



CITY OF STOCKTON

OFFICE OF THE CITY MANAGER

City Hall • 425 N. El Dorado Street • Stockton, CA 95202-1997 • 209 / 937-8212 • Fax 209 / 937-7149
www.stocktonca.gov

Sent to: bycassiedickman@gmail.com

July 24, 2024

Cassie Dickman
Stocktonia News

Re: California Public Records Act Request dated July 22, 2024 (email) – Councilmember Michele Padilla Community Event at Michael Faklis Park on July 20, 2024

Dear Ms. Dickman,

I am writing in response to your request for public records dated July 22, 2024, pursuant to the Public Records Act ("Act") (Gov. Code § 7920.000, *et seq.*, formerly Gov. Code § 6250, *et seq.*), requesting records pertaining to City of Stockton facilities, services, equipment and expenditure for Councilmember Michele Padilla's community event on July 20, 2024, at Michael Faklis Park.

Attached, please find records related to the planning, permitting and payments (77 pages). Certain personal information has been withheld under Gov. Code 7922.000, formerly Gov. Code 6255.

If you have any questions, please contact me at (209) 937-8827.

Sincerely,

A handwritten signature in black ink that reads "Connie Cochran".

Connie Cochran
City Manager's Office

cc: Taryn Jones, Deputy City Attorney



SPECIAL EVENT PERMIT APPLICATION

Special Events Office • City Hall • 1st floor • 426 North El Dorado Street • Stockton, CA 95202
 Telephone: (209) 937-8119 • Fax: (209) 939-9593

Application/Organization Name: Council Member Padilla
 Date of Birth: [REDACTED]
 Phone Number: 209-565-2421
 Mailing Address: [REDACTED] CA, 95209
 E-Mail Address/Website: MichaelPadilla@stocktonca.gov
 Is your organization a local 501 c3? YES NO

EVENT INFORMATION

Facility/Park Location being requested: _____

Event be held on City or private property? CITY PRIVATE

Event Name: Annual Community Event

Type of Event: Community free BBQ, entertainment, and art

Date of Event: Saturday, July, 20th 2024

Set up time (pre-event, including decorating): 2:00pm

Event Start Time for the Public: 5:30pm

Event Ending Time for the Public: 9:00pm

Completion Time (clean up): 9:00pm

Equipment/Vendor Load-In YES NO

Loading in anything prior to the day? YES NO

Loading out anything after the event? YES NO

Expected number of attendance: 700

Please indicate the expected age range of attendees? 18 - 29 30 - 49 50 and over

Is the event private or public? Public Private

Ticket Sales/Seating YES Ticket Price FREE NO

Is there an admission charge? YES Ticket Price FREE NO

When are tickets sold? Pre-sold At Door Both

List all ticket vendors and websites for ticket sales: _____

Seating at the event is? Reserved General Admission Both

Will there be candles at the event? YES NO

(candle permit required)

Is there any advertising associated with the event? YES NO

List type of advertising: _____

(IMPORTANT: Events are not authorized to advertise until approved by the City Events Committee)

Social media and direct mail _____

Showmobile • Mobile Stage Rental (If you are not renting the showmobile, please enter N/A)

Are you renting the Showmobile? YES NO

Set up Time/Date: 3:00pm

Take Down Time/Date: 9:00pm

Delivery Location: Michael Fakis Park

Showmobile rental options: Electricity 30 chairs



ENTERTAINMENT

Please list all bands, individual artists, and or disc jockeys that will be performing. Attach additional sheets as necessary, including type of music, sound check and performance schedule.

Band Name/Artist/DJ: Touch of Magic *Touch of Magic*
 Address: _____
 Phone Number: 209-845-6751 *(209) 845-6751*

Band Name/Artist/DJ: _____
 Address: _____
 Phone Number: _____

Band Name/Artist/DJ: _____
 Address: _____
 Phone Number: _____

List all types of music that will be performed /played:
 Number of performers:
 Number of stages:

Jazz FR & 70's/80's *Jazz R.B. / 70's/80's*
 4
 4

Will there be dancing at event?

YES NO

Will there be other entertainment?

YES NO

If yes, please check all that apply and list company name:

Amplified Sound: _____
 Activity Booths: Face painting, balloon artist *Face Painter / Balloon artist*
 Cars/Trailer Show: _____
 Carnival Games: _____
 Celebrities: _____
 Demonstrations: _____
 Inflatables: Bounce house *Bounce house*
 Parade Floats: _____
 Other: _____

VENDOR INFORMATION

List of all vendors including food, beverage, caterers, equipment's (dumpster, portable restrooms, jumpers, etc.) service, merchandise, exhibitors, arts and crafts, etc. with name, address and phone numbers. A current business license and insurance must be on file with the City of Stockton.

Will alcohol be served/sold at the event? Yes Serving - No Charge Sold at Event No

Beverages: (check all that apply) Soda Water Beer Wine Mixed

Name of alcohol vendor: (ABC license will be required) _____

Alcohol Served between the times of: _____

Will food be served at the event?

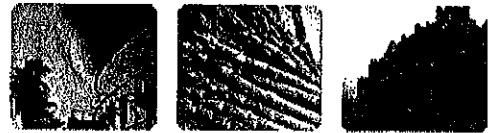
YES NO
 YES NO

Will there be food vendor's or caterers at the event?

Vendor/Caterer: _____

Type of vendors: (check all that apply) Food Merchandise Arts and Crafts Exhibitors

PLEASE SUBMIT ANY ADDITIONAL VENDORS ON A SEPARATE PIECE OF PAPER



PUBLIC SAFETY AND STREET CLOSURE

As an event organizer, you are required to provide a safe and secure environment for your event through sound preparation and anticipation of potential concerns. Please answer questions below regarding internal security, crowd control and location of security.

Private security company are you using? Alpha Guard Alpha Guard

Useage of volunteers as additional monitors? YES NO

List amount that will assist your event: Event Monitors: ** 15
Peer Group of Ushers:
Employees of Event Holder:
Parent Chaperones:
Volunteers: 15

Possibility of any protest or problems that may arise? No YES NO

Additional parking needed? If yes, please list streets: Commercial Mikolumne YES NO

PARADE/RUN/MARCH

Please check the following event that applies: PARADE RUN MARCH

Streets or lanes to be closed? If "yes" please list streets: No YES NO

Attach the proposed route and barricade plan and indicate the start and finish

Time of closure : N/A YES NO

Is your event effecting sidewalks? If yes please list location: Company Name of Barricades: (If required by Stockton Police Department)

How many monitors/volunteers will station on route/course? YES NO

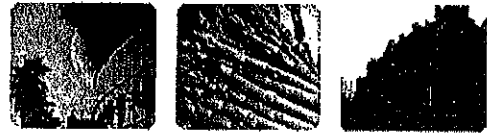
Will your event required alternate parking? If yes please list location: YES NO

Have you made ADA accessiblity arrangments? Plesse explain: YES NO

Where will the attendees be parking? YES NO

Your plan for notifying sourounding residences and businesses? Yes
Signature petition with the signature sheet must be submitted

STOCKTON POLICE DEPARTMENT WILL DETERMINE THE TYPE (S) AND NUMBER OF PERSONNEL, BARRICADES, SIGNAGE AND EMERGENCY VEHICLE ACCESS NEEDED FOR EVENT AT COST TO APPLICANT.



FIRE AND SANITATION

The tent company, event coordinator and/or the responsible party must obtain the proper permits from the Stockton Fire Department. This will ensure accurate permit processing.

Please check the following that applies: 10x10 Tent 200 sq. ft. 400 sq. ft.

If tents or canopies are being used, please complete the following:

Company Name of Tent Supplier: _____

Number of tents: _____

Number of canopies: 5-6

Installing stages? YES NO

Installing bleachers or grandstands? YES NO

If yes, please show location on site plan map.

Check if vendors will be using the following:

Gas Grill Propane Stoves

Will there be emergency personnel working the event? YES NO

What are your plans for providing _____

SANITATION

As an event organizer, you must properly dispose of waste/garbage and develop a plan for food handling, preparation and distribution. Please answer the questions below. Additional requirements may be applicable.

Number of Recycling Containers: _____

Number of Garbage Receptacles: Provided by City Park

Number of Dumpsters: Provided by City Park

Company Name of Waste Disposal: _____

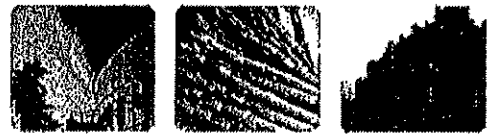
PLEASE ATTACH YOUR PLAN FOR CLEAN UP AND REMOVAL OF GARBAGE AND RECYCABLES

REFERENCES

For **public events** only. Please list references from your last two events. Previous event references may be checked to better assist you with the City of Stockton's Special Event process.

Type of event: Annual Community Event
 Facility name: Lori Auerbach City Attorney
 Address, City, State: City Hall

Type of event: Annual Community Event
 Facility name: Mayor Kevin Lincoln
 Address, City, State: City Hall



AFFIDAVIT OF APPLICATION

I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property, or illness, including, but not limited to, communicable diseases such as MRSA, Influenza, and COVID-19, arising out of, or in connection with, my participation in the activity/event from whatever cause, including the active or passive negligence of the promoter/organizer or City or any other participant in the activity/event. In consideration for being permitted to participate in the activity/event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity/event. This form will act as a medical release in the case of an emergency.

I understand that by participating in this event, that I am giving consent for images of myself and event to be used for promotional purposes or instruction by the City of Stockton.

In case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.

I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

This event application is only a request for a reservation. All confirmations will be decided upon by the City of Stockton's Event Committee. A request for reservation cannot be made without submitting the required security deposit. If the request is approved a tentative event confirmation will be mailed/mailed to the below listed party. By signing this form it is understood that you are obligated to provide all required fees and documents as set forth by the City of Stockton Event Manager (i.e. insurance requirements, liquor liability, security, payment, etc.) to the City of Stockton 45 days prior to the event or your reservation is subject to cancellation due to non-compliance. Cancellation fees will apply. The contact name listed below will be the sole contact for all matters regarding the event. The party will work directly with the City of Stockton employee assigned to each facility. The liable party will be responsible for all signed documents and fees that are required. If you do not list a contact name the liable party will be listed for all matters. The Parties agree that this agreement may be signed with a digital signature, which has the same force and effect of a handwritten signature.

