts	3	3	0.00	15,774.30
EFT's	0	0	0.00	0.00
	116	76	0.00	1,735,163.25

Fund Summary

Fund	Name	Period	Amount
999	POOL FUND	2/2019	1,735,163.25
			<u>1,735,163.25</u>



CITY OF PARLIER

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Bank Code: APBNK-APBNK						
ALE01	ALERT-O-LITE, INC.	02/07/2019	Regular	0.00	2,391.66	50844
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
0037386-IN	Invoice	02/06/2019	PW SUPPLIES/EQUIPMT	0.00	2,391.66	
	401-5600-6004		TOOLS & MINOR EQUIPM		2,391.66	
			PW SUPPLIES/EQUIPMT			
ALT01	ALTA MONTCLAIR/EBSA	02/07/2019	Regular	0.00	100.00	50845
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1/05-1/18-19	Invoice	02/05/2019	457 DEFERRED COMP 1/19	0.00	100.00	
	100-22210		457 DEFERRED COMPENS		100.00	
			457 DEFERRED COMP 1/19			
ASI01	ASI	02/07/2019	Regular	0.00	400.00	50846
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1146461	Invoice	02/06/2019	HRA KAISER ADMIN 2-19	0.00	400.00	
	100-5200-6520		PROFESSIONAL SERVICES/		52.00	
	100-5400-6520		PROFESSIONAL SERVICES/		80.00	
	100-5410-6520		PROFESSIONAL SERVICES/		28.00	
	102-5400-6520		PROFESSIONAL SERVICES/		52.00	
	269-6303-6520		PROFESSIONAL SERVICES/		28.00	
	277-5400-6520		PROFESSIONAL SERVICES/		28.00	
	400-5300-6520		PROFESSIONAL SERVICES/		28.00	
	400-5600-6520		PROFESSIONAL SERVICES/		52.00	
	401-5600-6520		PROFESSIONAL SERVICES		52.00	
ASI01	ASI	02/07/2019	Regular	0.00	1,763.05	50847
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
6-FEB-19	Invoice	02/06/2019	AOE MEDICAL FUNDING	0.00	1,763.05	
	269-6303-5011		INSURANCE-MED,DEN,VIS		1,763.05	
			AOE MEDICAL FUNDING			
ASI01	ASI	02/07/2019	Regular	0.00	960.00	50848
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
146969	Invoice	02/06/2019	HRA ADMIN FEES 2-19	0.00	960.00	
	100-5100-6520		PROFESSIONAL SERVICES/		30.00	
	100-5200-6520		PROFESSIONAL SERVICES/		90.00	
	100-5400-6520		PROFESSIONAL SERVICES/		330.00	
	100-5420-6520		CE PROFESSIONAL SERVIC		30.00	
	100-5617-6520		PROFESSIONAL SERVICES/		30.00	
	269-6303-6520		PROFESSIONAL SERVICES/		330.00	
	273-6200-6520		PROFESSIONAL SERVICES/		30.00	
	400-5300-6520		PROFESSIONAL SERVICES/		30.00	
	400-5600-6520		PROFESSIONAL SERVICES/		30.00	
	401-5300-6520		PROFESSIONAL SERVICES/		30.00	
AUT01	AUTO ZONE	02/07/2019	Regular	0.00	8.62	50849
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
3758841094	Invoice	02/07/2019	SUPPLIES FOR MDT'S UNITS	0.00	8.62	
	100-5400-6002		PARTS SUPPLIES		8.62	
			SUPPLIES FOR MDT'S UNITS			
BAN01	BANKCARD CENTER	02/07/2019	Regular	0.00	5,804.62	50850

Check Report

Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>0103-4648-1-19</u>	Invoice	02/07/2019	CC EXPENSES 1-19	0.00	5,804.62	
	<u>100-5100-6500</u>		ORDINANCE & PUBLISHIN		456.00	
	<u>100-5100-6520</u>		PROFESSIONAL SERVICES/		312.50	
	<u>100-5200-6503</u>		TRAVEL, MEETINGS & TR		1,534.13	
	<u>100-5200-6503</u>		TRAVEL, MEETINGS & TR		650.00	
	<u>100-5200-6520</u>		PROFESSIONAL SERVICES/		315.00	
	<u>100-5200-6540</u>		MISCELLANEOUS EXPENS		53.18	
	<u>100-5200-6540</u>		MISCELLANEOUS EXPENS		29.99	
	<u>100-5300-6520</u>		PROFESSIONAL SERVICES/		312.50	
	<u>100-5615-6002</u>		PARTS SUPPLIES		151.17	
	<u>100-5617-6002</u>		PARTS SUPPLIES		57.90	
	<u>100-5618-6520</u>		PROFESSIONAL SERVICES		289.27	
	<u>100-5620-6002</u>		PARTS SUPPLIES		57.91	
	<u>100-5620-6002</u>		PARTS SUPPLIES		355.99	
	<u>100-5620-6002</u>		PARTS SUPPLIES		90.65	
	<u>100-5700-6002</u>		PARTS SUPPLIES		91.78	
	<u>269-6303-6520</u>		PROFESSIONAL SERVICES/		352.58	
	<u>400-5600-6520</u>		PROFESSIONAL SERVICES/		116.66	
	<u>525-5600-6002</u>		PARTS SUPPLIES		577.41	
	Void	02/07/2019	Regular	0.00	0.00	50851
CAL1C	CAL POLICE CHIEF'S ASSOC	02/07/2019	Regular	0.00	99.00	50852
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>12201</u>	Invoice	02/07/2019	REGISTRATION/ TRNG FEE	0.00	99.00	
	<u>100-5400-6503</u>		TRAVEL, MEETINGS & TR		99.00	
CENO2	CENTRAL VALLEY LOCK & SAFE INC.	02/07/2019	Regular	0.00	164.14	50853
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>53694</u>	Invoice	02/06/2019	SPARE KEY REPLACEMENT	0.00	164.14	
	<u>400-5600-6002</u>		PARTS & SUPPLIES		164.14	
EDD02	EMPLOYMENT DEVELOPMENT DE	02/07/2019	Regular	0.00	3,793.00	50854
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>L1902748768</u>	Invoice	02/05/2019	UI BENEFITS	0.00	3,793.00	
	<u>100-5617-5016</u>		UNEMPLOYMENT INSURA		201.00	
	<u>100-5620-5016</u>		UNEMPLOYMENT INSURA		201.00	
	<u>100-5700-5016</u>		UNEMPLOYMENT INSURA		3,391.00	
FRE20	FRESNO MADERA CHIEF'S ASSOCIATION	02/07/2019	Regular	0.00	150.00	50855
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>2019-0032</u>	Invoice	02/07/2019	ANNUAL MEMBERSHIP	0.00	150.00	
	<u>100-5400-6501</u>		MEMBERSHIP DUES		150.00	
INT14	INTERSTATE GAS SERVICES, INC.	02/07/2019	Regular	0.00	555.00	50856
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>7021464</u>	Invoice	02/07/2019	SEWER SVCS 1-19	0.00	555.00	
	<u>401-5300-6520</u>		PROFESSIONAL SERVICES/		555.00	
MID03	MID VALLEY DISPOSAL LLC	02/07/2019	Regular	0.00	77,593.28	50857
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>11-18</u>	Invoice	02/06/2019	DISPOSAL SVCS 11-18	0.00	77,593.28	
	<u>402-5300-6514</u>		GARBAGE SERVICES		77,593.28	

Check Report

Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
OFF01	OFFICE DEPOT	02/07/2019	Regular	0.00	380.32	50858
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>256964308001</u>	Invoice	02/05/2019	OFFICE SUPPLIES/PRESCL	0.00	51.06	
	<u>269-6303-6000</u>		OFFICE SUPPLIES		51.06	
<u>256964733001</u>	Invoice	02/05/2019	OFFICE SUPPLIES/PRESCL	0.00	329.26	
	<u>269-6303-6000</u>		OFFICE SUPPLIES		329.26	
PPA02	PARLIER POLICE ASSO.	02/07/2019	Regular	0.00	2,400.00	50859
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>1-19</u>	Invoice	02/05/2019	PPOA DUES 1-19	0.00	2,400.00	
	<u>100-22196</u>		PPOA DUES WITHHELD		1,200.00	
	<u>100-22196</u>		PPOA DUES WITHHELD		1,200.00	
66101	ROGER C. GOODMAN JR.	02/07/2019	Regular	0.00	16,118.07	50860
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>1359</u>	Invoice	02/06/2019	PD RADIO TRANSITION	0.00	16,118.07	
	<u>102-5400-6520</u>		PROFESSIONAL SERVICES/		16,118.07	
			PD RADIO TRANSITION			
SUP01	SUPPLYWORKS	02/07/2019	Regular	0.00	68.63	50861
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>474703113</u>	Invoice	02/05/2019	PRESCL KITCHEN SPPLS	0.00	68.63	
	<u>269-6303-6504</u>		FOOD SERVICES		68.63	
SYS00	SYSCO OF CENTRAL CALIFORNIA	02/07/2019	Regular	0.00	616.94	50862
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>184886253</u>	Invoice	02/05/2019	MEAL SUPPLIES/PRESCL	0.00	616.94	
	<u>269-6303-6504</u>		FOOD SERVICES		616.94	
TCM01	TCM INVESTMENTS LP	02/07/2019	Regular	0.00	253.38	50863
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>145953</u>	Invoice	02/06/2019	FOLDING MCHN LEASE 2-19	0.00	253.38	
	<u>400-5300-6520</u>		PROFESSIONAL SERVICES/		84.46	
	<u>401-5300-6520</u>		PROFESSIONAL SERVICES/		84.46	
	<u>402-5300-6520</u>		PROFESSIONAL SERVICES		84.46	
THE05	THE OFFICE CITY	02/07/2019	Regular	0.00	122.96	50864
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>IN-1555079</u>	Invoice	02/07/2019	WASTE BASKETS	0.00	32.61	
	<u>100-5400-6000</u>		OFFICE SUPPLIES		32.61	
<u>IN-1555580</u>	Invoice	02/07/2019	PD COPY PAPER	0.00	90.35	
	<u>100-5400-6000</u>		OFFICE SUPPLIES		90.35	
USM01	U-SAVE MARKET	02/07/2019	Regular	0.00	607.58	50865
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>1/28/19</u>	Invoice	02/07/2019	MEAL SUPPLIES/PRESCL	0.00	198.14	
	<u>269-6303-6504</u>		FOOD SERVICES		198.14	
<u>1/29/19</u>	Invoice	02/07/2019	MEAL SUPPLIES/PRESCL	0.00	186.61	
	<u>269-6303-6504</u>		FOOD SERVICES		186.61	
<u>1/30/19</u>	Invoice	02/07/2019	MEAL SUPPLIES/PRESCL	0.00	108.73	
	<u>269-6303-6504</u>		FOOD SERVICES		108.73	
<u>1/31/19</u>	Invoice	02/07/2019	MEAL SUPPLIES/PRESCL	0.00	114.10	

