



Application for Ready to Serve - Vendor List

Business Name: _____ **Contact Name (First Last):** _____

Street Address: _____ **City:** _____ **Zip:** _____

Business Phone: _____ **Business Email:** _____

Website: _____

Type of Service (Ex. Bounce House, Catering, Rentals): _____

Required Documents (Must be Submitted at Time of Application):

- City of Corona Business License Certificate**

Number: _____ **Expiration Date:** _____

Business License application information available on page 3 of this document.

- Certificate of General Liability & Endorsement**

A Certificate of Commercial General Liability Insurance with per occurrence limits of liability of One Million (\$1,000,000) per occurrence and One Million (\$1,000,000) per aggregate naming the City of Corona (400 S. Vicentia Avenue, Corona, CA 92882) as a “certificate” holder” shall be provided at least thirty (30) days prior to the start date. Higher limits may be required at the discretion of the City’s Risk Manager. The certificate should include the City of Corona as location, date range (Ex. July 2023 – June 2024), and a general summary of the services to be provided (ex. Bounce House). The insurance policy shall also cover or be endorsed (amended) to cover the City, its directors, officials, officers, employees, agents, and volunteers as an additional insured.

Please reference Certificate and Endorsement Samples on Pages 4 and 5 of this document.

Supplemental insurance for some business and services may also be purchased through the City of Corona’s Legal and Risk Management Department at City Hall. For more information, please call 951-279-3525.

[Continued on Next Page]

City of Corona - Circle City Center | Business Hours: Monday - Friday 8:30 AM - 8:00 PM,
Saturday 8:30am - 2pm | facilityreservations@CoronaCA.gov | (951) 736-2241 | www.coronaca.gov

Acknowledgement:

The above named business understands, acknowledges and agrees as follows **(Please Initial All)**:

Initials I give the City of Corona permission to share my business contact information as part of the Ready to Serve Vendor List.

Initials I understand that inclusion on this list is not an endorsement or contract for services and is only intended to be a helpful resource for patrons seeking third-party services for their reservation.

Initials I understand that City reserves the right to edit the content of the Ready to Serve Vendor List and/or exclude any vendor. Considerations for exclusion may include, but are not limited to, failure to renew insurance certificates, unlawful operations, health department concerns, reports of bad service, and/or fraudulent activity.

Agreement:

I hereby certify that I am the authorized representative of the above named business, that the statements made and acknowledged in this application are true to the best of my knowledge and that I agree to be bound by any regulations and/or policies listed above, attached to this application or otherwise made applicable to the Ready to Serve Vendor List by the City. By signing this agreement, the above named business agrees to defend, indemnify, and hold harmless the City of Corona, its directors, officials, officers, employees, volunteers and agents from all claims, demands, causes of action, costs, expenses, liability, loss, damage or injury of any kind, including reasonable attorneys' fees and all costs of litigation and judgement in any way arising from any alleged action or omission by the business in connection with any services provided by such business as a result of being included on the Ready to Serve Vendor List.

Authorized Signature: _____ **Date:** _____

How to Apply for A Business License:

Apply online:

<https://www.coronaca.gov/government/departments-divisions/finance/business-license-info>

Who needs a business license certificate?

Any individual, corporation, partnership, or sole proprietorship who wishes to conduct a business within the City of Corona must secure a business license certificate. The Corona Municipal Code (CMC) states; "It is unlawful for any person to transact, perform, engage in and carry on any business, trade, profession, calling, or occupation in the city without first having procured a business license..." (CMC Section 5.02.030)

The City of Corona Municipal Code requires that all businesses pay for a business license certificate, but such payment does not authorize an applicant to do business in the City. All businesses must comply with all City codes and must have Community Development Department's approval before opening. A separate license certificate is required for each branch or location of the business.

Exceptions*:

Those businesses specifically exempted from a business license payment by local, state, or federal statute include:

- Charitable
- Non-profit
- Religious
- Businesses with gross receipts less than \$5,000

*All businesses that are exempt must register with the Business License Division and provide proof of exemption. Please check with the Business License Division at 951-736-2275 for any other exemptions that may apply.

Other Questions:

Information concerning business licenses, transferability of a business license certificate, obtaining a duplicate license certificate and conducting a business at separate locations, or separate businesses at a single location, and any other business license questions may be addressed to the Business License Division at 951-736-2275.

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SAMPLE-- Additional Endorsement

POLICY NUMBER:

**COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04**

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 PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City of Corona 400 S. Vicentia Avenue Corona, CA 92882
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

Sample – Certificate of Liability Insurance

		<h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>		DATE (MM/DD/YYYY)																								
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																												
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																												
PRODUCER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> </tr> <tr> <td>PHONE (A/C, No, Ext):</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2" style="text-align: right;">NAIC #</td> </tr> <tr> <td colspan="2">INSURER A:</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>				CONTACT NAME:		PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		ADDRESS:		INSURER(S) AFFORDING COVERAGE		NAIC #		INSURER A:		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:																												
INSURED <i>(Individual or organization listed must match application documents)</i>																												
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	TYPE OF INSURANCE	ADDL	SUBR	POLICY EFF	POLICY EXP	LIMITS																						
LTR		INSR	WVD	(MM/DD/YYYY)	(MM/DD/YYYY)																							
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES participant <input checked="" type="checkbox"/> Legal Liability GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>				EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 1,000,000.00 PRODUCTS - COMP/OP AGG \$ 1,000,000.00 \$																						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$																						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$																						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$																						
DESCRIPTION OF OPERATIONS /LOCATIONS /VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)																												
(In this section, enter details of use of City Facilities such as the type of activity, date, name, and address of facility being used. I.E. "Smith Birthday Party at Santana Park on May 4, 2021." For recurrent use, specify activities, facilities, and policy range.)																												
CERTIFICATE HOLDER				CANCELLATION																								
City of Corona 400 S. Vicentia Avenue Corona, CA 92882				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE																								
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