CONTACT INFORMATION

Name: Michelle Padilla *Michelle Padilla*
 Phone Number: 209-565-4242 *(209) 565-2421*
 Cell Phone Number: [REDACTED]
 Address: [REDACTED] CA 95209
 Email: MichellePadilla@stocktonca.gov

RESPONSIBLE PARTY INFORMATION

Name: Michelle Padilla
 Phone Number: 209-565-4242
 Cell Phone Number: [REDACTED]
 Address: [REDACTED] CA 95209
 Email: MichellePadilla@stocktonca.gov

I, the undersigned, understand all terms listed above and that all information that has been complete is factual. I understand that if any of the information is found to be fraudulent or if I have withheld any information it will be grounds for cancellation.

Signature: _____ Date: _____

Print Name Here: Michele Padilla



Rental Contract / Permit
 Receipt #: 313590
 Payment Date: 05/14/24
 Household: 14865

City of Stockton - Community Services
 605 North El Dorado Street
 Stockton, CA 95202
 Phone: (209)937-8206
<http://www.stocktongov.com>

Council Member - City of Stockton Home Phone [REDACTED]
 Stockton CA 95209
michele.padilla@stocktonca.gov

Reservation Details: Permitted Park Space for Special Event, Approved Park - Open Space for Permitted Events

	Now Fees	Total Fees	Now Paid	Total Paid	Amount Due
Resrv. Contact: Michele Padilla	337.00	337.00	0.00	0.00	337.00
Phone Number: [REDACTED]					
Resrv. Number: 13814	500.00	500.00	0.00	0.00	500.00
Status: Firm					
Purpose: Annual Community Event					
Anticipated Count: 700					

Date(s): Sat @ 2:00 pm - 9:00 pm: 7/20/2024
 Special Questions: Will there be an admission charge? No
 What is the admission charge? N/A
 Time Approved for sound? 5:30 pm
 Will alcohol be served? No
 Time approved for alcohol: Not Permitted
 Close Streets? No
 Clean Up Completed: 9:00 pm
 Additional dumpster required? Yes
 Hours of election needed?
 Type of insurance required. For insured events \$6" the promoter will comply with insurance requirements contained on Exhibit A: \$1 mil/\$2 mil
 Event Time: 5:30 pm
 Entertainment vendors? Touch of Magic Music
 Food vendors? N/A
 Fountain needed? N/A
 Is a health permit required? No
 Will alcohol insurance be required? No
 I understand a map of the location is required? Yes
 Fire and tent permit inspection required? Yes
 Police Service Required? No
 Portable Restroom Needed:
 How many Security guards are required? 2 guards from 5:00pm-9:30pm
 Set up Time: 2pm
 Will there be vendors? Yes
 Requirement Due Date: 06/10/2024
 Link to Reservation #: 13814

Waiver: In return for being permitted to participate in the program/activity, or to use the City of Stockton's property, listed on this form (the "Program"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the City, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue the City of Stockton, its officers, officials, employees and volunteers (the "City"), from liability from any and all claims from whatever cause, including the negligence of the City, resulting in personal injury (including death), illness (of any type, including communicable diseases such as MRSA, Influenza, and COVID-19), and property loss, in connection with my participation in the Program and any use of City premises and facilities.

Indemnification and Hold Harmless: I also agree to hold harmless, defend, and indemnify the City from and against any and all liability, claims, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature, by any person or persons, arising out of or in connection with the Program, provided that any such liability, claim, loss, damage, expense, or cost is not solely attributable to, or caused by, the gross negligence or willful misconduct of the City.

Rental Contract / Permit



Receipt # 313590
 Payment Date: 06/14/2024
 Household: 14685

Images: I understand that by participating in the Program, I give consent for images of myself taken at the Program to be used for promotional or instructional purposes by the City.

Cancellation: In the case of an emergency, or for reasons beyond the City's control, the City reserves the right to cancel the Program prior to its commencement without liability. Refunds will be made accordingly.

Severability: I further agree that this release is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

I have read this document and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing this document freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

X: M. Padilla
 Michele Padilla, Council Member - City of Stockton
 Stockton, CA 95209
 No Phone # Listed

Date: 6/11/24

Staff Initials: uj

Date: 05/14/2024

Reservation Details: Stockton Showmobile, Showmobile

Reserv. Contact: Michele Padilla
 Phone Number: [Redacted]
 Reserv. Number: 13814
 Status: Firm
 Purpose: Annual Community Event
 Anticipated Count: 700

Deposit:

New Fees	Total Fees	New Paid	Total Paid	Amount Due
809.00	809.00	0.00	0.00	809.00
750.00	750.00	0.00	0.00	750.00

Date(s): Sat @ 2:00 pm - 9:00 pm: 7/20/2024
 Special Questions: Link to Reservation #: 13814
 Close Streets?
 Event Time: 5:30 pm
 Generator needed? Yes
 Is electricity needed?
 Type of Insurance required. For insured events A/E the promoter will comply with insurance requirements contained on Exhibit A: \$1 mil/\$2 mil
 Time of delivery? 2:00 pm
 Delivery location: Michael Faklis Park
 Name of contact: Michelle Padilla

Rental Contract / Permit



Receipt # 313590
Payment Date: 05/14/2024
Household: 14866

Set Up Instructions:
Time of pick up?
Requirement Due Date: 06/10/2024

Waiver: In return for being permitted to participate in the program/activity, or to use the City of Stockton's property, listed on this form (the "Program"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the City, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue the City of Stockton, its officers, officials, employees and volunteers (the "City"), from liability from any and all claims from whatever cause, including the negligence of the City, resulting in personal injury (including death), illness (of any type, including communicable diseases such as MRSA, influenza, and COVID-19), and property loss, in connection with my participation in the Program and any use of City premises and facilities.


Indemnification and Hold Harmless: I also agree to hold harmless, defend, and indemnify the City from and against any and all liability, claims, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature, by any person or persons, arising out of or in connection with the Program, provided that any such liability, claim, loss, damage, expense, or cost is not solely attributable to, or caused by, the gross negligence or willful misconduct of the City.

Images: I understand that by participating in the Program, I give consent for images of myself taken at the Program to be used for promotional or instructional purposes by the City.

Cancellation: In the case of an emergency, or for reasons beyond the City's control, the City reserves the right to cancel the Program prior to its commencement without liability. Refunds will be made accordingly.

Severability: I further agree that this release is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

I have read this document and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing this document freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

 Date: 6/11/24

Michele Padilla, Council Member - City of Stockton

Stockton, CA 95209
No Phone # Listed

Staff Initials: TJ
Date: 05/14/2024

Rental Contract / Permit



Receipt # 313590
 Payment Date: 05/14/2024
 Household: 14665

Processed on 05/14/24 @ 5:00 pm by Johnson

Total New Deposit Fees	1,250.00
Total New Fees	1,146.00
Total Due	2,396.00

Total Fees Paid	0.00
Total Paid	0.00
Balance From Receipt	2,396.00

Household Balance Information

Overall Household Balance Due 2,396.00

Fees:	
Non-Refundable app fee	\$55.00
Security Deposit	\$500.00
Park Usage Fee	\$292.00
Showmobile Deposit	\$750.00
Showmobile Usage Fee	\$705.00
Generator Fee	\$104.00
TOTAL=	\$2,396.00

Tina Johnson 05/14/2024

Authorized Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2024

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 East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945	CONTACT NAME: Will Maddux PHONE (A/C, No., Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelpor.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company NAIC # 36378	
INSURED Michele Padilla Stockton CA 95209	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 SUBR INSD / 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 Host Liquor Liability Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y Y	3DS5475-M3867106	07/20/2024 12:01 AM	07/21/2024 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000 Deductible \$ 1,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA-EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 400, Event Type: Dinner. Waiver of Subrogation applies per attached CG 24 04 12 19. Primary/Non-Contributory wording applies per attached CG 20 01 04 13. Additional Insured: The City of Stockton, its officers, officials, employees, and designated volunteers. Location as per City of Stockton facility rental permit contract.

CERTIFICATE HOLDER City of Stockton Its officers, officials, employees, and volunteers 400 East Main Street, 3rd Floor Stockton CA 95219	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
--	--



COMMERCIAL GENERAL LIABILITY
POLICY NUMBER: 3DS5475-M3867106

EVANSTON INSURANCE COMPANY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

The City of Stockton, its officers, officials, employees, and designated volunteers.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule of this endorsement, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by the acts or omissions of any insured listed under Paragraph 1. or 2. of Section II – Who Is An Insured:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

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

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

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

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

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

All other terms and conditions remain unchanged.

POLICY NUMBER: 3DS5475-M3867106

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance Condition** and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other Insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

POLICY NUMBER: 3DS5475-M3867106

COMMERCIAL GENERAL LIABILITY
CG 24 04 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
ELECTRONIC DATA LIABILITY COVERAGE PART
LIQUOR LIABILITY COVERAGE PART
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
RAILROAD PROTECTIVE LIABILITY COVERAGE PART
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

SCHEDULE

Name Of Person(s) Or Organization(s):

The City of Stockton, its officers, officials, employees, and designated volunteers.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – **Conditions**:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.

Michael Faklis Park
5250 Cosumnes Dr,
Stockton, CA 95219



2 – Guards
5:30PM –
9:30PM

AGREEMENT FOR SECURITY GUARD SERVICES

THIS CONTRACT, is made by, and between Rosirene Tirado, doing business as ALPHA GUARD (“Contractor”), and Authorized

Representatives: City of Stockton District 1
Contact Information: Michele Padilla 209-565-2421
Email: Michele.Padilla@stocktonca.gov

RECITALS

WHEREAS, Client desires to purchase security guard services for Client’s use of buildings, grounds, premises, personal property, and personnel, and for guests and other users of Client’s facilities and service, and

WHEREAS Contractor is willing to provide those services,

NOW THEREFORE, subject to the terms and conditions hereinafter set forth, and in consideration of the mutual covenants contained herein, the Parties agree as follows:

1. **TERM.** The term of this Contract shall begin 07/20/2024 and terminate on 07/20/2024 with an option to renew thereafter, unless terminated as provided herein. If Client decides to exercise the option to renew, it shall be in written form to Contractor, thirty (30) days prior to the expiration of the Contract.
2. **SCOPE OF SERVICES.** Contractor will perform and complete in a timely and satisfactory manner the duties of security guard at the stated facility. Services will be on 07/20/2024 and 07/20/2024 from 5:30 PM to 9:30 PM on this day 1 day with 2 GUARDS.