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
	<u>269-6303-6504</u>	FOOD SERVICES	MEAL SUPPLIES/PRESCL		114.10	
ADT01	ADT SECURITY SERVICES	02/12/2019	Regular	0.00	1,040.23	50866
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>401559711-2-19</u>	Invoice	02/12/2019	PW SVCS 2/18-3/17/19	0.00	368.47	
<u>400-5600-6520</u>	PROFESSIONAL SERVICES/	PW SVCS 2/18-3/17/19			368.47	
<u>401966975-2-19</u>	Invoice	02/12/2019	WWTP SVCS 2/14-3/13/19	0.00	175.07	
<u>401-5600-6520</u>	PROFESSIONAL SERVICES	WWTP SVCS 2/14-3/13/19			175.07	
<u>402675472-2-19</u>	Invoice	02/12/2019	CH SVCS 2/14-3/13/19	0.00	46.79	
<u>100-5620-6520</u>	PROFESSIONAL SERVICES/	CH SVCS 2/14-3/13/19			46.79	
<u>402676105-2-19</u>	Invoice	02/12/2019	GD SVCS 2/14-3/13/19	0.00	46.79	
<u>100-5620-6520</u>	PROFESSIONAL SERVICES/	GD SVCS 2/14-3/13/19			46.79	
<u>402676106-2-19</u>	Invoice	02/12/2019	TC SVCS 2/16-3/15/19	0.00	42.29	
<u>100-5620-6520</u>	PROFESSIONAL SERVICES/	TC SVCS 2/16-3/15/19			42.29	
<u>402676109-2-19</u>	Invoice	02/12/2019	CC2 SVCS 2/22-3/21/19	0.00	46.79	
<u>100-5620-6520</u>	PROFESSIONAL SERVICES/	CC2 SVCS 2/22-3/21/19			46.79	
<u>402676110-2-19</u>	Invoice	02/12/2019	SC SVCS 2/15-3/14/19	0.00	46.79	
<u>100-5615-6520</u>	PROFESSIONAL SERVICES/	SC SVCS 2/15-3/14/19			46.79	
<u>402676111-2-19</u>	Invoice	02/12/2019	CC SVCS 2/16-3/15/19	0.00	46.79	
<u>100-5618-6520</u>	PROFESSIONAL SERVICES	CC SVCS 2/16-3/15/19			46.79	
<u>402676113-2-19</u>	Invoice	02/12/2019	CC1 SVCS 2/15-3/14/19	0.00	46.79	
<u>100-5620-6520</u>	PROFESSIONAL SERVICES/	CC1 SVCS 2/15-3/14/19			46.79	
<u>402676456-2-19</u>	Invoice	02/12/2019	PPR SVCS 2/14-3/13/19	0.00	42.29	
<u>100-5616-6520</u>	PROFESSIONAL SERVICES	PPR SVCS 2/14-3/13/19			42.29	
<u>402676458-2-19</u>	Invoice	02/12/2019	PSR SVCS 2/16-3/15/19	0.00	42.29	
<u>100-5616-6520</u>	PROFESSIONAL SERVICES	PSR SVCS 2/16-3/15/19			42.29	
<u>402676461-2-19</u>	Invoice	02/12/2019	CC SVCS 2/16-3/15-19	0.00	46.79	
<u>100-5617-6520</u>	PROFESSIONAL SERVICES/	CC SVCS 2/16-3/15-19			46.79	
<u>402829128-2-19</u>	Invoice	02/12/2019	CCB SVCS 2/17-3/16/19	0.00	42.29	
<u>100-5618-6520</u>	PROFESSIONAL SERVICES	CCB SVCS 2/17-3/16/19			42.29	
ASB01	ASBURY ENVIRONMENTAL SERVICES	02/12/2019	Regular	0.00	460.00	50867
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>1500-00409241</u>	Invoice	02/08/2019	DISPOSAL OILY SOLIDS	0.00	460.00	
<u>400-5600-6520</u>	PROFESSIONAL SERVICES/	DISPOSAL OILY SOLIDS			460.00	
AUT01	AUTO ZONE	02/12/2019	Regular	0.00	27.39	50868
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>3758841448</u>	Invoice	02/08/2019	PW SHOP SUPPLIES	0.00	27.39	
<u>400-5600-6002</u>	PARTS & SUPPLIES	PW SHOP SUPPLIES			27.39	
BAN01	BANKCARD CENTER	02/12/2019	Regular	0.00	786.46	50869

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>0062-3854-1-19</u>	Invoice	02/08/2019	PW CREDIT CARD EXPS	0.00	786.46	
	<u>100-5200-6002</u>		PARTS SUPPLIES		59.60	
	<u>100-5200-6002</u>		PARTS SUPPLIES		24.88	
	<u>100-5615-6002</u>		PARTS SUPPLIES		32.32	
	<u>100-5615-6002</u>		PARTS SUPPLIES		46.36	
	<u>100-5617-6002</u>		PARTS SUPPLIES		24.87	
	<u>400-5600-6002</u>		PARTS & SUPPLIES		208.09	
	<u>401-5600-6002</u>		PARTS SUPPLIES		31.40	
	<u>401-5600-6004</u>		TOOLS & MINOR EQUIPM		280.34	
	<u>401-5600-6004</u>		TOOLS & MINOR EQUIPM		78.60	
BCT01	BCT CONSULTING, INC.	02/12/2019	Regular	0.00	1,060.00	50870
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>101548</u>	Invoice	02/12/2019	ALL FCLTS PHONE SVCS 2/19	0.00	1,060.00	
	<u>100-5200-6510</u>		TELEPHONE/DATA/PAGER		101.25	
	<u>100-5400-6510</u>		TELEPHONE/DATA/PAGER		426.25	
	<u>100-5615-6510</u>		TELEPHONE/DATA/PAGER		26.25	
	<u>100-5700-6510</u>		TELEPHONE/DATA/PAGER		51.25	
	<u>231-5700-6545</u>		Contractors		76.25	
	<u>269-6303-6510</u>		TELEPHONE/DATA/PAGER		151.25	
	<u>400-5300-6510</u>		TELEPHONE/DATA & PAG		88.13	
	<u>400-5600-6510</u>		TELEPHONE/DATA/PAGER		25.63	
	<u>401-5300-6510</u>		TELEPHONE/ DATA/PAGE		88.12	
	<u>401-5600-6510</u>		TELEPHONE/DATA/PAGER		25.62	
BRE14	BRENTAG PACIFIC, INC.	02/12/2019	Regular	0.00	484.33	50871
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>BPI916331</u>	Invoice	02/08/2019	CHLORINE WELL #9A	0.00	484.33	
	<u>400-5600-6002</u>		PARTS & SUPPLIES		484.33	
CIT22	CITY OF PARLIER	02/12/2019	Regular	0.00	3,333.33	50872
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>POA-1-19</u>	Invoice	02/08/2019	ADMIN FEES PRESCL 1/19	0.00	3,333.33	
	<u>269-6303-6542</u>		ADMIN FEES - CITY OF PA		3,333.33	
CIT22	CITY OF PARLIER	02/12/2019	Regular	0.00	1,916.67	50873
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>PAO-1-19</u>	Invoice	02/08/2019	BLDNG RENT 1/19	0.00	1,916.67	
	<u>269-6303-6536</u>		DAYCARE USE ALLOWANC		1,916.67	
KAI00	KAISER FOUNDATION HEALTH	02/12/2019	Regular	0.00	11,357.23	50874

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>644006-2-19</u>	Invoice	02/11/2019	HEALTH INSURANCE 2-19	0.00	11,357.23	
	<u>100-22197</u>		EMPLOYEE MEDICAL INS. EMPLOYEES' PORTION 2-19		1,222.59	
	<u>100-5100-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		199.34	
	<u>100-5200-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		226.67	
	<u>100-5400-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		1,061.36	
	<u>100-5410-5011</u>		INSURANCE-MED, DEN, V HEALTH INSURANCE 2-19		201.16	
	<u>100-5610-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		140.60	
	<u>102-5400-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		744.76	
	<u>203-5600-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		555.62	
	<u>206-5600-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		555.62	
	<u>213-5600-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		331.83	
	<u>269-6303-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		601.08	
	<u>277-5400-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		707.53	
	<u>400-5100-5011</u>		INSURANCE, MED, DEN, V HEALTH INSURANCE 2-19		199.34	
	<u>400-5200-5011</u>		INSURANCE MED, DEN, VI HEALTH INSURANCE 2-19		62.63	
	<u>400-5300-5011</u>		INSURANCE- MED, DEN, V HEALTH INSURANCE 2-19		528.03	
	<u>400-5600-5011</u>		INSURANCE- MED, DEN, V HEALTH INSURANCE 2-19		1,339.77	
	<u>401-5100-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		199.34	
	<u>401-5200-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		62.63	
	<u>401-5300-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		528.03	
	<u>401-5600-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		1,136.68	
	<u>402-5100-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		199.32	
	<u>402-5300-5011</u>		INSURANCE-MED, DEN,VI HEALTH INSURANCE 2-19		264.00	
	<u>602-8100-5011</u>		INSURANCE-MED,DEN,VIS HEALTH INSURANCE 2-19		289.30	
	Void	02/12/2019	Regular	0.00	0.00	50875
KIN06	KINGS INDUSTRIAL OCC. MED. CTR, INC.	02/12/2019	Regular	0.00	101.00	50876
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>56129</u>	Invoice	02/12/2019	LEO'S PHYSICAL EXAM	0.00	101.00	
	<u>100-5620-6530</u>		RECRUITMENT & ADVERT LEO'S PHYSICAL EXAM		101.00	
LEE01	LEE'S SERVICE	02/12/2019	Regular	0.00	141.50	50877
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>1001946</u>	Credit Memo	02/12/2019	CR BALANCE FWD	0.00	-40.00	
	<u>400-5600-6532</u>		VEHICLE MAINTENANCE CR BALANCE FWD		-40.00	
<u>1038129</u>	Invoice	02/08/2019	UNIT #114 MAINT.	0.00	181.50	
	<u>401-5600-6532</u>		VEHICLE MAINTENANCE UNIT #114 MAINT.		181.50	
QUI02	QUILL CORPORATION	02/12/2019	Regular	0.00	181.12	50878
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>4639235</u>	Invoice	02/08/2019	SS SUPPLIES	0.00	140.11	
	<u>100-5615-6002</u>		PARTS SUPPLIES SS SUPPLIES		41.76	
	<u>400-5600-6002</u>		PARTS & SUPPLIES PW SUPPLIES		98.35	
<u>4680568</u>	Invoice	02/08/2019	PW SUPPLIES	0.00	41.01	
	<u>400-5600-6002</u>		PARTS & SUPPLIES PW SUPPLIES		41.01	
RHO01	RHODES INC.	02/12/2019	Regular	0.00	356.19	50879
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>18945</u>	Invoice	02/08/2019	FULL - RED DIESEL	0.00	356.19	
	<u>401-5600-6011</u>		FUEL FULL - RED DIESEL		356.19	
SAN1H	SANGER NURSERY	02/12/2019	Regular	0.00	181.47	50880

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Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>821821</u>	Invoice	02/11/2019	LANDSCAPE SUPPLIES	0.00	181.47	
	<u>213-5600-6002</u>		PARTS SUPPLIES		181.47	
SUP01	SUPPLYWORKS	02/12/2019	Regular	0.00	20.08	50881
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>475382446</u>	Invoice	02/08/2019	PRESCL KITCHEN SPLS	0.00	20.08	
	<u>269-6303-6504</u>		FOOD SERVICES		20.08	
SYS00	SYSCO OF CENTRAL CALIFORNIA	02/12/2019	Regular	0.00	563.80	50882
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>184896191</u>	Invoice	02/08/2019	MEAL SUPPLIES/PRESCL	0.00	563.80	
	<u>269-6303-6504</u>		FOOD SERVICES		563.80	
SO 01	THE GAS CO.	02/12/2019	Regular	0.00	1,899.76	50883
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>02787860374-2-1</u>	Invoice	02/12/2019	PA SVCS 1/8-2/6/19	0.00	205.27	
	<u>269-6303-6513</u>		GAS		205.27	
<u>09291573229-2-1</u>	Invoice	02/12/2019	TC SVCS 1/8-2/6/19	0.00	112.03	
	<u>100-5620-6513</u>		GAS		112.03	
<u>10551570525-2-1</u>	Invoice	02/12/2019	SC SVCS 1/8-2/6/19	0.00	156.61	
	<u>100-5615-6513</u>		GAS		156.61	
<u>10971564009-2-1</u>	Invoice	02/12/2019	PD SVCS 1/8-2/6/19	0.00	299.46	
	<u>100-5400-6513</u>		GAS		299.46	
<u>12441569006-2-1</u>	Invoice	02/12/2019	CH CC SVCS 1/8-2/6/19	0.00	766.23	
	<u>100-5617-6513</u>		GAS		766.23	
<u>13701573985-2-1</u>	Invoice	02/12/2019	CC1 SVCS 1/8-2/6/19	0.00	17.67	
	<u>100-5620-6513</u>		GAS		17.67	
<u>13911573791-2-1</u>	Invoice	02/12/2019	CC2 SVCS 1/8-2/6/19	0.00	23.01	
	<u>100-5620-6513</u>		GAS		23.01	
<u>15803740818-2-1</u>	Invoice	02/12/2019	CC SVCS 1/8-2/6/19	0.00	319.48	
	<u>100-5618-6513</u>		GAS		319.48	
UNU00	UNUM LIFE INSURANCE CO.	02/12/2019	Regular	0.00	115.96	50884
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>0609032-001-3-1</u>	Invoice	02/12/2019	SHORT TERM DIS. 3-19	0.00	115.96	
	<u>100-5200-5014</u>		LIFE, LTD & STD		6.10	
	<u>100-5400-5014</u>		LIFE, LTD & STD		38.65	
	<u>100-5410-5014</u>		LIFE, LTD & STD		2.03	
	<u>100-5420-5014</u>		CE LIFE, LTD & STD		2.03	
	<u>100-5617-5014</u>		LIFE, LTD & STD		2.03	
	<u>100-5620-5014</u>		LIFE, LTD & STD		4.07	
	<u>100-5700-5014</u>		LIFE, LTD & STD		2.03	
	<u>102-5400-5014</u>		LIFE, LTD & STD		6.10	
	<u>269-6303-5014</u>		LIFE, LTD & STD		28.51	
	<u>273-6200-5014</u>		LIFE, LTD & STD		2.03	
	<u>277-5400-5014</u>		LIFE, LTD & STD		2.03	
	<u>400-5300-5014</u>		LIFE, LTD & STD		4.07	
	<u>400-5600-5014</u>		LIFE, LTD & STD		8.14	
	<u>401-5600-5014</u>		LIFE, LTD & STD		8.14	
UN 01	unWIRED BROADBAND, INC.	02/12/2019	Regular	0.00	149.99	50885

