

DEPARTMENT OF CUSTOMER SERVICES  
**CITY AND COUNTY OF HONOLULU**  
530 SOUTH KING STREET, ROOM 302-A, HONOLULU, HAWAII 96813  
TELEPHONE: (808) 768-3392 FAX: (808) 768-3750  
<http://www.honolulu.gov>

MUFI HANNEMANN  
MAYOR



DANA TAKAHARA-DIAS  
DIRECTOR

EDWARD M. NISHIOKA  
SENIOR ADVISOR

November 20, 2008

The Honorable Todd Apo, Chair  
and Members  
Honolulu City Council  
530 South King Street, Room 202  
Honolulu, Hawaii 96813

RECEIVED

NOV 20 3 19 PM '08

CITY CLERK  
HONOLULU, HAWAII

Dear Chair Apo and Councilmembers:

Subject: Blood Bank of Hawaii (Ord. 99-05)

Attached for your information is a copy of the Minor Event Application for the use of the Civic Center grounds, as required by Section 28-11.6, Revised Ordinances of Honolulu 1990, as amended. The application is for the Blood Bank of Hawaii.

For further information, please contact Special Event Coordinator Patty Teruya of my staff at 768-3888.

Sincerely,

Handwritten signature of Dana Takahara-Dias in black ink.

Dana Takahara-Dias  
Director

Attachment

APPROVED:

Handwritten signature of Wayne M. Hashiro in black ink.  
Wayne M. Hashiro, P.E.  
Managing Director

CITY AND COUNTY OF HONOLULU  
CUSTOMER SERVICES DEPARTMENT  
MINOR EVENT APPLICATION  
USE OF GROUNDS OF CITY HALL  
AND THE HONOLULU MUNICIPAL BUILDING

Name of Non-Profit Organization BLOOD BANK OF HAWAII

Address 2043 DILLINGHAM BLVD., HONOLULU, HI 96819

Phone 845-9966 Fax No. 848-4783

Brief Description of Event

CITY AND COUNTY OF HONOLULU SPONSORED BLOOD DRIVES

Date(s) of Event EVENT DATES ATTACHED Time(s) of Event

Set-up Date \_\_\_\_\_ Set-up Time(s)

Clean-up Date \_\_\_\_\_ Clean-up Time(s)

The undersigned hereby declares, certifies, and swears, on his/her behalf and on behalf of the organization for which this application is being filed, that all information contained in this application and attached hereto is true and correct.

Signature



Print Name

Albert Yoza

Title or Position Chief Financial Officer

Date

11/19/08

## 2009 Proposed Drive Dates

- Honolulu Hale, Wednesday, January 28, 2009
- Municipal Building, Monday, March 30, 2009
- Honolulu Hale, Tuesday, June 2, 2009
- Municipal Building, Tuesday, July 28, 2009
- Honolulu Hale, Tuesday, October 6, 2009
- Municipal Building, Monday, December 14, 2009

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**SECTION I - APPLICANT**

Proof of non-profit status submitted with this application:  
(Please check the appropriate space)  
AND THE HONOLULU MUNICIPAL BUILDING

- Proof of Internal Revenue tax-exempt status as non-profit organization.
- File-Stamped copy of non-profit organization registration pursuant to Chapter 415B, H.R.S.
- File-Stamped copy of charitable registration pursuant to Chapter 467B, H.R.S.

List or state your organization's purposes that includes providing direct benefits to the City and County of Honolulu:

OUR MISSION

TO PROVIDE A SAFE AND ADEQUATE BLOOD SUPPLY  
TO MEET THE NEEDS OF HAWAII'S PATIENTS.

Please check the appropriate space(s) in which the purpose(s) for your organization can be categorized:

- Social services for the poor, the aged or the youth of the city;
- Health services, including services for those with physical and/or emotional/mental disabilities;
- Educational, manpower and/or training services;
- Services to meet a definitive cultural, social or economic need within

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the city not being met by any other private organization.