1. **CONTRACTOR’S GENERAL DUTIES.** Contractor agrees as follows

- a. Security guards assigned to perform work under this agreement will wear uniforms at all times.
- b. Contractor at its own expenses shall provide its security guards with necessary uniforms and equipment required for the effective discharge of security services, unless otherwise set forth herein.
- c.

- d. Security guards assigned to perform work under this agreement shall perform their duties independently, receiving general operational direction, but not supervision by Client.
- e. Security guards will interact with staff and the public in a professional manner.

2. **LOCATIONS.** Contractor shall provide security services for the buildings and accompanying grounds owned and/or occupied by Client as set forth below:

Michael Faklis Park

5250 Cosumnes Dr, Stockton, CA 95219-7201

COMPENSATION AND HOURLY RATES. The security services shall be provided at the rate of **\$35.00** per hour (**Thirty - Five**) dollars) per security guard. This site will be **8 hours**. The client requests **2 Guards** for this event. The ~~total cost will be \$280.00.~~

4. **INVOICES.** Payment will be made once each **week** upon submission of detailed invoices for services authorized and provided for the preceding week. Client will each preceding week determine and forward the payment to the Contractor.

5. **INDEPENDENT CONTRACTOR STATUS.** Nothing contained in the entire Agreement between Client and Contractor shall be construed as the establishment or creation of a relationship of employer and employee between Client and Contractor, it being agreed that the position of Contractor and anyone else performing any services under this Agreement is that of an independent contractor.

6. **CONTRACTOR'S LIABILITY INSURANCE.** For the duration of this Agreement, Contractor shall purchase and maintain in a company or companies authorized to do business in the State of California, insurance with limits equal to or greater than those set forth below:

7. **CLIENT'S LIABILITY INSURANCE.** Client shall be responsible for purchasing and maintaining, in a company or companies authorized to do business in the State of California, Client's liability insurance to protect Client against claims which may arise from operations under this Agreement.

8. **PERMITS AND LICENSES.** The Contractor shall be licensed as a qualified security services company in accordance with the requirements of the laws of the State of California and must maintain such licensing throughout the term of this Agreement. The Contractor shall comply with all applicable federal, state and local laws in obtaining any necessary permits and licenses.

9. **TERMINATION.** Either party may upon, providing thirty (30) days written notice, terminate the Agreement at any time, with or without cause. Upon thirty (30) days notice of termination by either party, Client shall be liable only for payment in accordance with the provisions of this Agreement for the services performed prior to the effective date of termination.

A. If Contractor neglects or fails to perform any provision of this Agreement and fails to cure such neglect or failure within five (5) days after written notice

thereof, Client, without prejudice to any other remedy, may immediately terminate this Agreement. Client shall be liable only for payment in accordance with the provisions of this Agreement for the services performed prior to the effective date of termination.

B. If Client neglects or fails to perform any provision of this Agreement and fails to cure such neglect or failure within five (5) days after written notice thereof, Contractor, without prejudice to any other remedy, may immediately terminate this Agreement and submit a final invoice for payment to Client.

10. **NOTICES.** Any notice required to be given by the terms of this Agreement shall be in writing signed by an authorized representative of the sender and shall be deemed to have been given when the same is personally served or upon receipt by express or overnight delivery, postage prepaid, or three (3) days from the time of mailing if sent by first class or certified mail, postage prepaid, addressed to the respective parties as follows:

To Client:

Representatives: City of Stockton District 1
Contact Information: Michele Padilla 209-565-2421
Email: Michele.Padilla@stocktonca.gov

To Contractor:
Resirene Tirado DBA
Alpha Guard
1717 S. Union Street
Stockton, CA 95206
(209) 298-5416

11. **HIRING OF GUARD BY CLIENT.** Client agrees that for a period of 12 months after the termination of this Agreement, Client will not hire as a security guard any persons employed by Contractor in the performance of this Agreement.

12. **MODIFICATION OF AGREEMENT.** This Agreement may be modified only by written agreement signed by the parties hereto.

13. **SEVERABILITY.** The unenforceability, invalidity or illegality of any provision of this Agreement shall not render the other provisions unenforceable, invalid or illegal.

14. **WAIVER.** If one party waives any term or provision of this Agreement at any time, the waiver will only be effective for the specific instance and specific purpose for which the waiver

was given. If either party fails to exercise or delays exercising any of its rights or remedies under this Agreement, that party retains the right to enforce that term or provision at a later time.

15. **GOVERNING LAW AND VENUE.** The Parties agree that the law governing this Agreement shall be that of the State of California and venue shall be in San Joaquin County.

16. **FORCE MAJEURE.** Each party shall be excused from performance for any period and to the extent that it is prevented from performing any obligation or service, in whole or in part, as a result of causes beyond the reasonable control and without the fault or negligence of such party and/or its subcontractors. Such acts shall include without limitation acts of God, strikes, lockouts, riots, acts of war, epidemics, governmental regulations superimposed after the fact, fire, earthquakes, floods, or other natural disasters ("force majeure events").

17. **ENTIRE AGREEMENT.** This Agreement constitutes the entire agreement between the Parties concerning their rights and obligations with respect to the performance of services under this Agreement. Any agreements or representations respecting the services to be performed not expressly set forth in this Agreement shall have no effect, except for a subsequent written modification signed by both parties.

18. **EFFECT ON HEIRS AND ASSIGNS.** This Agreement shall be binding on and shall inure to the benefit of the heirs, executors, administrators, successors, and assigns of each of the Parties.

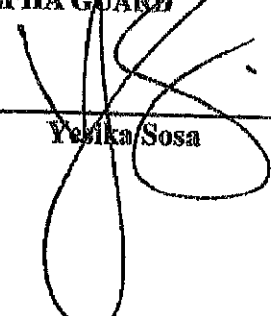
Executed on May 20, 2024 at Stockton, California.

"Client"

Representatives: City of Stockton District 1
Contact Information: Michele Padilla 209-565-2421
Email: Michele.Padilla@stocktonca.gov

Signature: _____
Insert name and title.

"Contractor:"
Rosireno Tirado DBA
ALPHA GUARD



Yesika Sosa



Stockton Fire Department • Fire Prevention Division
 345 N. El Dorado St, Stockton, CA 95202
 (209) 937-8271
SFD-Prevention@stocktonca.gov



FIRE PREVENTION ONE-TIME PERMIT & INSPECTION APPLICATION
One-time fire permit as required by the Stockton Municipal Code

Application Date: 7/9/2024

Applicant/Business Name: City Council

Applicant Address: [Redacted] Stockton, CA 95209 Suite:

City: Stockton State: CA Zip: 95209

Event Name: Community Event Event Date(s)/Time(s): 7/20/24, 6-9pm

Event Address: 5250 Cosumnes Dr Suite: Zip: 95219

Contact Person: Michele Padilla Contact Phone: [Redacted]

Contact E-mail: [Redacted]

APPLICANTS – Place Check next to requested permit type:

Candles & Open Flames in Assembly Areas – Per Event:	<input type="checkbox"/>
Carnivals & Fairs:	<input type="checkbox"/>
Open Burning:	<input type="checkbox"/>
Tent:	<input type="checkbox"/>
Special Event:	<input checked="" type="checkbox"/>
Other: Community Cookout Event	<input checked="" type="checkbox"/>

ALL APPLICANTS - READ AND SIGN - ALL INFORMATION IS SUBJECT TO VERIFICATION. I have read this application and know the contents thereof and attest that the same is true and correct. I further acknowledge that the City of Stockton has adopted the Fire Code, and the amendments thereof, and use of the permit being applied for will conform to accepted standards.

Print Name: Michele Padilla Signature:  Date: 7/9/2024

Inspection Date/Time:	Inspected by:

Permit Number	Fee	Date Paid	Processed By	Notes
P0524-00839	\$344	7/9/24	Toyz	



POINT OF SALE INVOICE

Record Number: POS24-00839

Fire Permit Number: EVENT:07/20/24

Inspection Date: 07/20/2024

Site Address: 6250 CONSUMNES DR
 Project Name: Council Member Padilla-Community Event-07/20/24
 Invoice Number: 261855
 Invoice Date: 7/9/2024
 Detail Description: Council Member Padilla-Community Event-07/20/24

MICHELE PADILLA- [REDACTED]
 [REDACTED]

Payment Details

Description	Quantity	Fee
SPECIAL INSPECTION PER QUARTER HR	8.00	\$352.00
Total Fee:		\$352.00

Online Payment Instructions

- Step 1: Go to website: <https://aca.aacola.com/Stockton> hover over the "Pay Permit Fees" button, then click on "Building"
- Step 2: Search for your Record Number POS24-00839 using the search bar in the upper-right hand corner of the page.
- Step 3: Click on "Payments", then "Fees" in the drop-down list.
- Step 4: Select the "Pay Fees" link to the right of the list of fees.
- Step 5: Review the list of fees and select "Continue Application" at the bottom of the page.



**STOCKTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
(209) 937-8271 • FAX (209) 937-8893**



**RESPONSIBLE VENDOR FORM FOR
OUTDOOR COOKING BOOTHS**

Name of Vendor: Atzimba Catering LLC

Mailing Address: 1111 Main St, Sulsum City CA 94585

Telephone Number: (707)580-1105

Type of Outdoor Cooking Booth: Food Truck

Date(s) of Function: 07/20/2024

Location of Function: Michael Faklis Park

I, Elisao Tapia (Print Name) hereby represent and warrant that I am the authorized agent of Atzimba catering LLC (Print Name of Vendor), with the authority to act on its behalf.

On behalf of said vendor, I have read and understood the Fire Department's Regulations for Outdoor Cooking Booths ("Regulations"), and I agree to comply with the Regulations at the location and on the date(s) specified above.

I understand and agree that the City of Stockton Fire Marshal (and/or representative thereof) may inspect said vendor's cooking booth at any time to enforce the Regulations.

I further understand and agree that said vendor shall be held liable for any and all fees and costs related to violations of the Regulations, as determined by the Fire Marshal, in the exercise of his/her sole discretion.