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Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>INV00645713</u>	Invoice	02/12/2019	WWTP DATA 2/14-3/13/19	0.00	149.99	
	<u>401-5600-6510</u>		TELEPHONE/DATA/PAGER		149.99	
USM01	U-SAVE MARKET	02/12/2019	Regular	0.00	552.62	50886
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>2/4/2019</u>	Invoice	02/08/2019	MEAL SUPPLIES/PRESCL	0.00	141.42	
	<u>269-6303-6504</u>		FOOD SERVICES		141.42	
<u>2/5/2019</u>	Invoice	02/08/2019	MEAL SUPPLIES/PRESCL	0.00	186.16	
	<u>269-6303-6504</u>		FOOD SERVICES		186.16	
<u>2/6/2019</u>	Invoice	02/08/2019	MEAL SUPPLIES/PRESCL	0.00	225.04	
	<u>269-6303-6504</u>		FOOD SERVICES		225.04	
YAM01	YAMABE & HORN ENGINEERING INC.	02/12/2019	Regular	0.00	1,620.00	50887
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>41619</u>	Invoice	02/11/2019	ACADEMY -5TH INT.	0.00	1,620.00	
	<u>220-5600-7006</u>		CAPITAL PROJECT		1,620.00	
AT&02	A T & T MOBILITY	02/13/2019	Regular	0.00	607.02	50888
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>287250673255X0</u>	Invoice	02/12/2019	MDT AIR CARDS	0.00	607.02	
	<u>100-5400-6510</u>		TELEPHONE/DATA/PAGER		607.02	
ADP00	ADP, INC.	02/13/2019	Regular	0.00	504.36	50889
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>529913187</u>	Invoice	02/12/2019	PAYROLL PROCESS 2/01	0.00	504.36	
	<u>100-5100-6520</u>		PROFESSIONAL SERVICES/		42.62	
	<u>100-5200-6520</u>		PROFESSIONAL SERVICES/		14.21	
	<u>100-5400-6520</u>		PROFESSIONAL SERVICES/		163.38	
	<u>100-5410-6520</u>		PROFESSIONAL SERVICES/		7.10	
	<u>100-5420-6520</u>		CE PROFESSIONAL SERVIC		7.10	
	<u>100-5610-6520</u>		PROFESSIONAL SERVICES/		7.10	
	<u>100-5615-6520</u>		PROFESSIONAL SERVICES/		7.10	
	<u>100-5617-6520</u>		PROFESSIONAL SERVICES/		14.21	
	<u>100-5620-6520</u>		PROFESSIONAL SERVICES/		14.21	
	<u>100-5700-6520</u>		PROFESSIONAL SERVICES/		7.10	
	<u>102-5400-6520</u>		PROFESSIONAL SERVICES/		21.31	
	<u>203-5600-6520</u>		PROFESSIONAL SERVICES/		7.10	
	<u>206-5600-6520</u>		PROFESSIONAL SERVICES/		7.10	
	<u>213-5600-6520</u>		PROFESSIONAL SERVICES/		7.10	
	<u>269-6303-6520</u>		PROFESSIONAL SERVICES/		99.47	
	<u>400-5300-6520</u>		PROFESSIONAL SERVICES/		14.21	
	<u>400-5600-6520</u>		PROFESSIONAL SERVICES/		14.21	
	<u>401-5300-6520</u>		PROFESSIONAL SERVICES/		14.21	
	<u>401-5600-6520</u>		PROFESSIONAL SERVICES		14.21	
	<u>402-5300-6520</u>		PROFESSIONAL SERVICES		14.21	
	<u>602-8100-6520</u>		PROFESSIONAL SERVICES/		7.10	
AME04	**Void**	02/13/2019	Regular	0.00	0.00	50890
	AMERICAN PAVING COMPANY	02/13/2019	Regular	0.00	739,054.11	50891
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>3</u>	Invoice	02/12/2019	HERITAGE PARK REIMB.	0.00	739,054.11	
	<u>211-5700-6542</u>		CONTRACT SERVICES		739,054.11	

Check Report

Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
AME04	AMERICAN PAYING COMPANY	02/13/2019	Regular	0.00	805,702.22	50892
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>2</u>	Invoice	02/12/2019	HERITAGE PARK REIMB.	0.00	805,702.22	
	<u>211-5700-6542</u>		CONTRACT SERVICES		805,702.22	
AUT01	AUTO ZONE	02/13/2019	Regular	0.00	8.63	50893
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>3758842905</u>	Invoice	02/12/2019	KEY FOR UNIT # 28	0.00	8.63	
	<u>100-5400-6002</u>		PARTS SUPPLIES		8.63	
BAN01	BANKCARD CENTER	02/13/2019	Regular	0.00	195.96	50894
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>0106-5584-1-19</u>	Invoice	02/12/2019	PD CC EXPENSES 1-19	0.00	195.96	
	<u>100-5400-6002</u>		PARTS SUPPLIES		76.00	
	<u>100-5400-6002</u>		PARTS SUPPLIES		119.96	
BEA01	BEATWEAR, INC.	02/13/2019	Regular	0.00	303.75	50895
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>5643</u>	Invoice	02/12/2019	PINEDO'S SHIRTS	0.00	216.97	
	<u>100-5400-5013</u>		UNIFORM		216.97	
<u>5691</u>	Invoice	02/12/2019	PINEDO'S UNIFORM SUPPLIES	0.00	86.78	
	<u>100-5400-5013</u>		UNIFORM		86.78	
BES02	BEST UNIFORMS	02/13/2019	Regular	0.00	463.09	50896
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>41726</u>	Invoice	02/12/2019	J. PIERRO'S UNIFORM	0.00	230.98	
	<u>100-5400-5013</u>		UNIFORM		230.98	
<u>41740</u>	Invoice	02/12/2019	D. CERDA'S UNIFORM	0.00	232.11	
	<u>100-5400-5013</u>		UNIFORM		232.11	
CEN19	CENTRAL SANITARY SUPPLY	02/13/2019	Regular	0.00	270.89	50897
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>946574</u>	Invoice	02/12/2019	CLEANING SUPPLIES	0.00	270.89	
	<u>100-5400-6002</u>		PARTS SUPPLIES		270.89	
CIN01	CINTAS CORPORATION NO. 2	02/13/2019	Regular	0.00	237.76	50898
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
Account Number	Account Name	Item Description	Distribution Amount			
<u>4015515243</u>	Invoice	02/13/2019	WEEKLY ROUTINE SVCS	0.00	122.19	
	<u>100-5200-6002</u>		PARTS SUPPLIES		5.14	
	<u>100-5617-6002</u>		PARTS SUPPLIES		24.31	
	<u>100-5620-6520</u>		PROFESSIONAL SERVICES/		11.99	
	<u>400-5600-6520</u>		PROFESSIONAL SERVICES/		40.38	
	<u>401-5600-6520</u>		PROFESSIONAL SERVICES		40.37	
<u>4016234030</u>	Invoice	02/13/2019	WEEKLY ROUTINE SVCS	0.00	115.57	
	<u>100-5200-6002</u>		PARTS SUPPLIES		5.06	
	<u>100-5617-6002</u>		PARTS SUPPLIES		24.23	
	<u>100-5620-6520</u>		PROFESSIONAL SERVICES/		5.69	
	<u>400-5600-6520</u>		PROFESSIONAL SERVICES/		40.29	
	<u>401-5600-6520</u>		PROFESSIONAL SERVICES		40.30	
CIT22	CITY OF PARLIER	02/13/2019	Regular	0.00	364.59	50899

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Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>8000-12/3-1/03</u>	Invoice	02/12/2019	AOE UTILITIES 12/3 - 1/03	0.00	364.59	
	<u>269-6303-6514</u>		UTILITIES - WATER		364.59	
D &00	D & D SERVICES, INC.	02/13/2019	Regular	0.00	195.00	50900
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>49611</u>	Invoice	02/12/2019	ANIMAL DISPOSAL 1-19	0.00	195.00	
	<u>100-5410-6021</u>		ANIMAL DISPOSAL		195.00	
FRE13	FRESNO COUNTY TREASURER	02/13/2019	Regular	0.00	19,275.95	50901
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>5016264</u>	Invoice	02/12/2019	DISPATCHING SVCS & RMS	0.00	19,275.95	
	<u>100-5400-6510</u>		TELEPHONE/DATA/PAGER		19,095.12	
	<u>100-5400-6510</u>		TELEPHONE/DATA/PAGER		180.83	
GRA01	GRANTED SOLUTIONS	02/13/2019	Regular	0.00	5,240.00	50902
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>1629</u>	Invoice	02/12/2019	COMM. DEV. SVCS 1-19	0.00	5,240.00	
	<u>100-5700-6520</u>		PROFESSIONAL SERVICES/		5,240.00	
MIC02	GREEN AND CLEAN LANDSCAPING	02/13/2019	Regular	0.00	350.00	50903
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>3673</u>	Invoice	02/12/2019	PA SVCS 1-19	0.00	350.00	
	<u>269-6303-6001</u>		OPERATIONAL SUPPLIES		350.00	
MET01	METRO UNIFORM & ACCESSORIES	02/13/2019	Regular	0.00	269.72	50904
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>158377</u>	Invoice	02/12/2019	J. PIERRO'S UNIFORM	0.00	269.72	
	<u>100-5400-5013</u>		UNIFORM		269.72	
ONT00	ON TRAC	02/13/2019	Regular	0.00	5.99	50905
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>8878684</u>	Invoice	02/12/2019	EVIDENCE TO DOJ	0.00	5.99	
	<u>100-5400-6012</u>		POSTAGE, SHIPPING & FR		5.99	
PRE44	PRESORT CENTER OF FRESNO, LLC	02/13/2019	Regular	0.00	538.80	50906
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>410058342</u>	Invoice	02/12/2019	PRISONER PROPERTY RECPTS	0.00	538.80	
	<u>100-5400-6002</u>		PARTS SUPPLIES		538.80	
RLB01	REEDLEY LUMBER & BUILDING	02/13/2019	Regular	0.00	68.14	50907
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number		Account Name		Distribution Amount	
<u>190744</u>	Invoice	02/12/2019	580 TULARE SUPPLIES	0.00	55.37	
	<u>100-5620-6002</u>		PARTS SUPPLIES		55.37	
<u>190841</u>	Invoice	02/12/2019	PARK SUPPLIES	0.00	12.77	
	<u>100-5610-6002</u>		PARTS & SUPPLIES		12.77	
SIG04	SIGNMAX	02/13/2019	Regular	0.00	134.98	50908

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Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
0030883-IN	Invoice	02/12/2019	STREET SIGNS	0.00	134.98	
	200-5600-6002		PARTS & SUPPLIES		134.98	
SOU07	SOUTH COUNTY VETERINARY H	02/13/2019	Regular	0.00	198.00	50909
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
210899	Invoice	02/12/2019	EUTHANIZED ANIMALS	0.00	198.00	
	100-5410-6021		ANIMAL DISPOSAL		198.00	
SPA00	SPARKLETTTS	02/13/2019	Regular	0.00	83.06	50910
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
15306726012419	Invoice	02/12/2019	PD BOTTLED WATER	0.00	83.06	
	100-5400-6002		PARTS SUPPLIES		83.06	
STA1U	STAR 1 MINI MART	02/13/2019	Regular	0.00	832.38	50911
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
3614	Invoice	02/12/2019	DAVID DEL BOSQUE	0.00	66.48	
	401-5600-6011		FUEL		66.48	
3915	Invoice	02/12/2019	DOMINGO MORALES	0.00	58.00	
	400-5600-6011		FUEL		58.00	
3920	Invoice	02/12/2019	DAVID DEL BOSQUE	0.00	63.77	
	401-5600-6011		FUEL		63.77	
4131	Invoice	02/12/2019	DOMINGO MORALES	0.00	68.00	
	400-5600-6011		FUEL		68.00	
5170	Invoice	02/12/2019	DOMINGO MORALES	0.00	67.50	
	400-5600-6011		FUEL		67.50	
5615	Invoice	02/12/2019	DAVID DEL BOSQUE	0.00	102.01	
	401-5600-6011		FUEL		102.01	
645	Invoice	02/12/2019	DOMINGO MORALES	0.00	68.00	
	400-5600-6011		FUEL		68.00	
7232	Invoice	02/12/2019	DOMINGO MORALES	0.00	62.00	
	400-5600-6011		FUEL		62.00	
7746	Invoice	02/12/2019	DAVID DEL BOSQUE	0.00	75.74	
	401-5600-6011		FUEL		75.74	
7802	Invoice	02/12/2019	DOMINGO MORALES	0.00	73.00	
	400-5600-6011		FUEL		73.00	
9440	Invoice	02/12/2019	DAVID DEL BOSQUE	0.00	61.40	
	401-5600-6011		FUEL		61.40	
9725	Invoice	02/12/2019	DAVID DEL BOSQUE	0.00	66.48	
	401-5600-6011		FUEL		66.48	
T&J00	T & J ARCO STATION	02/13/2019	Regular	0.00	1,167.37	50912
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
1-19	Invoice	02/12/2019	PW FUEL 1-19	0.00	1,167.37	
	100-5620-6011		FUEL - REC.		109.04	
	400-5600-6011		FUEL		628.77	
	401-5600-6011		FUEL		429.56	
TOR26	TORRES FENCE CO.,INC.	02/13/2019	Regular	0.00	1,095.35	50913

