



**CITY OF VALDEZ
TEMPORARY LAND USE PERMIT APPLICATION FORM**

Application Fee: \$50.00 (Non-Refundable) Waived 2017 per Resolution #12-72

File No. 19-07

Date Recv'd. _____

Directions:

1. Please type or print legibly.
2. Please submit this application form to the Office of Community & Economic Development, P.O. Box 307, Valdez, Alaska 99686.
3. Please answer all questions on this form, or put N/A (not applicable) in the spaces provided, as the answer applies.

Applicant name: Haltness Equipment LLC

Mailing address: PO Box 2989

City, State, Zip: Valdez AK 99686

Daytime telephone: 907 835 5418

SIGNATURE: 

Representative name: Erik Haltness

Mailing address: PO Box 2989

City, State, Zip: Valdez, AK 99686

Daytime telephone: 907 831 0067

Legal Description of Property Affected by Application:

Located in Township _____ Range _____ Section _____, CRM
Lot/Block/Tract/Subd. Parcel 2 Plat # ASLS 79-116
Street Address/Other description _____
Tax # _____ Size of Property 1.5 acres

Type of business to be placed on the property: Construction Materials
and equipment

Size of temporary building(s) to be placed on the property: 40x8 Connex

Duration of lease requested (6 months maximum): _____

Special lease requirements: _____

Submitted materials attached - The following submitted materials must be submitted when applying for a lease on City land.

- X 1. Plot Plan – A drawing of the proposed lease property showing:
- _____ a. Size of lot (to scale)
 - _____ b. Placement and size of buildings, storage units, miscellaneous structures planned (to scale)
 - _____ c. Water & sewer lines, locations of septic tanks, if needed
 - _____ d. Parking spaces (numbered on the drawing with a total number indicated).
- _____ 2. Fees – All applicable fees must be submitted prior to the execution of a lease.
- a. Application Fee (\$50.00). Covers the costs associated with processing the application (Non-refundable).

X 3. Liability Insurance – The Permittee shall, at its own expense, maintain and keep force during the terms of this Permit adequate insurance to protect both Valdez and Permittee against comprehensive public liability claims arising from the use of the property in the minimum limit of ONE MILLION DOLLARS (\$1,000,000) combined single limit to protect against liability for personal injury, death or property damage.

X 4. Financial Data – The applicant is a:

Sole proprietorship _____

LLC
~~Partnership~~ X LLC

Corporation _____

Other (Please explain) _____

NA 5. Partnership Statement – If applicant is a partnership, answer the following:

a. Date of Organization _____

b. General partnership () / Limited partnership ()

c. Statement of partnership recorded? () yes () no

Where _____

d. Has the partnership done business in Alaska?

() yes () no

When _____

Where _____

e. Name, address and partnership share of each general and limited partner. If a partner is a corporation, complete page for corporation.

Limited/ General	Name	Address	Share
	Erik Haltness		51
	Julie Haltness		49

f. Attach a complete copy of the partnership agreement.

_____ 6. Corporation Statement—If applicant is a corporation, answer the following:

a. Date of incorporation _____

b. Where incorporated _____

c. Is the corporation authorized to do business in Alaska?

☐ yes

☐ no

If so, as of what date _____

d. The corporation is held:

Publicly ☐

Privately ☐

e. If publicly held, how and where is the stock traded?

f. Furnish the name, title, and address of each officer and in addition, the same information for each principal stockholder owning more than ten percent of the corporation.

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Share</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

g. Furnish the names of the officers specifically authorized to execute contracts and other corporate commitments under the corporate articles and/or by-laws.

800 Glacier Haul Road



All features associated with this map are subject to the COV disclaimer for accuracy and use.



Date: 6/27/2019

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

PO Box 110806, Juneau, AK 99811-0806

This is to certify that

HALTNESS EQUIPMENT LLC

205 MEALS AVE., VALDEZ, AK 99686

owned by

HALTNESS EQUIPMENT LLC

is license by the department to conduct business for the period

October 31, 2018 to December 31, 2020
for the following line of business:

53 - Real Estate, Rental and Leasing

This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Anderson
Commissioner





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/31/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 ARA Insurance Services, Inc. 102 N.W. Parkway Kansas City MO 64150		CONTACT NAME: Jessica Coffey PHONE (A/C, No, Ext): 800-821-6580 E-MAIL ADDRESS: J.Coffey@arainsure.com	
		FAX (A/C, No): 816-474-1931	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : AXIS Insurance Company	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 13886053** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	A1HAAK001-021660-18	11/1/2018	11/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			A1HAAK001-021660-18	11/1/2018	11/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Rental/Sales Inventory Special Form/theft			A1HAAK001-021660-18	11/1/2018	11/1/2019	Actual Loss Sustained Deductible 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Valdez is an additional insured for commercial general liability insurance to the extent that coverage is afforded by form ARAX 30 01 08 12 attached.
Waiver of Subrogation applies per written contract.

CERTIFICATE HOLDER City of Valdez Department of Community & Economic Development PO Box 307 Valdez AK 99686	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 ARA Insurance
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