READ, UNDERSTOOD, AND AGREED:

Elisao Tapia
Signature
Elisao Tapia Owner
Name and Title

7-16-2024
Date

Please return this completed form to: Stockton Fire Department
Fire Prevention Division
345 N. El Dorado Street
Stockton, CA 95202



**STOCKTON FIRE DEPARTMENT
FIRE PREVENTION DIVISION
(209) 937-8271 • FAX (209) 937-8893**



**RESPONSIBLE VENDOR FORM FOR
OUTDOOR COOKING BOOTHS**

Name of Vendor: Ty's Gourmet Dogs

Mailing Address: 802 S Central Ave, Lodi CA 95240

Telephone Number: (209) 927-2974

Type of Outdoor Cooking Booth: 8x12 food truck

Date(s) of Function: 07.20.24

Location of Function: _____

I, Cindia Almaraz (Print Name) hereby represent and warrant that I am the authorized agent of Ty's Gourmet Dogs (Print Name of Vendor), with the authority to act on its behalf.

On behalf of said vendor, I have read and understood the Fire Department's Regulations for Outdoor Cooking Booths ("Regulations"), and I agree to comply with the Regulations at the location and on the date(s) specified above.

I understand and agree that the City of Stockton Fire Marshal (and/or representative thereof) may inspect said vendor's cooking booth at any time to enforce the Regulations.

I further understand and agree that said vendor shall be held liable for any and all fees and costs related to violations of the Regulations, as determined by the Fire Marshal, in the exercise of his/her sole discretion.

READ, UNDERSTOOD, AND AGREED:

Signature
Cindia Almaraz
Name and Title

07.16.2024
Date

Please return this completed form to: Stockton Fire Department
Fire Prevention Division
345 N. El Dorado Street
Stockton, CA 95202

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1


Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 1, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: About Face – Face Painting

Amount: \$500.00

Councilmember Signature: 

Review: _____

City Attorney's Office: _____

City Manager's Office: _____

Approval: Resolution # **2024-06-18-1603**

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1


Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 9, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: Ty's Gourmet Dogs

Amount: \$2,800.00

Councilmember Signature: 

Review:

City Attorney's Office: _____

City Manager's Office: _____

Approval: Resolution # **2024-06-18-1603**

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 1, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: Danny's Churros & Shave Ice

Amount: \$3,000.00

Councilmember Signature: *M. Padilla*

Review:

City Attorney's Office: _____

City Manager's Office: _____

Approval: Resolution # **2024-06-18-1603**

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1


Event: Community Event – 2nd Annual Community BBQ at Michael Fakls Park

Date: July 1, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: Alpha Guard

Amount: \$280.00

Councilmember Signature: 

Review: _____

City Attorney's Office: _____

City Manager's Office: _____

Approval: Resolution # **2024-06-18-1603**

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 1, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: City of Stockton – Fire Department

Amount: \$86.00

Councilmember Signature: 

Review: _____

City Attorney's Office: _____

City Manager's Office: _____

Approval: Resolution # **2024-06-18-1603**

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-



City Council: Padilla / District 1


Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 17, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: ATM Bounce Houses and More

Amount: _____

Councilmember Signature: 



Review: _____

City Attorney's Office: _____

City Manager's Office: _____



Approval: Resolution # **2024-06-18-1603**



**A&J
RENTALS**

A&J Rentals
P.O Box 790
Lodi, CA 95241
+12096637071
info@ajportabletoiletsllc.com

Invoice

BILL TO
City of Stockton 425 N. El Dorado St Stockton, CA 95202 US

SHIP TO
Michele Padilla 5250 Consumnes Dr, Stockton CA

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
13220	07/18/2024	\$120.00	07/31/2024	Net 30	

SHIP DATE
07/20/2024

DATE	DESCRIPTION	QTY	RATE	AMOUNT
	Standard Portable (Event)	1	120.00	120.00

A&J Portable Toilets LLC is to deliver item(s) to the customer on the date requested, to the delivery address and customer shall assume all obligation and liability of injuries and/or damages, loss of equipment including vandalism, with respect to the possession of the rental item(s), and for their use, operation, condition from the date and time of delivery, to the time of actual pickup of the item(s).

SUBTOTAL	120.00
TAX	0.00
TOTAL	120.00
BALANCE DUE	\$120.00

To process a payment please call our office (209) 663-7071 to make a card payment or send a check to our P.O Box 790 Lodi, CA 95241

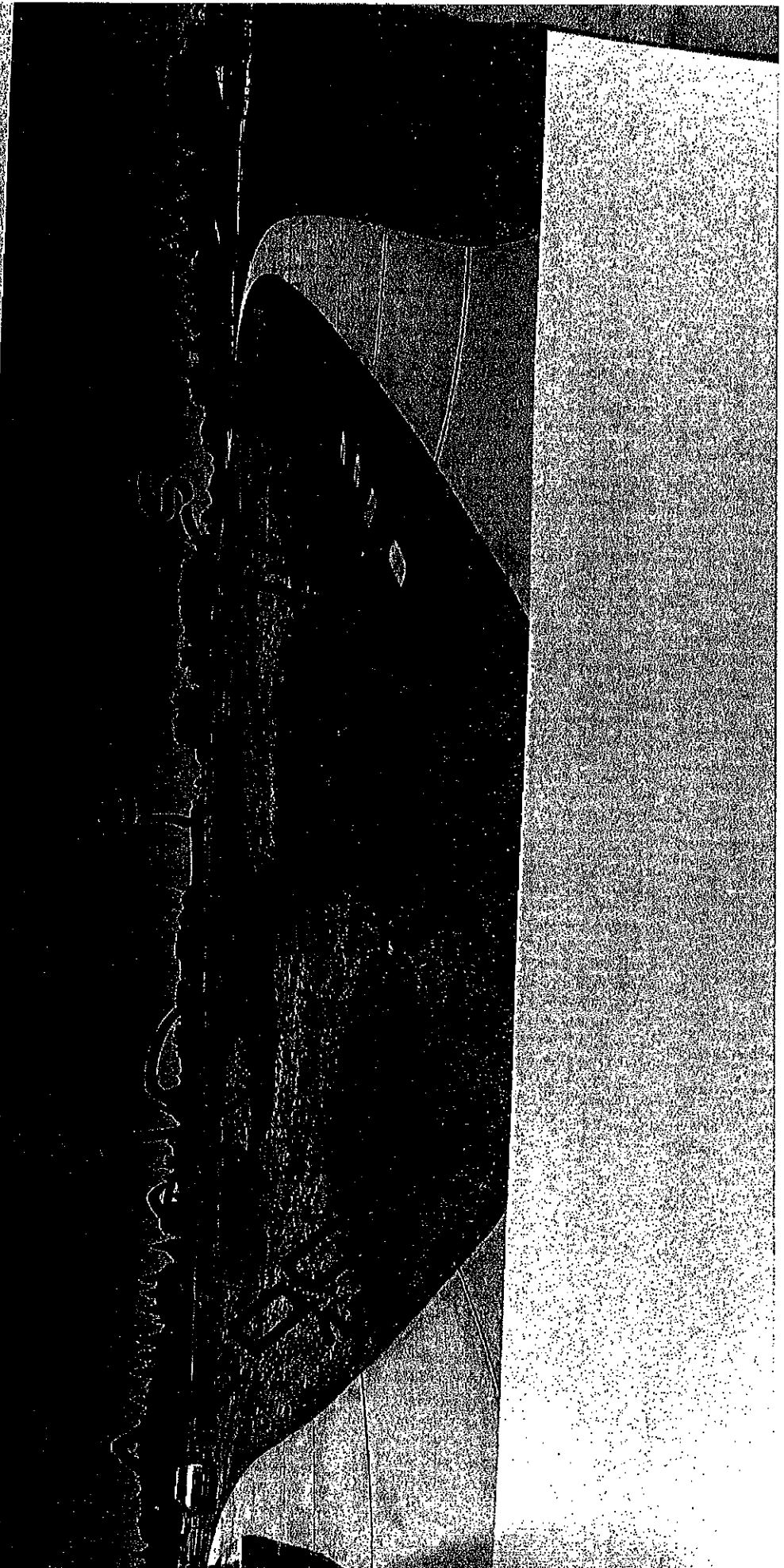
* check in
Table

Walmart
↓

↓ Rack

*

1. Showmobile = on lawn center
2. Back dist. (free) 9 info vendors
3. 2 Food vendors = back-to-field
- A. 2 Bounce Hoopse
- 2 Bounce Hoopse



Bottom

End check in table

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

RECEIVED /

JUN 17 2024

CITY MANAGERS OFFICE
CITY OF STOCKTON

Account #: 1020-000-630006-100-000-10-10-000-000

City Council: Michele Padilla

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park ✓

Date: June 12, 2024 Event Date: Saturday, July 20, 2024 ✓

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: City of Stockton

Amount: \$2,396 – Park Rental/Deposits/Showmobile ✓

Councilmember Signature: M. Padilla

Review:
City Attorney's Office: [Signature]
City Manager's Office: [Signature] 6/18/24

Approval: Resolution # **2023-06-20-1601**

Florence Low

From: Michele Padilla
Sent: Monday, April 29, 2024 8:38 AM
To: Harry Black; Florence Low
Subject: Community Event

Good Morning Harry:

I hope this email finds you well. I am writing on behalf of my 2nd Annual Community Event in District 1. I want to invite Stockton Police and Fire as well as any other City departments to participate as a partner in our upcoming event scheduled to take place on Saturday, July 20th at Michael Faklis Park.

The Annual Community Event aims to serve multiple purposes and can have various goals, including:

1. **Building Community Cohesion:** Bringing together residents from diverse backgrounds and neighborhoods to foster a sense of belonging and unity.
2. **Promoting Social Interaction:** Providing opportunities for residents to socialize, network, and establish connections with one another, which can strengthen social ties within the community.
3. **Encouraging Healthy Lifestyles:** Promoting physical activity, wellness, and healthy living through sports events.
4. **Supporting Local Businesses:** Providing a platform for local businesses, artisans, and entrepreneurs to showcase their products and services, thereby stimulating economic activity and supporting the local economy.

As the City Council member of District 1, I believe that the City's involvement would greatly enhance the success and impact throughout the district. This would demonstrate a commitment to the community's well-being and strengthens bonds between residents and local government officials. Overall, a city's involvement in building community relationships requires proactive engagement, responsiveness to residents' needs, and a commitment to fostering inclusivity, collaboration, and mutual respect. By working together with residents as partners, we can create a vibrant resilient community where everyone feels valued, supported, and connected.