Check Report

Date Range: 02/05/2019 - 02/14/2019

Vendor Number	Vendor Name	Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>0144572-IN</u>	Invoice	02/12/2019	WELL # 9 & 6 FENCE	0.00	1,095.35	
	<u>400-5600-6002</u>		PARTS & SUPPLIES		1,095.35	
UND01	UNDERGROUND SERVICE ALERT	02/13/2019	Regular	0.00	402.37	50914
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>1235272019</u>	Invoice	02/12/2019	ANNUAL FEE 2019	0.00	402.37	
	<u>200-5600-6520</u>		PROFESSIONAL SERVICES/		402.37	
			ANNUAL FEE 2019			
UNI05	UNITY IT	02/13/2019	Regular	0.00	960.98	50915
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>24032</u>	Invoice	02/12/2019	FINGERPRINT READER	0.00	960.98	
	<u>102-5400-6002</u>		PARTS SUPPLIES		960.98	
			FINGERPRINT READER			
VUL00	VULCAN MATERIALS CO.	02/13/2019	Regular	0.00	159.10	50916
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>72087674</u>	Invoice	02/12/2019	ROAD MATERIAL	0.00	159.10	
	<u>200-5600-6006</u>		ROAD MATERIALS P.W.		159.10	
			ROAD MATERIAL			
ASI01	ASI	02/07/2019	Bank Draft	0.00	84.83	DFT0000193
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>1/13-2/01/19</u>	Invoice	02/04/2019	MEDICAL CARD FUNDING	0.00	84.83	
	<u>100-5400-5011</u>		INSURANCE-MED,DEN,VIS		84.83	
			MEDICAL CARD FUNDING			
PER01	CALPERS	02/07/2019	Bank Draft	0.00	14,914.51	DFT0000194
Payable #	Payable Type	Post Date	Payable Description	Discount Amount	Payable Amount	
	Account Number	Account Name	Item Description	Distribution Amount		
<u>1/19-2/01/19</u>	Invoice	02/06/2019	PERS CONTRIBUTIONS	0.00	14,914.51	
	<u>100-22104</u>		PERS PAYABLE		6,547.15	
	<u>100-5200-5010</u>		PERS-PENSION		230.78	
	<u>100-5400-5010</u>		PERS-PENSION		2,802.27	
	<u>100-5410-5010</u>		PERS- PENSION		125.45	
	<u>100-5420-5010</u>		CE PERS-PENSION		138.84	
	<u>100-5610-5010</u>		PERS-PENSION		42.49	
	<u>100-5610-5010</u>		PERS-PENSION		69.43	
	<u>100-5617-5010</u>		PERS-PENSION		20.68	
	<u>100-5620-5010</u>		PERS-PENSION		20.68	
	<u>102-5400-5010</u>		PERS-PENSION		533.04	
	<u>160-5400-5010</u>		PERS-PENSION		430.43	
	<u>203-5600-5010</u>		PERS-PENSION		95.36	
	<u>206-5600-5010</u>		PERS-PENSION		95.36	
	<u>213-5600-5010</u>		PERS-PENSION		66.48	
	<u>269-6303-5010</u>		PERS-PENSION		1,209.60	
	<u>273-6200-5010</u>		PERS-PENSION		186.58	
	<u>277-5400-5010</u>		PERS-PENSION		195.49	
	<u>400-5200-5010</u>		PERS PENSION		221.39	
	<u>400-5300-5010</u>		PERS PENSION		217.92	
	<u>400-5600-5010</u>		PERS PENSION		416.56	
	<u>401-5200-5010</u>		PERS PENSION		221.39	
	<u>401-5300-5010</u>		PERS PENSION		217.91	
	<u>401-5600-5010</u>		PERS PENSION		353.46	
	<u>402-5300-5010</u>		PERS PENSION		108.96	
	<u>602-8100-5010</u>		PERS-PENSION		346.81	
ASI01	ASI	02/12/2019	Bank Draft	0.00	774.96	DFT0000195

Check Report

Date Range: 02/05/2019 - 02/14/2019

Vendor Number

Vendor Name

Payment Date

Payment Type

Discount Amount

Payment Amount

Number

Payable #

Payable Type

Post Date

Payable Description

Discount Amount

Payable Amount

Account Number

Account Name

Item Description

Distribution Amount

FEB 4-10

Invoice

02/12/2019

MED. CARD FUNDING

0.00

774.96

100-5400-5011

INSURANCE-MED,DEN,VIS

MED. CARD FUNDING

59.02

203-5600-5011

INSURANCE-MED,DEN,VIS

MED. CARD FUNDING

178.98

206-5600-5011

INSURANCE-MED,DEN,VIS

MED. CARD FUNDING

178.98

400-5600-5011

INSURANCE- MED, DEN, V

MED. CARD FUNDING

178.99

401-5600-5011

INSURANCE-MED,DEN,VIS

MED. CARD FUNDING

178.99

Bank Code APBNK Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	113	70	0.00	1,719,388.95
Manual Checks	0	0	0.00	0.00
Voided Checks	0	3	0.00	0.00
Bank Drafts	3	3	0.00	15,774.30
EFT's	0	0	0.00	0.00
	116	76	0.00	1,735,163.25

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	113	70	0.00	1,719,388.95
Manual Checks	0	0	0.00	0.00
Voided Checks	0	3	0.00	0.00
Bank Drafts	3	3	0.00	15,774.30
EFT's	0	0	0.00	0.00
	116	76	0.00	1,735,163.25

Fund Summary

Fund	Name	Period	Amount
999	POOL FUND	2/2019	1,735,163.25
			<u>1,735,163.25</u>



AGENDA ITEM: #6
MEETING DATE: 2/21/2019
DEPARTMENT: RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Consideration and approval for Our Lady of Sorrows Church to utilize the Parlier Community Center for a church mass and dinner event.

RECOMMENDATION:

Staff recommends council authorize waiving all fees for the use of the Parlier Community Center on July 13, 2019 from 4:00pm-7:00pm for decoration and set-up as well as July 14, 2019 from 12:00pm-7:00pm for the church mass and dinner event.

BACKGROUND:

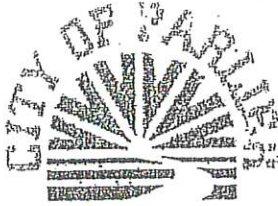
Our Lady of Sorrows Church has hosted many successful community outreach events within the City of Parlier.

Prepared By:

Sophia Cisneros
Facilities Manager

Approved By:

Antonio Gastelum
City Manager



RECREATION DEPARTMENT - COMMUNITY CENTER

1100 E. Parlier Ave., Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT: Our Lady of Sorrows Church
Rev. Jose Luis Rico EVENT DATE: 7-14-19
ADDRESS: 830 Tulare St. Parlier, CA 93648 PHONE NUMBER: 559-646-2161
Priest Birthday & Ann. ALT NUMBER: 559-393-6126
TYPE OF EVENT: Mass, Dinner after Mass ESTIMATED ATTENDANCE: 500

ID COPY SUBMITTED <input type="checkbox"/>	TABLES: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
--	---

CHAIRS: YES ☒ NO ☐

DEPOSIT				RATE	TOTAL
				\$ 400.00	\$ 400.00
	TIME		TOTAL HRS		
HALL	2:00	TO	7:00	\$ 150.00/per hr	
KITCHEN	1:00	TO	7:00	\$ 35.00/per hr	
DECORATION AND SET UP	12:00	TO	1:00	\$ 40.00/per hr	
Day before 7-13-19 4:00PM to 7:00PM				TOTAL	

FOR OFFICE USE ONLY			
DEPOSIT (100-23101)	AMOUNT	DATE	RECEIVED BY:
400 -	400 -	1-9-19	400 -
PAYMENTS (100-45200)	AMOUNT	DATE	RECEIVED BY:

The applicant upon execution hereof agrees to abide by all City of Parlier rules; regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Applicant/Responsible Party: Rev. Jose Luis Rico
Approved By: [Signature]

Date: 1-9-19
Date: 1/9/19

Date: 11/2/2018

Certificate of Coverage

Certificate Holder

Roman Catholic Bishop of Fresno, A Corporation Sole
Ryan Pastoral Center
1550 North Fresno Street
Fresno, CA 93703

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location

Our Lady of Sorrows Church
830 Tulare St.
Parlier, CA 93648

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability	9092	7/1/2018	7/1/2019	Each Occurrence	1,000,000
	<input checked="" type="checkbox"/> Occurrence				General Aggregate	
	<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability				Each Occurrence	
					Annual Aggregate	
	Other				Each Occurrence	
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends for claims arising out of Our Lady of Sorrows Church's Our Lady of Guadalupe Feast Day to be held on December 11, 2018.

Holder of Certificate

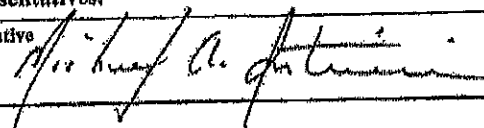
Additional Protected Person(s)

City of Parlier
1100 E. Parlier Ave.
Parlier, CA 93648

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative



0797002073

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 12/11/2018

Cancellation Date of Endorsement: 12/12/2018

Certificate Holder: Roman Catholic Bishop of Fresno, A Corporation Sole
Ryan Pastoral Center
1550 North Fresno Street
Fresno, CA 93703

Location: Our Lady of Sorrows Church
830 Tulare St.
Parlier, CA 93648

Certificate No. 9092 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverages D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

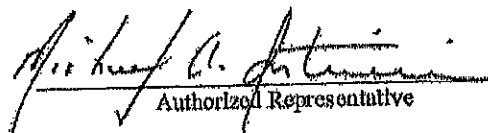
It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)

City of Parlier
1100 E. Parlier Ave.
Parlier, CA 93648

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage only extends for claims arising out of Our Lady of Sorrows Church's Our Lady of Guadalupe Feast Day to be held on December 11, 2018.


Authorized Representative



RECREATION DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT:	<u>OUR Lady of sorrows Church</u>	EVENT DATE:	<u>7-14-19</u>
ADDRESS:	<u>Rev. Jose Luis Ruiz</u>	PHONE NUMBER:	<u>559-646-2161</u>
TYPE OF EVENT	<u>830 Tulare St. Parlier</u>	ESTIMATED ATTENDANCE	<u>500</u>
	<u>Mass, Dinner</u>	500 MAX CAPACITY	

CANCELLATIONS

1. Cancellations must be received, in writing, 60 days prior to the reserved event date. The entire balance, including security deposit, will be refunded if these conditions are met. Applicants that do not conform to these requirements will forfeit the \$400.00 security deposit.
2. There will be as \$35.00 charge for cancellation fee.

FOR OFFICE USE ONLY

	AMOUNT	DATE	RECEIVED BY:	STAMP
DEPOSIT	\$ 400.00			
CANCELLATION FEE	\$ 35.00			

The applicant upon execution hereof agrees to abide by all City of Parlier rules, regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, disruptions from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Rev. Jose Luis Ruiz
Applicant/Responsible Party

[Signature]
Approved By:

1-9-19
Date

1/9/19
Date



CLEAN UP GUIDELINES FOR THE COMMUNITY CENTER

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

To reduce the cost to you for clean up, we recommend you take responsibility for the following items:

Community Center

1. Throw away all paper products including tablecloths, cups, disposable plates, plastic ware, napkins, etc.
2. Throw away or recycle all cans.
3. Wipe down all tables.
4. Be sure all trash and garbage are placed in trashcans.
5. Empty all trash bags into dumpster.
6. Remove all decorations.
7. Sweep the floor.
8. Leave in the same condition as when you arrived.

Kitchen

1. Empty trash into trash can.
2. Trash bags need to be placed in dumpster.
3. Sweep & Mop floor.
4. Leave in the same condition as when you arrived.
5. No grease to be discarded in any of sinks.
6. Stove / Refrigerator if used must be cleaned.
7. Cutting Board if used must be cleaned.
8. After designated hours kitchen doors will be closed.