I would appreciate your support and consideration this year, thank you.

Sincerely,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202

Florence Low

From: Michele Padilla
Sent: Monday, April 29, 2024 8:38 AM
To: Harry Black; Florence Low
Subject: Community Event

Good Morning Harry:

I hope this email finds you well. I am writing on behalf of my 2nd Annual Community Event in District 1. I want to invite Stockton Police and Fire as well as any other City departments to participate as a partner in our upcoming event scheduled to take place on Saturday, July 20th at Michael Faklis Park.

The Annual Community Event aims to serve multiple purposes and can have various goals, including:

1. **Building Community Cohesion:** Bringing together residents from diverse backgrounds and neighborhoods to foster a sense of belonging and unity.
2. **Promoting Social Interaction:** Providing opportunities for residents to socialize, network, and establish connections with one another, which can strengthen social ties within the community.
3. **Encouraging Healthy Lifestyles:** Promoting physical activity, wellness, and healthy living through sports events.
4. **Supporting Local Businesses:** Providing a platform for local businesses, artisans, and entrepreneurs to showcase their products and services, thereby stimulating economic activity and supporting the local economy.

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I would appreciate your support and consideration this year, thank you.

Sincerely,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202



425 N. El Dorado St., First Floor - Special Events Stockton, CA 95202 209.937.8119

**30-Day
Deadline Date:**

Park or Plaza – Public Event (NO ALCOHOL) Requirement Letter

Your requested event has been conditionally approved. To assist you with your event and ensure all appropriate paperwork is processed, please provide the required documents and payments by the 30-day deadline. Early submission of completed requirements and fees are greatly appreciated. Thank you from the City of Stockton, Events Unit.

Event Information

Contract Organizer: Michele Padilla
 Date of Event: July 20, 2024
 Facility: Farkis Park / Showmobiles
 Purpose: Annual Community Event
 Day of Event Contact & Phone #: (209) 565-2421

IMPORTANT:

All fees and requirements must be submitted. Failure to meet the 30-day deadline will result in the event cancellation process. SMC 12.72.180

M. Padilla
 Contract Organizer Signature and Date

Requirements & Fees Checklist

- Insurance Certificate and Endorsement
 - Required language must be on the GL and Endorsement Page. We have attached an insurance requirement document.
 - Full Liquor Liability
 - Insurance must cover days when any event equipment is at City Property
- Vendor List
 - List of Vendors and Vendor forms – You must collect the \$50 fee and submit to the events office.
 - Vendors include the following:
 - o Vendors Selling Products (must pay \$50 Fee)
 - Food Trucks and Cooking Vendor
 - Merchandise
 - o Exhibitors (Not selling – No Fee) **Information**
 - o Tents, Stage Company, DJ, Bands, etc. (Not selling – No Fee)
- Set-up and Vendor Information
 - Delivery times must be within your rental agreement.
 - Parking is not included with the rental. Parking is based on first come, first served basis.
 - o A parking plan must be submitted and any requests for parking with LAZ Parking Authority
 - Final Set-up Layout
 - Entertainment/actlist line-up
 - Portable Toilets Contract
 - Dumpster Contract and Waste Management Plan
 - Environmental Health Permit – Obtained with County
 - Fire Inspection Permit Appointment– Obtained with Fire Prevention office.
 - o Event must pass inspection for the event to start.
- Security Contract - Must Be Paid or Confirmed by Security Company. **2 security guards 5-9:30pm**
 - Security company selection is only from City of Stockton's Special Events approved security list.
- Paid Facility Fees



Rental Contract / Permit
 Receipt # 313590
 Payment Date: 05/14/24
 Household: 14665

City of Stockton - Community Services
 605 North El Dorado Street
 Stockton, CA 95202
 Phone: (209)937-8206
 http://www.stocktongov.com

Council Member - City of Stockton Home Phone [REDACTED]
 [REDACTED]
 Stockton CA 95209
 michele.padilla@stocktonca.gov

Reservation Details: Permitted Park Space for Special Event, Approved Park - Open Space for Permitted Events

	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Reserv. Contact: Michele Padilla	337.00	337.00	0.00	0.00	337.00
Phone Number: [REDACTED]					
Reserv. Number: 13814	Deposit: 500.00	500.00	0.00	0.00	500.00
Status: Firm					
Purpose: Annual Community Event					
Anticipated Count: 700					

Date(s): Sat @ 2:00 pm - 9:00 pm: 7/20/2024
 Special Questions: Will there be an admission charge? No
 What is the admission charge? N/A
 Time Approved for sound? 5:30 pm
 Will alcohol be served? No
 Time approved for alcohol: Not Permitted
 Close Streets? No
 Clean Up Completed: 9:00 pm
 Additional dumpster required? Yes
 Hours of election needed?
 Type of insurance required. For Insured events "the promoter will comply with insurance requirements contained on Exhibit A: \$1 mil/\$2 mil
 Event Time: 5:30 pm
 Entertainment vendors? Touch of Magic Music
 Food vendors? N/A
 Fountain needed? N/A
 Is a health permit required? No
 Will alcohol insurance be required? No
 I understand a map of the location is required? Yes
 Fire and tent permit inspection required? Yes
 Police Service Required? No
 Portable Restroom Needed:
 How many Security guards are required? 2 guards from 5:00pm-9:30pm.
 Set up Time: 2pm
 Will there be vendors? Yes
 Requirement Due Date: 06/10/2024
 Link to Reservation #: 13814

Waiver: In return for being permitted to participate in the program/activity, or to use the City of Stockton's property, listed on this form (the "Program"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the City, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue the City of Stockton, its officers, officials, employees and volunteers (the "City"), from liability from any and all claims from whatever cause, including the negligence of the City, resulting in personal injury (including death), illness (of any type, including communicable diseases such as MRSA, influenza, and COVID-19), and property loss, in connection with my participation in the Program and any use of City premises and facilities.

Indemnification and Hold Harmless: I also agree to hold harmless, defend, and indemnify the City from and against any and all liability, claims, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature, by any person or persons, arising out of or in connection with the Program, provided that any such liability, claim, loss, damage, expense, or cost is not solely attributable to, or caused by, the gross negligence or willful misconduct of the City.

Rental Contract / Permit



Receipt # 313590
 Payment Date: 06/14/2024
 Household: 14665

Images: I understand that by participating in the Program, I give consent for images of myself taken at the Program to be used for promotional or instructional purposes by the City.

Cancellation: In the case of an emergency, or for reasons beyond the City's control, the City reserves the right to cancel the Program prior to its commencement without liability. Refunds will be made accordingly.

Severability: I further agree that this release is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid the remaining portions will continue to have full legal force and effect.

I have read this document and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing this document freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

x: M. Padilla
 Michele Padilla, Council Member - City of Stockton
 Stockton, CA 95209
 No Phone # Listed

Date: 6/11/24

Staff Initials: lj
 Date: 05/14/2024

Reservation Details: Stockton Showmobile, Showmobile

Reserv. Contact: Michele Padilla
 Phone Number: [REDACTED]
 Reserv. Number: 13814
 Status: Firm
 Purpose: Annual Community Event
 Anticipated Count: 700

Deposit:

New Fees	Total Fees	New Paid	Total Paid	Amount Due
809.00	809.00	0.00	0.00	809.00
750.00	750.00	0.00	0.00	750.00

Date(s): Sat @ 2:00 pm - 9:00 pm: 7/20/2024
 Special Questions: Link to Reservation #: 13814
Close Streets?
Event Time: 5:30 pm
Generator needed? Yes
Is electricity needed?
Type of insurance required. For insured events â€" the promoter will comply with insurance requirements contained on Exhibit A: \$1 mil/\$2 mil
Time of delivery? 2:00 pm
Delivery location: Michael Faklis Park
Name of contact: Michelle Padilla

Rental Contract / Permit



Receipt # 313590
Payment Date: 06/14/2024
Household: 14605

Set Up Instructions:
Time of pick up?
Requirement Due Date: 06/10/2024

Waiver: In return for being permitted to participate in the program/activity, or to use the City of Stockton's property, listed on this form (the "Program"), including any associated use of the premises, facilities, staff, equipment, transportation, and services of the City, I, for myself, heirs, personal representatives, and assigns, do hereby release, waive, discharge, and promise not to sue the City of Stockton, its officers, officials, employees and volunteers (the "City"), from liability from any and all claims from whatever cause, including the negligence of the City, resulting in personal injury (including death), illness (of any type, including communicable diseases such as MRSA, influenza, and COVID-19), and property loss, in connection with my participation in the Program and any use of City premises and facilities.

Indemnification and Hold Harmless: I also agree to hold harmless, defend, and indemnify the City from and against any and all liability, claims, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature, by any person or persons, arising out of or in connection with the Program, provided that any such liability, claim, loss, damage, expense, or cost is not solely attributable to, or caused by, the gross negligence or willful misconduct of the City.

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I have read this document and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing this document freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

X: M. Padilla Date: 6/11/24

Michele Padilla, Council Member - City of Stockton
Stockton, CA 95209
No Phone # Listed

Staff Initials: TJ
Date: 05/14/2024

Rental Contract / Permit



Receipt # 313590
Payment Date: 05/14/2024
Household: 14665

Processed on 05/14/24 @ 5:00 pm by Johnson

Table with financial summary: Total New Deposit Fees (1,250.00), Total New Fees (1,146.00), Total Due (2,396.00), Total Fees Paid (0.00), Total Paid (0.00), Balance From Receipt (2,396.00)

Household Balance Information

Overall Household Balance Due 2,396.00

Table of fees: Non-Refundable app fee (\$55.00), Security Deposit (\$500.00), Park Usage Fee (\$282.00), Showmobile Deposit (\$750.00), Showmobile Usage Fee (\$705.00), Generator Fee (\$104.00), TOTAL= \$2,396.00

Tina Johnson 05/14/2024
Authorized Signature Date

Florence Low

From: Sherry Riley
Sent: Monday, May 20, 2024 1:02 PM
To: Michele Padilla; Florence Low
Subject: RE: Application
Attachments: No Reply_20240520_111017.pdf; Special Event Vendor Form 2024.pdf; Approved Security List 2024.pdf; Fire Department Requirements 2024.pdf

Good afternoon!

I have attached the rental contract, requirement letter, special event vendor form, approved security list and fire department requirements for your review.

You will need to obtain and submit the following:

- Fire Inspection Permit Appointment (Obtain from Fire Prevention Office)
- Submit Vendor List and Vendor payment
- Submit Event Insurance
- Submit garbage plan.....Parks suggests for you to bring garbage bags and haul the garbage away; otherwise a small dumpster will be required
- Security Guard Contract
- 4 Portable toilets and 2 sinks are generally required for an event with 700 in attendance. I've asked Parks to keep the 2 restrooms open until 9 pm. If you anticipate 400+ attendees at one, we'll require 2 more portable toilets and 1 sink.
- Signed rental contract

Please let me know if you have any questions.

Thank you!

Sherry



Sherry Riley | Events Supervisor
City of Stockton Economic Development Department
425 N. El Dorado Street, Stockton, CA 95202
Office 209.937.8119
Direct 209.937.8692

www.stocktonca.gov | www.advantagestockton.com



From: Michele Padilla <Michele.Padilla@stocktonca.gov>
Sent: Monday, May 20, 2024 9:04 AM
To: Sherry Riley <Sherry.Riley@stocktonca.gov>; Florence Low <Florence.Low@stocktonca.gov>
Subject: Re: Application

Good Morning

To: Sherry Riley <Sherry.Riley@stocktonca.gov>; Florence Low <Florence.Low@stocktonca.gov>
Subject: Application

Good Morning Sherry;

It has been quite some time and I have not heard back from you.

Please advise me on the status and if I need to provide you with further documentation.

Regards,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202
(O) 209-937-8279
(D) 209-565-2421

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1 ✓

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park ✓

Date: July 1, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: About Face – Face Painting ✓

Amount: \$500.00 ✓

Councilmember Signature: M. Padilla

Review:
City Attorney's Office: [Signature]
City Manager's Office: [Signature]

Approval: Resolution # **2024-06-18-1603**

RECEIVED

JUL 02 2024

CITY MANAGER'S OFFICE
CITY OF STOCKTON

Vendor # 3358



From
About Face - Face Painting
1136 W Poplar
Stockton, CA 95203

To
Michele Padilla
[REDACTED]

Quote 6412360
Issued May 20, 2024

Additional Options

Please select any of the following options:

	QUANTITY	PRICE	TOTAL
✓ Facepainting - Community Event	2	\$125.00	\$250.00

Artist(s) will offer a "standard" design board with themed options. This allows for faster painting and results in more guests being painted.

*Artist(s) will always use best judgment and turn away inappropriate requests in addition to full face, highly detailed designs if time does not allow.

Please select if you would like 2 or 3 hours.

✓ Balloon Twister - Community Event	2	\$125.00	\$250.00
-------------------------------------	---	----------	----------

Artist will have a limited option design board in order to service as many guests as possible.

Please select if you would like 2 or 3 hours.

Subtotal:	\$500.00
Tax:	\$0.00
Total:	\$500.00

Florence Low

From: Michele Padilla
Sent: Wednesday, June 12, 2024 9:26 PM
To: Florence Low; Lori Asuncion; Mayor Kevin Lincoln; Harry Black
Subject: Re: Community Event

Hello Florence

Yes my community event is for my district in my district and I would like to use my discretionary funds to pay for this event.

Thank you

CM Padilla

Get Outlook for IOS

From: Florence Low <Florence.Low@stocktonca.gov>
Sent: Wednesday, June 12, 2024 1:50:47 PM
To: Michele Padilla <Michele.Padilla@stocktonca.gov>; Lori Asuncion <Lori.Asuncion@stocktonca.gov>; Mayor Kevin Lincoln <Mayor@stocktonca.gov>; Harry Black <Harry.Black@stocktonca.gov>
Subject: RE: Community Event

Hello Councilmember Padilla,

Please confirm the event is a Council District event using your discretionary funds to pay for the park rental and the vendors. Correct?

Thanks,
Florence

From: Michele Padilla <Michele.Padilla@stocktonca.gov>
Sent: Monday, May 6, 2024 9:18 AM
To: Florence Low <Florence.Low@stocktonca.gov>; Lori Asuncion <Lori.Asuncion@stocktonca.gov>; Mayor Kevin Lincoln <Mayor@stocktonca.gov>; Harry Black <Harry.Black@stocktonca.gov>
Subject: Community Event

Good Morning Colleagues;

In keeping with my tradition, I will be hosting my 2nd annual community event for D1. The event will be held on Saturday, July 21st at Michael Faklis Park. This event is a bridge for trust and collaboration as we come together and build relationships, make our communities stronger and work towards a common goal.

I will maintain the same protocol for the recurring event, as well as the location and vendors.

As mentioned in a previous email, I would hope to obtain the support from the City of Stockton departments to join together so we can really reap the benefits of coming together as a community.

Regards,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202
(O) 209-937-8279
(D) 209-565-2421

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 1, 2024 Event date: Saturday, July 20, 2024

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Check Payable: City of Stockton – Fire Department

Amount: \$86.00 *permit - Food Vendor*

Councilmember Signature: *M. Padilla*

Review:
City Attorney's Office: *[Signature]*
City Manager's Office: *[Signature]* 7/2/24

Approval: Resolution # **2024-06-18-1603**

RECEIVED

JUL 02 2024

CITY MANAGER'S OFFICE
CITY OF STOCKTON

Vendor # 2552



Food Trucks at Special Events

Stockton Fire Department • Prevention Division
345 North El Dorado Street, Stockton, CA 95202
(209) 937-8271 • Fax: (209) 937-8893
SFD-Prevention@stocktonca.gov



**MOBILE FOOD PREPARATION
VEHICLES ARE REQUIRED TO
HAVE A FIRE PERMIT ISSUED BY
THE STOCKTON FIRE
DEPARTMENT**

Do food trucks/trailers need permits and inspections?

YES! If you plan on having food trucks/trailers at your event, they are subject to additional permits and inspections from the Stockton Fire Department.

Food trucks/trailers operating in Stockton that are equipped with appliances that produce smoke or grease laden vapors are required to be inspected and permitted by the Stockton Fire Department annually as of October 1, 2020 per CFC 2019 Sec 105 & 319.

Food trucks/trailers that are NOT permitted and code compliant will NOT be allowed to participate in public events in Stockton.

Food trucks/trailers that DO NOT have a current annual fire permit with the Stockton Fire Department must do the following:

- Be inspected by the Stockton Fire Department at least one week prior to the event.
 1. Submit the permit application to Stockton Fire Prevention located in the Permit Center
 2. Pay one of the permit fees below:
 - (a) ~~A one-time permit, valid for one special event date only - cost \$86.00~~
 - (b) ~~An annual MEV Fire Safety Permit, valid for one year - cost \$172.00~~
 3. Schedule food truck/trailer inspection with a Stockton Fire Prevention Inspector.
 4. All violations must be corrected for the permit to be issued.
 5. Be inspected at event venue prior to event opening.

City of Stockton Fire permit

Food trucks/trailers participating in the event, who have a current annual fire permit with the Stockton Fire Department must:

- Be prepared to verify their permit status
- Be inspected at the event venue prior to event opening

REMINDER: No gasoline/diesel fuel storage is allowed on or around food prep vehicles or in the event venue. Food trucks/trailers that are not equipped with a fixed fire extinguishing system will not be allowed to participate at public events in Stockton.

Florence Low

From: Michele Padilla
Sent: Wednesday, June 12, 2024 9:26 PM
To: Florence Low; Lori Asuncion; Mayor Kevin Lincoln; Harry Black
Subject: Re: Community Event

Hello Florence

Yes my community event is for my district in my district and I would like to use my discretionary funds to pay for this event.

Thank you

CM Padilla

Get [Outlook for iOS](#)

From: Florence Low <Florence.Low@stocktonca.gov>
Sent: Wednesday, June 12, 2024 1:50:47 PM
To: Michele Padilla <Michele.Padilla@stocktonca.gov>; Lori Asuncion <Lori.Asuncion@stocktonca.gov>; Mayor Kevin Lincoln <Mayor@stocktonca.gov>; Harry Black <Harry.Black@stocktonca.gov>
Subject: RE: Community Event

Hello Councilmember Padilla,

Please confirm the event is a Council District event using your discretionary funds to pay for the park rental and the vendors. Correct?

Thanks,
Florence

From: Michele Padilla <Michele.Padilla@stocktonca.gov>
Sent: Monday, May 6, 2024 9:18 AM
To: Florence Low <Florence.Low@stocktonca.gov>; Lori Asuncion <Lori.Asuncion@stocktonca.gov>; Mayor Kevin Lincoln <Mayor@stocktonca.gov>; Harry Black <Harry.Black@stocktonca.gov>
Subject: Community Event

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I will maintain the same protocol for the recurring event, as well as the location and vendors.

As mentioned in a previous email, I would hope to obtain the support from the City of Stockton departments to join together so we can really reap the benefits of coming together as a community.

Regards,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202
(O) 209-937-8279
(D) 209-565-2421

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 1, 2024 Event date: Saturday, July 20, 2024 ✓

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: Danny's Churros & Shave Ice ✓

Amount: \$3,000.00

Councilmember Signature: M. Padilla

Review:

City Attorney's Office: [Signature]

City Manager's Office: [Signature] 7/2/24

Approval: Resolution # **2024-06-18-1603**

RECEIVED

JUL 02 2024

CITY MANAGER'S OFFICE
CITY OF STOCKTON

Vendor # 3340

Danny's Churros & Shave Ice

174 Naomi Cochran Dr.

Stockton CA 95206.

Invoice

Event Name: Padilla district

Event Place: Michael faklis park

Event Date: July 20 2024

Event Time: 6- 9 pm

Dannys's Churros & Shave Ice will be providing the following:

Snow Cone Stands -- containing all flavors.

Churro Stands.

400 People would be served.

Payment quote: \$3000.00

If any question or concerns, please contact: Teresa Tierrablanca at

(209) 601-2166.

Florence Low

From: Michele Padilla
Sent: Wednesday, June 12, 2024 9:26 PM
To: Florence Low; Lori Asuncion; Mayor Kevin Lincoln; Harry Black
Subject: Re: Community Event

Hello Florence

Yes my community event is for my district in my district and I would like to use my discretionary funds to pay for this event.