Restrooms

1. Pick up all paper towels from the floor of the restroom, putting them in the trash cans.

Applicant will be responsible to pay an hour (1) for clean-up purposes after the end of your event. (11:00pm-12:00pm) Please be sure to use it for clean up purposes only.

Rosa Jose Lopez Ruiz
Responsible Party

StmS
Approved by

1-9-19
Date
1/9/19
Date



RECREATION & COMMUNITY SERVICE DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

Waiver of Hold Harmless Agreement

I, Rev. Jose Luis Rico, hereby for myself, and heirs, executors and administrators agree to and shall protect, indemnify and hold harmless the City of Parlier and all officers, agents, representatives and employees thereof attorney's fees and costs of all types incurred in defense of any of said parties from said claims or liability, because of or arising out of directly or indirectly the acts of omissions of the participants, guests, visitors, volunteers, employees, representatives, agents or invitee while renting City facilities. Said indemnification and hold harmless provisions shall be in full force and effect regardless of whether or not there shall be insurance policies covering and applicable to such injury, claims or liability. I further also specifically agree that I shall indemnify and hold free of any liability the City of Parlier for any accident, loss or injury.

Rev. Jose Luis Rico
Applicant/Responsible Party

1-9-19
Date



AGENDA ITEM: #7
MEETING DATE: 2/21/2019
DEPARTMENT: RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Consideration and approval for Our Lady of Sorrows Church to utilize the Parlier Community Center for a church mass and dinner event.

RECOMMENDATION:

Staff recommends council authorize waiving all fees for the use of the Parlier Community Center on December 11, 2019 from 5:00pm-8:00pm for decoration and set-up as well as December 12, 2019 from 3:00pm-8:00pm for the church mass and dinner event.

BACKGROUND:

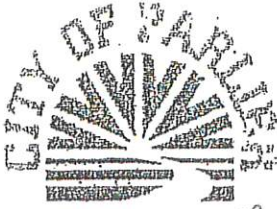
Our Lady of Sorrows Church has hosted many successful community outreach events within the City of Parlier.

Prepared By:

Sophia Cisneros
Facilities Manager

Approved By:

Antonio Gastelum
City Manager



RECREATION DEPARTMENT - COMMUNITY CENTER

1100 E. Parlier Ave., Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT: Our Lady of Sorrows Church
Rev. Jose Luis Rico EVENT DATE: 12-12-19
ADDRESS: 830 Tulare St. Parlier PHONE NUMBER: 559-646-2161
TYPE OF EVENT: Our Lady of Guadalupe ALT NUMBER: 559-393-6126
Mass Feast Day ESTIMATED ATTENDANCE: 500

ID COPY SUBMITTED ☐

TABLES: YES ☒ NO ☐

CHAIRS: YES ☒ NO ☐

DEPOSIT				RATE	TOTAL
				\$ 400.00	\$ 400.00
	TIME		TOTAL HRS		
HALL	4:00	TO	8:00	\$ 150.00/per hr	
KITCHEN	3:00	TO	8:00	\$ 35.00/per hr	
DECORATION AND SET UP	3:00	TO	4:00	\$ 40.00/per hr	
set up 12-11-19 5:00 to 8:00PM				TOTAL	

FOR OFFICE USE ONLY

DEPOSIT (100.23101)	AMOUNT	DATE	RECEIVED BY:	STAMP
<u>400</u>	<u>400</u>	<u>1-9-19</u>		<u>By</u>
PAYMENTS (100.45200)	AMOUNT	DATE	RECEIVED BY:	STAMP

The applicant upon execution hereof agrees to abide by all City of Parlier rules, regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

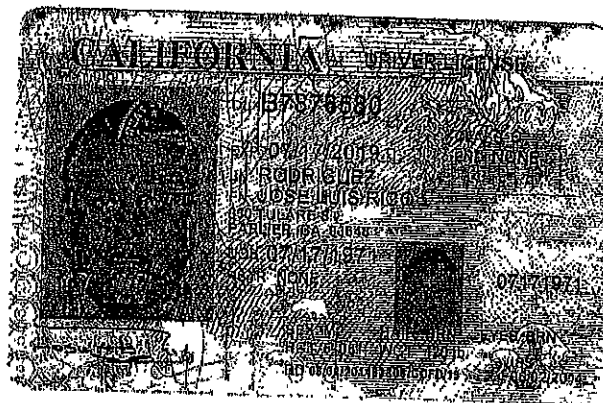
The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Rev. Jose Luis Rico
Applicant/Responsible Party

1-8-19
Date

[Signature]
Approved By:

1/9/19
Date



Certificate of Coverage

Date: 11/2/2018

Certificate Holder
Roman Catholic Bishop of Fresno, A Corporation Sole
Ryan Pastoral Center
1550 North Fresno Street
Fresno, CA 93703

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location
Our Lady of Sorrows Church
830 Tulare St.
Parlier, CA 93648

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	9092	7/1/2018	7/1/2019	Each Occurrence	1,000,000
<input checked="" type="checkbox"/> Occurrence				General Aggregate	
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
				Personal & Adv Injury	
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
				Each Occurrence	
Excess Liability				Annual Aggregate	
Other				Each Occurrence	
				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supercedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends for claims arising out of Our Lady of Sorrows Church's Our Lady of Guadalupe Feast Day to be held on December 11, 2018.

Holder of Certificate

Cancellation

Additional Protected Person(s)

City of Parlier
1100 E. Parlier Ave.
Parlier, CA 93648

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

[Signature]

0797002073

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 12/11/2018

Cancellation Date of Endorsement: 12/12/2018

Certificate Holder: Roman Catholic Bishop of Fresno, A Corporation Sole
Ryan Pastoral Center
1550 North Fresno Street
Fresno, CA 93703

Location: Our Lady of Sorrows Church
830 Tulare St.
Parlier, CA 93648

Certificate No. 9092 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

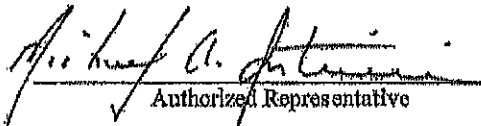
It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)

City of Parlier
1100 E. Parlier Ave.
Parlier, CA 93648

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage only extends for claims arising out of Our Lady of Sorrows Church's Our Lady of Guadalupe Feast Day to be held on December 11, 2018.


Authorized Representative



RECREATION DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT:	<u>Our Lady of Sorrows church</u>	EVENT DATE:	<u>12-12-19</u>
ADDRESS:	<u>Rev. Jose Luis Rico</u>	PHONE NUMBER:	<u>559-646-2161</u>
TYPE OF EVENT	<u>830 Tulare St. Parlier</u>	ESTIMATED ATTENDANCE	<u>500</u>
	<u>Mass</u>	500 MAX CAPACITY	

CANCELLATIONS

1. Cancellations must be received, in writing, 60 days prior to the reserved event date. The entire balance, including security deposit, will be refunded if these conditions are met. Applicants that do not conform to these requirements will forfeit the \$400.00 security deposit.
2. There will be as \$35.00 charge for cancellation fee.

FOR OFFICE USE ONLY

	AMOUNT	DATE	RECEIVED BY:	STAMP
DEPOSIT	\$ 400.00			
CANCELLATION FEE	\$ 35.00			

The applicant upon execution hereof agrees to abide by all City of Parlier rules, regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future holding use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Rev. Jose Luis Rico
Applicant/Responsible Party

1-9-19
Date

JMS.
Approved By:

1/9/19
Date



CLEAN UP GUIDELINES FOR THE COMMUNITY CENTER

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

To reduce the cost to you for clean up, we recommend you take responsibility for the following items:

Community Center

1. Throw away all paper products including tablecloths, cups, disposable plates, plastic ware, napkins, etc.
2. Throw away or recycle all cans.
3. Wipe down all tables.
4. Be sure all trash and garbage are placed in trashcans.
5. Empty all trash bags into dumpster.
6. Remove all decorations.
7. Sweep the floor.
8. Leave in the same condition as when you arrived.

Kitchen

1. Empty trash into trash can.
2. Trash bags need to be placed in dumpster.
3. Sweep & Mop floor.
4. Leave in the same condition as when you arrived.
5. No grease to be discarded in any of sinks.
6. Stove / Refrigerator if used must be cleaned.
7. Cutting Board if used must be cleaned.
8. After designated hours kitchen doors will be closed.

Restrooms

1. Pick up all paper towels from the floor of the restroom, putting them in the trash cans.

Applicant will be responsible to pay an hour (1) for clean-up purposes after the end of your event. (11:00pm-12:00pm) Please be sure to use it for clean up purposes only.

Responsible Party

Approved by

Date

Date

Rose Locatelli King

SMS

1-9-19

1/9/19



RECREATION & COMMUNITY SERVICE DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

Waiver of Hold Harmless Agreement

I, Rev. Jose Luis Pico, hereby for myself, and heirs, executors and administrators agree to and shall protect, indemnify and hold harmless the City of Parlier and all officers, agents, representatives and employees thereof attorney's fees and costs of all types incurred in defense of any of said parties from said claims or liability, because of or arising out of directly or indirectly the acts of omissions of the participants, guests, visitors, volunteers, employees, representatives, agents or invitee while renting City facilities. Said indemnification and hold harmless provisions shall be in full force and effect regardless of whether or not there shall be insurance policies covering and applicable to such injury, claims or liability. I further also specifically agree that I shall indemnify and hold free of any liability the City of Parlier for any accident, loss or injury.

Rev. Jose Luis Pico
Applicant/Responsible Party

1-9-19
Date



AGENDA ITEM:

8

MEETING DATE:

2/21/19

DEPARTMENT:

RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Consideration and approval for Parlier Panthers Youth Football and Cheer to utilize Richard Flores Field for their annual football and cheer season.

RECOMMENDATION:

Staff recommends council authorize waiving all fees for the use of Richard Flores Field from February 22, 2019 through June 30, 2019 for the above mentioned season. Included in this request is electricity for lights.

The field will be utilized on the following schedule:

Monday through Friday 4:00pm - 7:00pm

Saturdays 11:00am - 2:00pm

BACKGROUND:

Parlier Panthers Youth Football and Cheer provides low to no cost football to the Parlier community, ensures that the participating youth stay active, as well as keep grades in good standing.

Prepared By:

Approved By:

Sophia Cisneros
Facilities Manager

Antonio Gastelum
City Manager



Recreation & Community Services Department

1100 E. Parlier Avenue * Parlier, California 93648 * (559) 646-3546 ext. 221 FAX (559) 646-0416

PARK REQUESTED:

Richard Flores Field

Earl Ruth Park

☐ Veterans Memorial Park

1. Applicant/Contact Person: Eddie Dehon
2. Telephone No: 559 393 0265
3. Address: 8847 S Smyrna Ave
4. Type of Event: Football practice
5. Date Requested: Feb 22 through June 30, 2019. Monday, Wednesday, Thursday, and Saturday Hours: _____ to _____

Rental Fee is \$35.00 an hour \$35.00 x 2 hr. (s) = 0

6. List any type of entertainment that will be provided: Football practice for football players
7. Will electricity be required: yes no Hours: _____ to _____

*Electricity rate is charged at \$25.00 an hour \$25.00 x 0 hr. (s) = 0

Insurance: Provide copy of your homeowners/liability insurance insuring the City of Parlier for your event or any other insurance agency releasing all liability to the City of Parlier.