Thank you

CM Padilla

Get [Outlook for iOS](#)

From: Florence Low <Florence.Low@stocktonca.gov>
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Subject: RE: Community Event

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Regards,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202
(O) 209-937-8279
(D) 209-565-2421

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 9, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: Atzimba Catering

Amount: \$1,600.00

Councilmember Signature: *M. Padilla*

Review:
City Attorney's Office: *[Signature]*
City Manager's Office: *[Signature]* 7/10/24

Approval: Resolution # **2024-06-18-1603**

RECEIVED

JUL 09 2024

CITY MANAGER'S OFFICE
CITY OF STOCKTON

W-9
Form (Rev. March 2024)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Before you begin, For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
Aizimba Catering LLC

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.
 Individual/sole proprietor C corporation S corporation Partnership Trust/estate
 LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) \$
 Notes: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.
 Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 8):
 Exempt payee code (if any) _____
 Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____
 (Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.

5 Address (number, street, and apt. or suite no.). See instructions.
1111 Main Street

6 City, state, and ZIP code
Sulsun, CA 94585

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								
0	8	-	3	7	7	2	9	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person *Oliver Lopez, Owner* Date *7-8-24*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Atzimba Catering LLC
 1111 Main St
 Suisun City, CA 94585-2818
 USA
 +17075801105
 Eliseo.atzimbacatering@outlook.com

Invoice

BILL TO
Michele Padilla

INVOICE #	DATE	TOTAL DUE	DUE DATE	TERMS	ENCLOSED
308	07/08/2024	\$1,600.00	07/20/2024	Due on receipt	

SALES REP
 Eliseo

DATE	SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
07/20/2024	Taco Service	250 Chicken Tacos 250 Asada Tacos For a total of 500 Tacos Condiments Chopped cilantro and onion Cucumber Lime Radish Green and red salsa plus, a 3-hour service from 6pm-9pm	1	1,600.00	1,600.00

Thank you for your business. Please provide a deposit of 50% to hold the date.

BALANCE DUE

\$1,600.00

Florence Low

From: Michele Padilla
Sent: Tuesday, July 9, 2024 9:18 AM
To: Florence Low
Subject: Fwd: Invoice 308 from Atzimba Catering LLC
Attachments: w-9atz.pdf; Invoice_308_from_Atzimba_Catering_LLC.pdf

Good Morning Florence

I will be having 2 food vendors at my community event. Attached is the first, and I will forward the second in a separate email.

Fire prevention requires a \$86 inspection for each and I will ask to cover that through my discretionary funds.

If you need anything or have questions please feel free to reach out.

Regards,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202
(O) 209-937-8279
(D) 209-565-2421

From: Michele Padilla [REDACTED]
Sent: Tuesday, July 9, 2024 9:13:00 AM
To: Michele Padilla <Michele.Padilla@stocktonca.gov>
Subject: Fwd: Invoice 308 from Atzimba Catering LLC

CAUTION: This email originated from outside the City of Stockton. Do not click any links or open attachments if this is unsolicited email.

Michele Padilla

----- Forwarded message -----

From: Atzimba Catering LLC <quickbooks@notification.intuit.com>
Date: Mon, Jul 8, 2024 at 8:04 PM
Subject: Invoice 308 from Atzimba Catering LLC
To: [REDACTED]

INVOICE 308 DETAILS

Atzimba Catering LLC

DUE 07/20/2024

\$1,600.00

[Print or save](#)

Powered by QuickBooks

Dear Michele Padilla,

We appreciate your business. Please find your invoice details here. Feel free to contact us if you have any questions.

Have a great day!
Atzimba Catering LLC

Bill to Michele Padilla

Terms Due on receipt

Sales rep Eliseo

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 9, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: Ty's Gourmet Dogs

Amount: \$2,800.00

Councilmember Signature: *M. Padilla*

Review:
City Attorney's Office: *[Signature]*
City Manager's Office: *[Signature]* 7/10/24

Approval: Resolution # **2024-06-18-1603**

RECEIVED

JUL 10 2024

CITY MANAGER'S OFFICE
CITY OF STOCKTON



Ty's Gourmet Dogs

Invoice #000006

Issue date
Jul 2, 2024

Invoice #000006

Customer
Michelo Padilla

Invoice Details
PDF created July 2, 2024
\$2,800.00
Service date July 30, 2024

Payment
Due July 20, 2024
\$2,800.00

Items	Quantity	Price	Amount
Bacon Dog	200	\$8.00	\$1,600.00
Single BBQ Burger	200	\$6.00	\$1,200.00
Subtotal			\$2,800.00
Total Due			\$2,800.00



View online

To view your invoice go to <https://goqr.me/u/88WKTAEI>
Or open the camera on your mobile device and place the QR code in the camera's view.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin, For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Cindia Almaraz			
	2 Business name/disregarded entity name, if different from above. Ty's Gourmet Dogs			
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		(Applies to accounts maintained outside the United States.)	
	5 Address (number, street, and apt. or suite no.). See instructions. 802 S Central Ave		Requester's name and address (optional)	
	6 City, state, and ZIP code Lodi, CA, 95240			
	7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number	
OR	
Employer identification number	

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
		03.22.2024

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

RECEIVED

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

JUL 23 2024

CITY MANAGER'S OFFICE
CITY OF STOCKTON

Account #: 1020-000-630006-100-000-10-10-000-000-



City Council: Padilla / District 1

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 17, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: ATM Bounce Houses and More

Amount: \$375.00

Councilmember Signature: *M. Padilla*



Review:
City Attorney's Office: *YMA*
City Manager's Office: _____



Approval: Resolution # **2024-06-18-1603**

Rental Agreement

Safety and Liability Terms and Conditions

9. **Release of liability:** The Lessee shall be in charge of the unit's operation, as well as return of the Unit in a good working condition. Lessor and its officers, employees and agents is/are not responsible for any injury occurring to the Lessee or to any other persons using the Unit, and the Lessee shall indemnify the Lessor and its officers, employees and agents from/against any costs incurred due to claims from anyone and for attorney's fees and related costs involving the use and return of the unit, should legal action become necessary.

10. **Title to :** Lessee agrees to keep the Unit in his/her custody and not sublease, rent, sell, remove from the Delivery Address, or otherwise transfer the Unit. The unit will remain at the property of the Lessee and may be removed by Lessor at any time after the termination of this Rental Contract. lessee to pays \$Cost of Units dollars if unit is not returned to Lessor

11. **Rain policy:** During periods of severe weather conditions (i.e. rain, high winds, etc.) we reserve the right to cancel your reservations. If conditions are not too severe we will give you the option of keeping the unit. If you decide to keep the unit for the term of the Rental Contract there will be no refunds

12. Addendum to the agreement _____

By signing this contract, I accept the Rental agreement / Safety and Liability terms and conditions

Lessor: Representative [Signature] Date: 7-2-2024

Lessee: Full Name Michele Padilla Date: 7/10/24

Lessee: Signature [Signature]

Rental Agreement

Safety and Liability Terms and Conditions

C. To avoid neck and back injuries, children or persons using the unit should not be permitted to do flips of any kind.

D.. Lessee must ensure all posted warning on the units are followed by everyone using the unit.

As the lessee of the unit the safety of all riders is your responsibility.

E. Absolutely no "Silly String", gum, candy, food or other sticky substances are allowed in the unit. (If upon pick-up such cleaning is required, then a \$ 75.00 cleaning fee shall automatically be imposed.-See Rental Agreement.)

F. Do not move the Unit from the place where it was installed. If the unit moves, pull the corner back to its original location of installation. Absolutely, keep the Unit away from swimming pools.

G. No pets allowed inside the Unit. Long hair should be tied back before using the unit.

H. If any injuries occur while using the Unit, the injury must be reported in writing to the lessor, within 24 hours of the occurrence.

2. **Special instructions:** If the Unit begins to deflate: I) The motor may have stopped in which case check the cord connection at the outlet near motor and remember to keep only the 100 foot extension cord on the outlet. (stronger outlets are in the kitchen and laundry rooms). II) If the motor is continuing to run, check the air intake on the sides of the motor for blockage and check both tubes at the back of the unit for snugness, retie if necessary. III) If you cannot correct the problem please call us immediately.

3. **Delivery:** Only to the address specified on the Rental Agreement by the Lessee, it is lessee's responsibility to ensure the Unit is not be moved from the setup location by anyone other than lessor representative.

4. **Transportation expense:** Except as provided herein, all charges in delivering and subsequent pick-up of the Unit with respect to the Delivery Address are included in the Rental Fee noted above. In the event that the unit is not returned at the appointed time by Lessee, a \$50.00 extra transportation fee shall automatically be imposed.

5. **Safe operation acknowledgment:** lessee acknowledges that he/she has been instructed and fully understands the safe operation of the unit that is the subject of this rental, contract and the lessee agrees to observe all safety precautions.

6. **Maintenance:** Lessee agrees to keep the Unit in the same condition as when received. If any damage is caused to the unit due to Lessee not following general rules, the lessee agree to pay repair costs incurred by the lessor

7. **Alternation and attachment:** No alternation / attachments will be made to the Unit without prior written approval of Lessor.

8. **Warranty:** Lessor warrants that the Unit leased under this Rental Contract will be in good working order on the effective date of the Rental Contract. The Unit is supplied and maintained subject to this warranty. Lessor's obligation under this Rental Contract is limited to repair or replacement of the Unit. This warranty is in lieu of any and all other warranties expressed or implied, and all obligations and liabilities on the part of the Lessor for damages including, but not limited to consequent damages, arising out of or in connection with the use or performance of the Unit.