CONSUMPTION OR POSSESSION OF ALCOHOLIC BEVERAGES IS PROHIBITED PER
CITY ORDINANCE #84-06, SECTION 12.08.040

NOTE: NO VEHICLES ON GRASS AREA/SIDEWALK OR WILL BE TOWED

[Signature]
Applicant/Responsible Party

2-7-19
Date

[Signature]
Recreation Department-

2/14/19
Date

FOR OFFICE USE ONLY

FEES:

Deposit Fee: \$35.00

Deposit Paid on: _____ Received By: _____

Deposit Fee: \$35.00 (100.23101)
Hourly Fee: 0 (100.45200)
Electricity Fee: 0 (100.45200)

Payments Received:

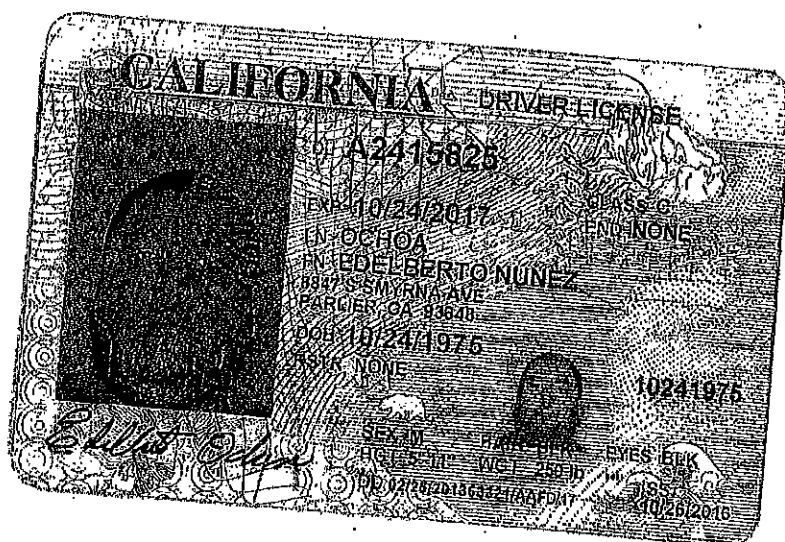
Date: _____ Amount: _____ Received By: _____

TOTAL FEES:

Calculated by: 10

Date: _____ Amount: _____ Received By: _____

Date: _____ Amount: _____ Received By: _____



DESCRIPTIONS (Continued from Page 1)

YOUTH PARTICIPANTS ACCIDENT & HEALTH COVERAGE

Accidental Death, Accidental Dismemberment (AD&D) Benefit:

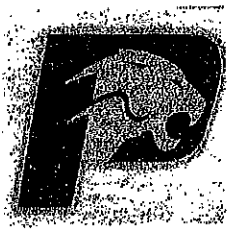
\$10,000 Maximum amount

SAGITTA 25.3 (2014/01) 2

#S313342/M310104

306 Main Street Worcester, MA 01608		(A/C, No, Ext):		(A/C, No):		
		E-MAIL ADDRESS:				
INSURED TRI COUNTY YOUTH FOOTBALL LEAGUE PO BOX 851 Coarsegold, CA 93614		INSURER(S) AFFORDING COVERAGE				NAIC #
		INSURER A: Houston Casualty Company				
		INSURER B: All Insurance				19380
		INSURER C: Great American Ins Co, (IL)				
		INSURER D:				
		INSURER E:				
		INSURER F:				

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>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.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR 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 <input type="checkbox"/> AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	187008660	07/01/2018	07/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		187008660	07/01/2018	07/01/2019	EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$



Parlier Panther Youth Football and Cheer

8847 Smyrna St.
Parlier, CA 93648
559-393-0665
501 (C) 3# 46-4202228

Dear Donor,

This letter serves to introduce you to the Parlier Panther Youth Football and Cheer Organization, a non-profit dedicated to serve the youth of Parlier through youth football athletics.

The program is composed by all volunteer staff and parent involvement was established in January, of 2016. Fund raising activities helped us finance the cost of uniforms, equipment, liability insurance, etc. We were successful in serving football players, and cheerleaders ages 5-14 who participated in the league.

This year we are going to be expanding our service to about 30 more players, and 25 more cheerleaders due to the closure of another Parlier based youth football league that shut down due to lack of financial resources.

This means we will continue last year's fund-raising activity, but we would need your donation to be able to cover the projected additional operating expenses. Please help us build our present level of excellence growing our youth football program. This is not just a sports program but an opportunity for you to help us, develop sound character and positive citizenship in the lives of these youth.

We currently do not receive any type of grant money or government agency support. Would you please help us with any financial amount to sustain this worthwhile service to our youth? Your contribution is tax-deductible and will help build a healthier and stronger community.

Thank you in advance for your partnership and much needed contribution. Please call Owner Eddie Ochoa at 559-393-0665. If you wish to donate please write out a check to Eddie Ochoa. Thank You for Your time.



AGENDA ITEM:

9

MEETING DATE:

2/21/2019

DEPARTMENT:

RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Consideration and approval for Parlier Rotary to utilize Earl Ruth Park, 1st St, J St, and 2nd St for their annual car show.

RECOMMENDATION:

Staff recommends council consider waiving all fees for the use of Earl Ruth Park and surrounding streets on March 30, 2019 from 7:00am-7:00pm for the annual car show event. Also to include porta potties, trash receptacles, donations towards the band and disk jockey and a police static display.

BACKGROUND:

Parlier Rotary is a service organization that aims at providing community events for the people of Parlier.

Prepared By:

Sophia Cisneros
Facilities Manager

Approved By:

Antonio Gastelum
City Manager



Recreation & Community Services Department

1100 E. Parlier Avenue * Parlier, California 93648 * (559) 646-3546 ext. 221 FAX (559) 646-0416

PARK REQUESTED: **Richard Flores Field** Earl Ruth Park
☐ Veterans Memorial Park

1. Applicant/Contact Person: Parlier Rotary Club / SEAN A. WHITE
2. Telephone No: (559) 356-6412
3. Address: 13538 E. Beulah AVE, Parlier, CA 93648
4. Type of Event: Car Show
5. Date Requested: March 30th, 2019 Hours: 0700 (7:00 am) to 1400 (7:00 pm)

Rental Fee is \$35.00 an hour \$35.00 x 12 hr. (s) = \$420

6. List any type of entertainment that will be provided: DJ and live Bands
7. Will electricity be required: yes no Hours: 8:00 am to 6:30 pm

*Electricity rate is charged at \$25.00 an hour \$25.00 x 11 hr. (s) = \$275

Insurance: Provide copy of your homeowners/liability insurance insuring the City of Parlier for your event or any other insurance agency releasing all liability to the City of Parlier.

CONSUMPTION OR POSSESSION OF ALCOHOLIC BEVERAGES IS PROHIBITED PER
CITY ORDINANCE #84-06, SECTION 12.08.040

NOTE: NO VEHICLES ON GRASS AREA/SIDEWALK OR WILL BE TOWED

Sean A. White
Applicant/Responsible Party

2/13/2019
Date

Recreation Department-

Date

FOR OFFICE USE ONLY

FEES:

Deposit Fee: \$35.00

Deposit Paid on: _____ Received By: _____

Deposit Fee: \$35.00 (100.23101)
Hourly Fee: _____ (100.45200)
Electricity Fee: _____ (100.45200)

Payments Received:

Date: _____ Amount: _____ Received By: _____

TOTAL FEES: _____

Calculated by: _____

Date: _____ Amount: _____ Received By: _____

Date: _____ Amount: _____ Received By: _____



RECREATION DEPARTMENT

1100 E. Parlier Avenue, Parlier, CA 93648
Phone: (559) 646-3700 Fax: (559) 646-0416


STREET CLOSURE APPLICATION

STREET NAME: <u>Earl Ruth Park</u>	EVENT DATE: <u>March 30th, 2019</u>
<u>1st Street, 8 Street, 2nd Street</u>	
TYPE OF EVENT: <u>Cow Show</u>	ESTIMATED ATTENDANCE: <u>120</u>
TIME: <u>7:00am - 7:00pm</u>	
APPLICANT/ORGANIZATION NAME: <u>Parlier Rotary Club / SEQUOIA White</u>	
ADDRESS: <u>13538 E. Bulah Ave, Parlier, CA 93648</u>	PHONE #: _____

REQUIREMENTS		POLICY #	DATE
MUST PROVIDE INSURANCE COVERING THE DAY OF THE EVENT			
PARLIER POLICE DEPARTMENT NOISE CONTROL PERMIT			
MUST PROVIDE SIGNATURE OF SURROUNDING NEIGHBORS.			
SIGNATURE		ADDRESS	
1			
2			
3			
4			
5			
6			
7			

WILL LIVE ENTERTAINMENT BE PROVIDED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
DESCRIPTION:		

By signing below I acknowledge that I am aware that said block party is subject to direction and closure by the city. I am responsible for clean up at the conclusion of the event. A \$200.00 cleaning deposit is required for block party event.

<u></u>	<u>2/13/2019</u>
Applicant	Date
<u>Janet Ayala</u>	<u> </u>
Recreation Coordinator	Date

FOR OFFICE USE ONLY					
FEE'S	AMOUNT	DATE	RECEIVED BY	PAYMENT AMOUNT	DATE
CLEANING DEPOSIT		\$200.00		_____	_____
BARRICADE DEPOSIT		\$50.00		_____	_____
BARRICADES	\$5.00 X	=		_____	_____
TOTAL FEES				_____	_____



RECREATION DEPARTMENT

1100 E. Parlier Avenue, Parlier, CA 93648

Phone: (559) 646-3700 Fax: (559) 646-0416

STREET CLOSURE APPLICATION

EVENT DATE: March 30th, 2019

- 1 BLOCK PARTY REQUEST FORM MUST BE SUBMITTED FOR APPROVAL AT LEAST 30 DAYS PRIOR TO EVENT DATE.
- 2 BLOCK PARTY MUST ENDS AT 10:00PM.
- 3 APPLICANT MUST OBTAIN A SIGNED PETITION FROM SURROUNDING NEIGHBORS CONSETING TO STREET CLOSURE ON REQUESTED DATE.
- 4 FOR PROFIT OR COMMERCIAL EVENTS ARE PROHIBITED IN RESIDENTIAL REIGHBORHOODS.
- 5 SALE OF FOOD AND/OR ALCOHOL IS PROHIBITED.
- 6 THE CHIEF OF POLICE WILL HAVE CONTROL OF NOISE DURING THE EVENT.
- 7 REQUESTED AREA TO BE CLEANED BY 12 NOON THE FOLLOWING DAY.
- 8 APPLICANT MUST PROVIDE BARRICADES THROUGH THE PUBLIC WORKS DEPARTMENT
- 9 APPLICANT MUST PROVIDE PROOF OF LIABILITY INSURANCE NAMING THE CITY OF PARLIER AS CO-INSURED.
- # INSURANCE IS A MILLION DOLLAR COVERAGE WHICH IS DUE TWO WEEKS PRIOR TO EVENT.

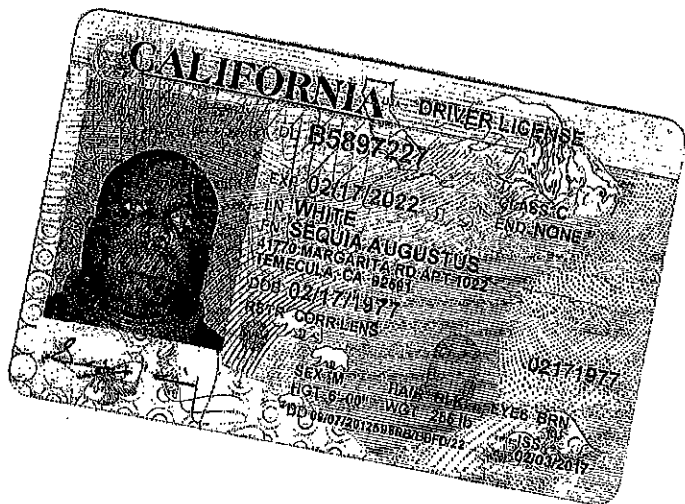
A \$200.00 CLEANING DEPOSIT IS REQUIRED. SHOULD ANY DAMAGES OCCUR TO CITY PROPERTY, OR SHOULD THE EVENNT CAUSE THE CITY TO USE ESCESIVE LABOR FOR CLEANUP, THE CITY SHALL RETAINR THE DEPOSIT AND LIQUIDATE COSTS AGAINST IT IN PART AN UP TO ITS ENTIRETY, IF NECESSARY, TO RESTORE CITY PROPERTY BEING USED FOR EVENT. HOWEVER, IF THE COST OF DAMAGES ESCEEDS \$200.00 APPLICANT WILL BE BILLED OR AMOUNT IN ESCESS OF THE CLEANING DEPOSIT.

Seamus A. [Signature]
Applicant

Date

Janet Ayala
Recreation Coordinator

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/29/2018

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
Arthur J. Gallagher Risk Management Services, Inc.
2850 Golf Road
Rolling Meadows IL 60008

CONTACT NAME: All Sullta
PHONE (A/C, No, Ext): 1-833-3ROTARY FAX (A/C, No): 630-285-4062
E-MAIL: rotary@ajg.com
ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Lexington Insurance Company	19437
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
All Active US Rotary Clubs & Districts
The Rotary Club of Parlier
ATTN: Risk Management Dept.
1560 Sherman Ave.
Evanston, IL 60201-3698

COVERAGES

CERTIFICATE NUMBER: 899307648

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	ADDITIONAL SUBROGATION	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 <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER:		015375594	7/1/2018	7/1/2019	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		015375594	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 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 \$		NOT APPLICABLE			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	NOT APPLICABLE			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)

The Certificate holder is included as additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER

City of Parlier
1100 E. Parlier Avenue
Parlier, CA 93648

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



PO Box 607 PARLIER, CA 93648 – (559) 356-6412 – PARLIERROTARY@GMAIL.COM

February 13, 2019

City of Parlier
1100 E Parlier Ave
Parlier, CA 93648

Dear City Officials:

Parlier Rotary is a service organization that aims at providing community events for the people of Parlier. In the past, we have had our focus be on projects. Projects have included the winter lights parade, volunteering at the sober grad festivities for Parlier High School, and our annual car show. The car show is the reason for our request from the City Council today. We are eager to work with the city to put on our annual car show. We have decided to move our car show to March, to generate a larger crowd and to bring a better focus to our community. We are asking for the City Council to approve our request for the following items to efficiently execute the event: road closures, port-a-potties, trash receptacles, donations towards the band and disk jockey, and a police static display. Our event is aimed at bringing together different parts of our community, to be enjoyed at Earl Ruth Park on the last weekend in March. Lastly, I want to thank the City Council in advance for your attention to our request. We hope that this mutual endeavor will be positive and an annual event that we can continue to host here in our town, the City of Parlier.