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>George A Lewis</p>	<p>2 Business name/disregarded entity name, if different from above.</p> <p>ATM Bounce Houses and More</p>	<p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p><small>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p>
	<p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/></p>			
	<p>5 Address (number, street, and apt. or suite no.). See instructions.</p> <p>4015 Oak Shores Dr</p>	<p>Requester's name and address (optional)</p>		
	<p>6 City, state, and ZIP code</p> <p>Stockton CA 95209</p>			
	<p>7 List account number(s) here (optional)</p>			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
8	8	-	1	3	3	1	2	3	7

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date 7/12/2024
------------------	--------------------------	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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What's New

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New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CITY OF STOCKTON 425 N. EL DORADO STREET STOCKTON, CA 95202-1997 WWW.STOCKTONCA.GOV

PAGE: 1 OF 1

VENDOR NUMBER	VENDOR NAME	CHECK NUMBER	CHECK DATE	CHECK AMOUNT
999992	Alpha Guard	20033539	07/11/2024	\$280.00

INVOICE DATE	INVOICE NUMBER	DESCRIPTION	INVOICE AMOUNT
07/01/2024	07012024/Mpadilla	PULL - RFC03 - Alpha GuardCity Council: Michele P	\$280.00



425 N. EL DORADO STREET
STOCKTON, CA 95202-1997
(209) 937-8321

BANK OF THE WEST
13300 CROSSROADS PKWY NORTH
CITY OF INDUSTRY, CA 91746

Vendor Number
999992

Check Number
20033539

Check Date
07/11/2024

VOID SIX MONTHS FROM DATE OF ISSUE

*** Two Hundred And Eighty Dollars And Zero Cents ***

\$280.00

VOID

Pay To
The
Order Of

Alpha Guard
1717 S Union St
Stockton, CA 95206

CHIEF FINANCIAL OFFICER

MP

⑈ 20033539 ⑆ 121100782⑆ 049340383⑈

City of Stockton
City Council
Request for Expenditure
City Council Discretionary Funds:

Account #: 1020-000-630006-100-000-10-10-000-000-

City Council: Padilla / District 1 ✓

Event: Community Event – 2nd Annual Community BBQ at Michael Faklis Park

Date: July 1, 2024 Event date: Saturday, July 20, 2024

Purpose: The objective is to bring together the diverse residents of District 1 in a relaxed and enjoyable setting. This is to create a sense of belonging and strengthen the bonds within our community. Constituents will be able to engage with one another, exchange ideas, and build relationships. (Build Community Cohesion / Promote Social Interaction / Encouraging Healthy Lifestyle / Support local businesses.

Check Payable: Alpha Guard ✓

Amount: \$280.00 ✓

Councilmember Signature: M. Padilla

Review:

City Attorney's Office: [Signature]

City Manager's Office: [Signature] 7/2/24

Approval: Resolution # **2024-06-18-1603**

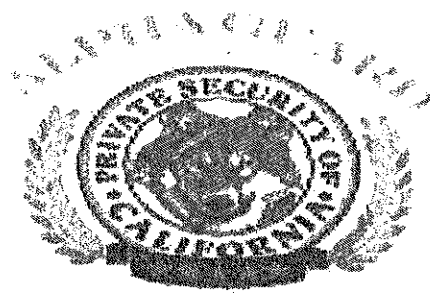
RECEIVED

JUL 02 2024

CITY MANAGER'S OFFICE
CITY OF STOCKTON

RFC
~~_____~~

Michael Faklis Park
5250 Cosumnes Dr.
Stockton, CA 95219



2 – Guards
5:30PM –
9:30PM

AGREEMENT FOR SECURITY GUARD SERVICES

THIS CONTRACT, is made by, and between Rosirene Tirado, doing business as ALPHA GUARD (“Contractor”), and Authorized

Representatives: City of Stockton District 1
Contact Information: Michele Padilla 209-565-2421
Email: Michele.Padilla@stocktonca.gov

RECITALS

WHEREAS, Client desires to purchase security guard services for Client’s use of buildings, grounds, premises, personal property, and personnel, and for guests and other users of Client’s facilities and service, and

WHEREAS Contractor is willing to provide those services,

NOW THEREFORE, subject to the terms and conditions hereinafter set forth, and in consideration of the mutual covenants contained herein, the Parties agree as follows:

- 1. TERM.** The term of this Contract shall begin 07/20/2024 and terminate on 07/20/2024 with an option to renew thereafter, unless terminated as provided herein. If Client decides to exercise the option to renew, it shall be in written form to Contractor, thirty (30) days prior to the expiration of the Contract.
- 2. SCOPE OF SERVICES.** Contractor will perform and complete in a timely and satisfactory manner the duties of security guard at the stated facility. Services will be on 07/20/2024 and 07/20/2024 from 5:30 PM to 9:30 PM on this day 1 day with 2 GUARDS.

1. CONTRACTOR’S GENERAL DUTIES. Contractor agrees as follows

- a. Security guards assigned to perform work under this agreement will wear uniforms at all times.
- b. Contractor at its own expenses shall provide its security guards with necessary uniforms and equipment required for the effective discharge of security services, unless otherwise set forth herein.
- c.

d. Security guards assigned to perform work under this agreement shall perform their duties independently, receiving general operational direction, but not supervision by Client.

e. Security guards will interact with staff and the public in a professional manner.

2. LOCATIONS. Contractor shall provide security services for the buildings and accompanying grounds owned and/or occupied by Client as set forth below:

Michael Faklis Park

5250 Cosumnes Dr, Stockton, CA 95219-7201

COMPENSATION AND HOURLY RATES. The security services shall be provided at the rate of \$35.00 per hour (Thirty - Five) dollars) per security guard. This site will be 8 hours. The client requests 2 Guards for this event. The total cost will be \$280.00.

4. INVOICES. Payment will be made once each week upon submission of detailed invoices for services authorized and provided for the preceding week. Client will each preceding week determine and forward the payment to the Contractor.

5. INDEPENDENT CONTRACTOR STATUS. Nothing contained in the entire Agreement between Client and Contractor shall be construed as the establishment or creation of a relationship of employer and employee between Client and Contractor, it being agreed that the position of Contractor and anyone else performing any services under this Agreement is that of an independent contractor.

6. CONTRACTOR'S LIABILITY INSURANCE. For the duration of this Agreement, Contractor shall purchase and maintain in a company or companies authorized to do business in the State of California, insurance with limits equal to or greater than those set forth below:

7. CLIENT'S LIABILITY INSURANCE. Client shall be responsible for purchasing and maintaining, in a company or companies authorized to do business in the State of California, Client's liability insurance to protect Client against claims which may arise from operations under this Agreement.

8. PERMITS AND LICENSES. The Contractor shall be licensed as a qualified security services company in accordance with the requirements of the laws of the State of California and must maintain such licensing throughout the term of this Agreement. The Contractor shall comply with all applicable federal, state and local laws in obtaining any necessary permits and licenses.

9. TERMINATION. Either party may upon, providing thirty (30) days written notice, terminate the Agreement at any time, with or without cause. Upon thirty (30) days notice of termination by either party, Client shall be liable only for payment in accordance with the provisions of this Agreement for the services performed prior to the effective date of termination.

A. If Contractor neglects or fails to perform any provision of this Agreement and fails to cure such neglect or failure within five (5) days after written notice

thereof, Client, without prejudice to any other remedy, may immediately terminate this Agreement. Client shall be liable only for payment in accordance with the provisions of this Agreement for the services performed prior to the effective date of termination.

B. If Client neglects or fails to perform any provision of this Agreement and fails to cure such neglect or failure within five (5) days after written notice thereof, Contractor, without prejudice to any other remedy, may immediately terminate this Agreement and submit a final invoice for payment to Client.

10. **NOTICES.** Any notice required to be given by the terms of this Agreement shall be in writing signed by an authorized representative of the sender and shall be deemed to have been given when the same is personally served or upon receipt by express or overnight delivery, postage prepaid, or three (3) days from the time of mailing if sent by first class or certified mail, postage prepaid, addressed to the respective parties as follows:

To Client:

Representatives: City of Stockton District 1
Contact Information: Michele Padilla 209-565-2421
Email: Michele.Padilla@stocktonca.gov

To Contractor:
Rosirene Tirado DBA
Alpha Guard
1717 S. Union Street
Stockton, CA 95206
(209) 298-5416

11. **HIRING OF GUARD BY CLIENT.** Client agrees that for a period of 12 months after the termination of this Agreement, Client will not hire as a security guard any persons employed by Contractor in the performance of this Agreement.

12. **MODIFICATION OF AGREEMENT.** This Agreement may be modified only by written agreement signed by the parties hereto.

13. **SEVERABILITY.** The unenforceability, invalidity or illegality of any provision of this Agreement shall not render the other provisions unenforceable, invalid or illegal.

14. **WAIVER.** If one party waives any term or provision of this Agreement at any time, the waiver will only be effective for the specific instance and specific purpose for which the waiver

Florence Low

From: Michele Padilla
Sent: Wednesday, June 12, 2024 9:26 PM
To: Florence Low; Lori Asuncion; Mayor Kevin Lincoln; Harry Black
Subject: Re: Community Event

Hello Florence

Yes my community event is for my district in my district and I would like to use my discretionary funds to pay for this event.

Thank you

CM Padilla

[Get Outlook for IOS](#)

From: Florence Low <Florence.Low@stocktonca.gov>
Sent: Wednesday, June 12, 2024 1:50:47 PM
To: Michele Padilla <Michele.Padilla@stocktonca.gov>; Lori Asuncion <Lori.Asuncion@stocktonca.gov>; Mayor Kevin Lincoln <Mayor@stocktonca.gov>; Harry Black <Harry.Black@stocktonca.gov>
Subject: RE: Community Event

Hello Councilmember Padilla,

Please confirm the event is a Council District event using your discretionary funds to pay for the park rental and the vendors. Correct?

Thanks,
Florence

From: Michele Padilla <Michele.Padilla@stocktonca.gov>
Sent: Monday, May 6, 2024 9:18 AM
To: Florence Low <Florence.Low@stocktonca.gov>; Lori Asuncion <Lori.Asuncion@stocktonca.gov>; Mayor Kevin Lincoln <Mayor@stocktonca.gov>; Harry Black <Harry.Black@stocktonca.gov>
Subject: Community Event

Good Morning Colleagues;

In keeping with my tradition, I will be hosting my 2nd annual community event for D1. The event will be held on Saturday, July 21st at Michael Faklis Park. This event is a bridge for trust and collaboration as we come together and build relationships, make our communities stronger and work towards a common goal.

I will maintain the same protocol for the recurring event, as well as the location and vendors.

As mentioned in a previous email, I would hope to obtain the support from the City of Stockton departments to join together so we can really reap the benefits of coming together as a community.

Regards,

Council Member Padilla
City of Stockton District 1
425 N. El Dorado
Stockton, CA. 95202
(O) 209-937-8279
(D) 209-565-2421