Sincerely,

Sequoia White
Rotary President



Department of Treasury
Internal Revenue Service
Exempt Organizations Correspondence Unit
P.O. Box 2508, Room 4024
Cincinnati, OH 45021

Parlier Rotary
Parlier Rotary
P.O. Box 607
Parlier, California 93648

Date : August 30, 2016
Employer ID Number : 813180611

Dear Parlier Rotary :

This letter acknowledges receipt of the Form 8976, *Notice of Intent to Operate Under Section 501(c)(4)*, filed by you on 08/30/2016. This acknowledgement is not a determination by the IRS that you qualify as tax-exempt under IRC Section 501(a) as an organization described in IRC Section 501(c)(4).

For important information about your responsibilities, including recordkeeping, reporting, and disclosure requirements, go to www.irs.gov/charities.

If you have questions, call us at 1-877-829-5500.

Keep this letter for your records.



AGENDA ITEM:

10

MEETING DATE:

2/21/2019

DEPARTMENT:

RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Consideration and approval for Parlier Lions Club to utilize the City Hall Council Chambers for a Student Speaker Contest.

RECOMMENDATION:

Staff recommends council authorize waiving all fees for the use of the City Hall Council Chambers on March 13, 2019 from 5:30pm-7:30pm for the Lions Club Student Speaker Contest.

BACKGROUND:

The student speaker contest provides an opportunity for competitive public speaking among students, who reside in the Multiple District Four, on a subject of vital interest to the contestants and to the American people as a whole - to stimulate the self-expression and independent thinking - to present to the public through the contest, some of the problems surrounding the maintenance of this country as a free nation - to consider the means at our disposal of meeting the present and future world problems.

Prepared By:

Sophia Cisneros
Facilities Manager

Approved By:

Antonio Gastelum
City Manager



Council of Chambers

RECREATION DEPARTMENT-COMMUNITY CENTER

1100 E. Parlier Ave., Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT: PARLIER LIONS CLUB

EVENT DATE: 03-13-19

ADDRESS: P.O. BOX 755 Parlier CA

PHONE NUMBER: 305-9652

93648

ALT NUMBER: _____

TYPE OF EVENT: ZONE-STUDENT SPEAKER

ESTIMATED ATTENDANCE: 40 or less

ID COPY SUBMITTED ☐

TABLES: YES ☐ NO ☒ Podium stand

CHAIRS: YES ☒ NO ☐

DEPOSIT				RATE	TOTAL
	TIME		TOTAL HRS		
HALL		TO		\$ 400.00	
KITCHEN		TO		\$ 150.00/per hr	
DECORATION AND SET UP		TO		\$ 35.00/per hr	
				\$ 40.00/per hr	
				TOTAL	

FOR OFFICE USE ONLY				
DEPOSIT (100.23101)	AMOUNT	DATE	RECEIVED BY:	STAMP
PAYMENTS (100-45200)	AMOUNT	DATE	RECEIVED BY:	STAMP

The applicant upon execution hereof agrees to abide by all City of Parlier rules; regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

[Signature]
Applicant/Responsible Party

01-30-19
Date

Approved By: _____

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/30/2019

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.

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PRODUCER DSP Insurance 1900 E. Golf Road, Suite 650 Schaumburg, IL 60173	CONTACT NAME: John Adams	
	PHONE (A/C, Ho, Ext): 1-800-316-6705	FAX (A/C, No): 847-934-6186
INSURED Parlier Lions Club parlier California	E-MAIL ADDRESS: lionsclubs@dspins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	NAIC # 22667
	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	GENERAL LIABILITY			HDOG71094972	09/01/2018	09/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000				
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Agg. Per Named Insured is \$2,000,000		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE \$ 10,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY			ISAH25159226	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$				
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
	RETENTIONS						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Provisions of the policy apply to the named insured's participation in the following activity during the policy period shown above: Feb. 24, 2019 Parlier lions pancake breakfast

PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES.

CERTIFICATE HOLDER**CANCELLATION**

City of Parlier
1100 E. Parlier ave
parlier California 93648

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



AGENDA ITEM:

11

MEETING DATE:

2/21/19

DEPARTMENT:

RECREATION

REPORT TO CITY COUNCIL

SUBJECT:

Consideration and approval for Raul Castillo to utilize the Parlier Community Center for men's 18+ open recreational basketball.

RECOMMENDATION:

Staff recommends council authorize waiving all fees for the use of the Parlier Community Center from February 7, 2019 to June 30, 2019 for open recreational basketball on Sundays at 10:30am-3:00pm, Tuesdays at 5:30pm-8:00pm and Thursdays at 5:30pm-8:00pm.

BACKGROUND:

The men's group has previously used the Parlier Community Center for open rec basketball. They would appreciate the City's consideration in partnering with them to allow them to once again utilize the center.

Prepared By:

Sophia Cisneros
Facilities Manager

Approved By:

Antonio Gastelum
City Manager



Event Checklist

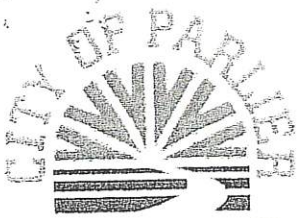
Event Holder: _____ Phone Number: _____
Date of Event: _____ Type of Event: _____ Est. Attendance: _____

Before Event:
(30 Days Before Event)

- ☐ Application Submitted with \$400 deposit
- ☐ Photo I.D.
- ☐ Security Guard Contract
- ☐ Liability Insurance
- ☐ Forms Completed
 - Cancellation Form
 - Bartender Form
 - 2 bartenders with Photo ID
 - Clean Up Guidelines
 - Waiver of Hold Harmless Agreement
- ☐ Event Custodian: _____
 - Hours: _____

Notes:

Final Verification By: _____ Date: _____



RECREATION DEPARTMENT-COMMUNITY CENTER

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT: Raul Castillo
ADDRESS: 5713 S. Academy Ave 93616
TYPE OF EVENT: open rec basketball

EVENT DATE: _____
PHONE NUMBER: 709-3356
ALT NUMBER: _____
ESTIMATED ATTENDANCE: _____

ID COPY SUBMITTED ☐

TABLES: YES ☐ NO ☐

CHAIRS: YES ☐ NO ☐

				RATE	TOTAL
DEPOSIT				\$ 400.00	
	TIME	TOTAL HRS			
HALL	TO			\$ 150.00/per hr	
	TO			\$ 35.00/per hr	
	TO			\$ 40.00/per hr	
				TOTAL	

Tuesdays / Thursdays

5:30pm - 8:00pm

Sundays

10:30pm - 3:00pm

OFFICE USE ONLY

DATE	RECEIVED BY:	STAMP

The applicant upon execution hereof agrees to abide by all City of Parlier rules; regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.

Applicant/Responsible Party

Date

Approved By:

Date

05/09/16



RECREATION DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

APPLICANT: <u>Raul Castillo</u>	EVENT DATE: _____
ADDRESS: <u>5713 s. Academy 93616</u>	PHONE NUMBER: <u>709-3356</u>
TYPE OF EVENT <u>Rec, basketball</u>	ESTIMATED ATTENDANCE _____
	500 MAX CAPACITY _____

CANCELLATIONS

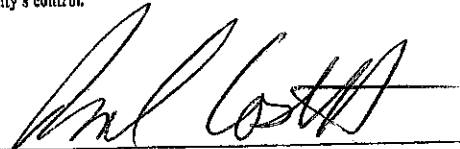
1. Cancellations must be received, in writing, 60 days prior to the reserved event date. The entire balance, including security deposit, will be refunded if these conditions are met. **Applicants that do not conform to these requirements will forfeit the \$400.00 security deposit.**
2. There will be as \$35.00 charge for cancellation fee.

FOR OFFICE USE ONLY

	AMOUNT	DATE	RECEIVED BY:	STAMP
DEPOSIT	\$ 400.00			
CANCELLATION FEE	\$ 35.00			

The applicant upon execution hereof agrees to abide by all City of Parlier rules; regulations, terms and conditions set forth herein and shall assume full and complete responsibility for the City facility (s) rented and for any civil liabilities arising from the use of such City Facility(s). Failure to observe and abide by Facility Rules and Regulations may be grounds for revocation of permit, forfeiture of fees/deposits, termination of present activity and future building use. Applicant's signature is acknowledgement that he/she has read and understands Facility Rules and Regulations and has received a copy of this application. The event supervisor and/or the Police Department reserves the right to close any function due to property damage, aggravated assaults, complaints from surrounding area regarding excessive noise, or if the event appears to become uncontrollable.

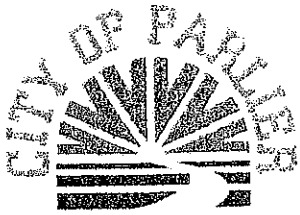
The city of Parlier reserves the right to cancel the event without motive due to power outages, bad or dangerous weather conditions, damages to the facility or other circumstances beyond the city's control.


Applicant/Responsible Party

2-11-19
Date

Approved By: _____

Date



CLEAN UP GUIDELINES FOR THE COMMUNITY CENTER

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

To reduce the cost to you for clean up, we recommend you take responsibility for the following items:

Community Center

1. Throw away all paper products including tablecloths, cups, disposable plates, plastic ware, napkins, etc.
2. Throw away or recycle all cans.
3. Wipe down all tables.
4. Be sure all trash and garbage are placed in trashcans.
5. Empty all trash bags into dumpster.
6. Remove all decorations.
7. Sweep the floor.
8. Leave in the same condition as when you arrived.

Kitchen

1. Empty trash into trash can.
2. Trash bags need to be placed in dumpster.
3. Sweep & Mop floor.
4. Leave in the same condition as when you arrived.
5. No grease to be discarded in any of sinks.
6. Stove / Refrigerator if used must be cleaned.
7. Cutting Board if used must be cleaned.
8. **After designated hours kitchen doors will be closed.**

Restrooms

1. Pick up all paper towels from the floor of the restroom, putting them in the trash cans.

Applicant will be responsible to pay an hour (1) for clean-up purposes after the end of your event. (11:00pm-12:00pm) Please be sure to use it for clean up purposes only.

Raul Castillo
Responsible Party

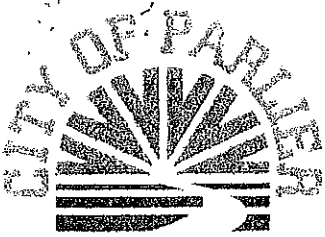
709-3356

2-11-19
Date

Approved by

Date

Recreation basketball



RECREATION & COMMUNITY SERVICE DEPARTMENT

1100 E. Parlier Ave, Parlier CA 93648 | Phone: 559-646-3545 | Fax 559-646-8221

Waiver of Hold Harmless Agreement

I, Raul Castillo, hereby for myself, and heirs, executors and administrators agree to and shall protect, indemnify and hold harmless the City of Parlier and all officers, agents, representatives and employees thereof attorney's fees and costs of all types incurred in defense of any of said parties from said claims or liability, because of or arising out of directly or indirectly the acts of omissions of the participants, guests, visitors, volunteers, employees, representatives, agents or invitee while renting City facilities. Said indemnification and hold harmless provisions shall be in full force and effect regardless of whether or not there shall be insurance policies covering and applicable to such injury, claims or liability. I further also specifically agree that I shall indemnify and hold free of any liability the City of Parlier for any accident, loss or injury.


Applicant/Responsible Party

2-11-19
Date

AGENDA ITEM: 12

MEETING DATE: 02/21/2019

DEPARTMENT: Administration

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REPORT TO THE CITY COUNCIL

SUBJECT:

First Reading and Introduction of Ordinance No. 2019-02⁰³ An Ordinance of the City Council of the City of Parlier Adding Chapter 18.33 to the Parlier Municipal Code Regulating and Requiring Conditional Use Permit for Smoke Shops and Smoking Lounges.

RECOMMENDATION:

City Council to waive First Reading and introduce Ordinance No. 2019-02 Adding Chapter 18.33 to the Parlier Municipal Code.

BACKGROUND:

On being approached by persons wishing to establish retail outlets commonly known as smoke shops or smoking lounges and generally consisting of any establishment of a hookah, cigar, or smoking lounge, tobacco store and vendor of vapor or e-cigarette, tobacco or smoking paraphernalia, the City Council previously rejected a proposed ordinance adding such businesses as a permitted use in a specified zone (Central Trading, C-4). The Council expressed interest in exploring the possibility of allowing smoke shops and smoking lounges in commercial or manufacturing zones of the City, subject to issuance of a Conditional Use Permit.

The proposed Ordinance allows the establishment of smoke shops or smoking lounges in the Central Trading (C-4), General Commercial (C-5), and in the Manufacturing (M-1) zones of the City with a Conditional Use Permit. The issuance of the Conditional Use Permit is governed by the same standards for issuance of any Conditional Use Permit under Chapter 18.38 of Title XVIII of this Code (commencing with Section 18.38.010). In addition, this Chapter 18.33 requires such uses to be compatible with surrounding uses, not to have a detrimental effect on the public health, safety or general welfare, and comply with the following restrictions and requirements: (1) be outside of 300 feet from residential zones of the City and sensitive uses such as schools, churches, or public parks and to be 300 feet away from any other smoke shop or smoking lounge (to prevent a cluster of the same use in the same area); (2) written approval of the property owner where the use is to be established must be obtained; (3) The operator must have a valid license to sell cigarettes and tobacco products in the state of any products sold

ORDINANCE NO. 2019-02

**AN ORDINANCE OF THE CITY COUNCIL OF THE CITY OF PARLIER ENACTING
CHAPTER 18.33 OF THE PARLIER MUNICIPAL CODE REGULATING AND
REQUIRING CONDITIONAL USE PERMIT FOR TOBACCO STORES OR
ELECTRONIC SMOKING DEVICES AND/OR PARAPHANELIA VENDORS (SMOKE
SHOPS) AND CIGAR AND HOOKAH LOUNGES (SMOKING LOUNGES)**

WHEREAS, establishment of any business that is a cigar lounge, hookah lounge, tobacco store, vapor or e-cigarette, tobacco or smoking paraphernalia store is not a permitted use within any zone of the City; and

WHEREAS, Staff has studied and evaluated the most efficient means of allowing for, but regulating and limiting the establishment of hookah, cigar or smoking lounges, tobacco stores and vendors of vapor or e-cigarette, tobacco or smoking paraphernalia (smoke shops) and developed regulations for the establishment and operation of such businesses within the City which address the threats to public health, safety and welfare by virtue of the proliferation, development, operation and location of these types of uses; and

WHEREAS, it is appropriate for purposes of promoting the public health, safety and welfare to regulate and limit the number of businesses and establishments which have as their primary business the sale of electronic smoking devices, electronic smoking device paraphernalia, tobacco or tobacco paraphernalia, or operation of hookah or cigar lounges for the following reasons:

(A) Such uses create concerns when they are located in close proximity to sensitive uses such as residential areas, churches, schools, parks, arcades, and other similar uses where minors tend to congregate as the existence of these uses tends to attract minors to such products which are recognized to be harmful to their health.

(B) Such uses are a target for theft and vandalism and in some cases have been found to be affiliated with the sale of drug paraphernalia that encourages illegal activity that can negatively affect neighborhoods and the surrounding community.

(C) Hookah, cigar, or smoking lounges and similar establishments produce secondary smoke that can negatively affect workers, passersby, neighbors, the elderly, sick and disabled and, in particular, minors and State law has recognized the health risk associated with such uses by virtue of Labor Code §6404.4 prohibiting unlawful smoking of tobacco and hookah pipes in enclosed places of employment as well as

prohibiting the smoking of tobacco and hookah pipes by those under 21 years of age (Penal Code §308) and prohibiting such activities in any public place.

(D) Clinical studies concerning the safety of electronic smoking devices and paraphernalia demonstrate the such activities can give rise to exposure to dangerous emissions and substances or chemicals and since the use of electronic smoking devices has not been approved by the Federal Food and Drug Administration (FDA), consumers have no way of knowing whether the electronic smoking devices are safe, what types of potentially harmful chemicals those products contain and what dose of nicotine, if any, those products might deliver and use of electronic smoking devices threatens to undermine compliance with smoking regulations and reverse progress made in establishing a social norm that smoking is not permitted in public places and places of employment.

NOW, THEREFORE, the City Council of the City of Parlier does hereby ordain as follows:

Section I: Chapter 18.33 is hereby added to Title XVIII of the Parlier Municipal Code to read as follows:

Chapter 18.33 Smoke Shops and Smoking Lounges

18.33.01 DEFINITIONS. The following words and phrases, wherever used in this Chapter shall have the meaning defined in this section unless the context clearly requires otherwise:

A. "Hookah" means glass or metal water pipe usually decorated and shaped somehow like a bottle or small tank with a long flexible core pipe also known as a sisha, nargile, hubble, bubble, nag, or Turkish water pipe.

B. "Hookah Lounge" means an area of a commercial establishment, whether enclosed, indoor or outdoor, designated specifically for the use hookahs, but does not include private use of hookahs in any personal residence, if otherwise in compliance with applicable law.

C. "Electronic Smoking Device" means an electronic device that can be used to deliver an inhaled dose of nicotine, or other substances, including any component, part, or accessory of such a device, whether or not sold separately. "Electronic Smoking Device" includes any such device, whether manufactured, distributed, marketed, or sold as an electronic cigarette, an electronic cigar, an electronic cigarillo, an electronic pipe, an electronic hookah, or any other product name or description.

D. "Electronic Smoking Device Paraphernalia" means cartridges, cartomizers, e-liquid, smoke juice, tips, atomizers, Electronic Smoking Device batteries, Electronic Smoking Device chargers, and any other item specifically designed for the preparation, charging, or use of Electronic Smoking Devices.

E. "Tobacco Paraphernalia" means any device, product, equipment or material of any kind that intended or designed for use for smoking, inhaling or ingesting tobacco, notwithstanding that the device, product, equipment or material may also be used for smoking, inhaling or ingesting any controlled substances. Tobacco paraphernalia includes but is not limited to metal, ivory, wooden, or acrylic, glass, stone, plastic or ceramic pipes; water pipes, bongs, cigarette papers or wrappers, cigarette rolling machines, blunt wraps as defined in Section 308 of the Penal Code, hookahs or similar devices constructed with a receptacle or container in which water or some other liquid may be placed into which smoke passes and is cooled in the process of being inhaled or ingested.

F. "Tobacco Product" means any substance containing tobacco leaf, including but not limited to cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, dipping tobacco, or any other preparation of tobacco; and any product or formulation of matter containing biologically detectable amounts of nicotine that is manufactured, sold, offered for sale or otherwise distributed with the expectation that the product or matter will be introduced into the human body, but does not include any product specifically approved by the Federal Food and Drug Administration for use in treating nicotine or tobacco product dependence.

G. "Smoke Shop" means a retail or wholesale business or any person that sells, offers for sale or offers to exchange for any form of consideration, tobacco, tobacco products, electronic smoking devices or electronic smoking device paraphernalia or tobacco paraphernalia and has 15% or more of its square feet in the establishment used for the sale or display of tobacco, tobacco products or tobacco paraphernalia, electronic smoking devices or electronic smoking paraphernalia or advertising.

H. "Smoking Lounge" means a commercial establishment or portion thereof where electronic smoking devices, tobacco products, tobacco paraphernalia, Hookah pipes or any of these are used by persons on the premises, but does not include any private residence.

18.33.020 CONDITIONAL USE PERMIT REQUIRED.

A. Conditional Use Permit. Smoke Shops and Smoking Lounges shall only be permitted in the Central Trading, C-4, General Commercial, C-5 or Manufacturing (M-1) zones of the City and shall be subject to the issuance, existence

and validity of a Conditional Use Permit as provided for in Chapter 18.38 of Title XVIII of this Code (commencing with 18.38.010) and full compliance with each and every condition thereof. Such Conditional Use Permit shall be issued only if the applicant has submitted a Site Plan showing the location of the use and the following findings have been made:

1. That the proposed use is either a Smoke Shop or Smoking Lounge as defined in Section 18.33.010 of this Chapter;
2. That the establishment of the proposed use is compatible with surrounding uses;
3. That the proposed use does not have a detrimental effect on the public health, safety or general welfare.

B. Locational and Operational Requirements. Smoke Shops and Smoking Lounges shall comply with the following requirements:

1. The use is being established outside of 300 feet of a residential zone of the City, or any Kindergarten, Elementary School, Middle School, High School, Public Library, Church or Public Park or any other Smoke Shop or Smoking Lounge;
2. Written approval from the property owner where such use is to be established, authorizing same;
3. Each Smoke Shop and Smoking Lounge shall hold a valid California Cigarette and Tobacco Products Retailer's License issued by the State Board of Equalization, in accordance with State Law, which shall be prominently displayed in a publicly visible location at the establishment;
4. Each Smoke Shop and Smoking Lounge shall have an on-site manager who is a minimum of 21 years of age;
5. No person who is younger than the minimum age of 21 years shall be permitted to sell, display, market, barter, trade, or exchange any combination of tobacco, tobacco products, tobacco paraphernalia, electronic smoking devices or electronic smoking device paraphernalia.

18.33.030 DRUG PARAPHERNALIA PROHIBITED.

Except as otherwise authorized by law, no person shall maintain or operate any place of business in which drug paraphernalia is kept, displayed or offered in any manner, sold, furnished or transferred or given away. For the purposes of this section, the word "drug paraphernalia" shall be defined by reference to the California Health & Safety Code §11014.5, as it now exists or may hereinafter be amended.

Section 2: California Environmental Quality Act: The City Council having considered the Staff Report and all public comments, has determined that this ordinance is not a project under the California Environmental Quality Act because the ordinance has no potential for resulting in a physical change in the environment. Since the ordinance is not a project, no environmental documentation is required.

Section 3: Severability: If any section, subsection, sentence, clause or phrase of this Ordinance is for any reason held to be invalid or unconstitutional, the decision shall not affect the validity of the remaining portions of the Ordinance. The City Council hereby declares that it would have passed this Ordinance, and each section, subsection, sentence, clause or phrase thereof, irrespective of the fact that any one or more sections, subsections, sentences, clauses or phrases have been declared invalid or unconstitutional.

Section 4: Effective Date and Posting of Ordinance: This Ordinance shall take effect and be in force thirty (30) days from and after the date of final passage. The City Clerk of the City of Parlier shall cause this Ordinance to be published at least once within fifteen (15) days after its passage in a newspaper of general circulation in Fresno County with the names of those City Council Members voting for or against the Ordinance.

Passed, approved and adopted at a meeting of the City Council on the ____ of _____, 2019 by the following vote:

AYES: COUNCIL MEMBERS

NOES: COUNCIL MEMBERS

ABSTAIN: COUNCIL MEMBERS

ABSENT: COUNCIL MEMBERS

Alma Beltran, Mayor of the City of Parlier

ATTEST:

Bertha Augustine
Deputy City Clerk of the City of Parlier

AGENDA ITEM: 13

MEETING DATE: 02/21/2019

DEPARTMENT: Administration

REPORT TO THE CITY COUNCIL

SUBJECT:

Consideration and Necessary Action on Resolution Increasing Compensation Payable to Elected City Clerk of the City of Parlier.

RECOMMENDATION:

Staff recommends the City Council adopt the Resolution Increasing the City Clerk's compensation from \$_____ to \$_____.

BACKGROUND:

The Council's monthly compensation was raised by Ordinance in accordance with Government Code §36516 by Ordinance No. 01 adopted February 7, 2019. The City Clerk, who is, like Council members, also elected, has requested her monthly compensation be increased as appropriate. The increase represents the same proportional increase given to City Council members and to the Mayor.

FISCAL IMPACT:

The difference between \$_____ and \$_____ for the period of 12 months.

Prepared by:

Approved by:

City Attorney

City Manager

RESOLUTION NO. 2019-_____

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF PARLIER SETTING
THE MONTHLY COMPENSATION LEVEL FOR THE ELECTED CITY CLERK IN
THE CITY OF PARLIER**

WHEREAS, the City of Parlier has an elected City Clerk; and

WHEREAS, by statute, Government Code §36517, the salary and compensation of an elected City Clerk may be set by the City Council by Ordinance or Resolution; and

WHEREAS, currently, the elected City Clerk receives \$300.00, monthly in compensation, an amount which has not been raised since it was first established.

NOW, THEREFORE, be it resolved as follows:

1. The foregoing recitals are true and correct.
2. The City Clerk's monthly compensation shall be and hereby is raised from \$300.00 to \$_____ effective immediately.

The foregoing resolution was approved and adopted at a regular meeting of the City Council of the City of Parlier held on the 21 day of February, 2019, by the following vote:

AYES:
NOES:
ABSTAIN:
ABSENT:

Alma Beltran, Mayor of the
City of Parlier

ATTEST:

City Clerk/Deputy City Clerk