**SECTION II - MINOR EVENT PROPOSED**

Portion(s) of grounds that will be used by your organization:  
(Attach diagram of the event, including proposed locations of any temporary structures, as well as any areas proposed to be partitioned, fenced, roped, cordoned or demarcated for purpose of charging a fee)

PLEASE SEE ATTACHED. (MAP)

- BLOOD MOBILE
- PASSENGER VAN
- CANOPY TENT

Potential effects of the proposed Event on normal city operations:

NONE

Goods or services, if any, that will be sold to event patrons:

NONE

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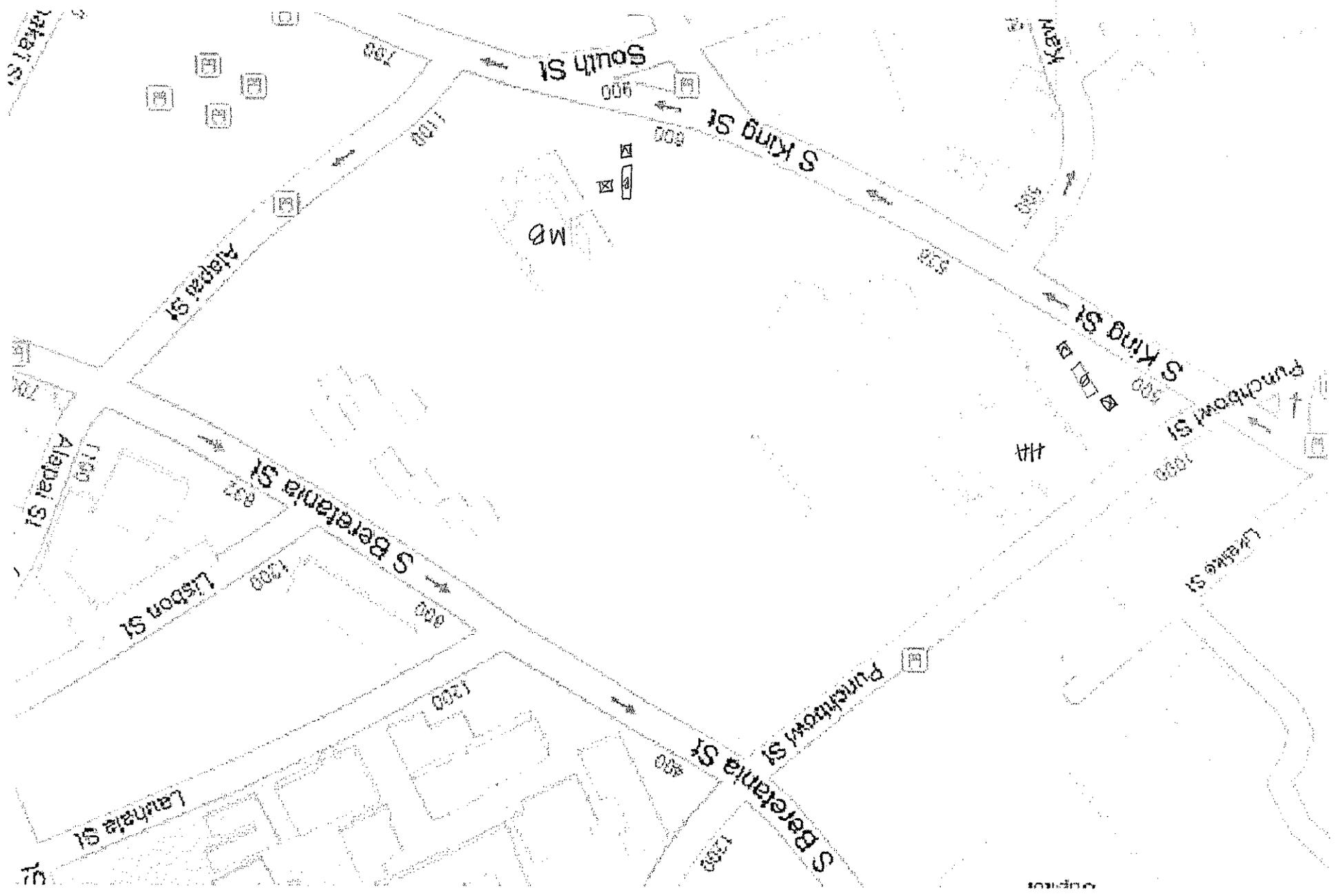
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Anticipated Patronage for the Event:

CITY AND COUNTY OF HONOLULU EMPLOYEES

- ☐ VAN
- ☐ BUS/MOBILE
- ☐ TENT



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Proposed use of media:

NONE

Proposed security measures:

NONE

Proposed sanitation measures:

NONE

Proposed clean-up measures:

SELF CONTAINED

Proposed entertainment, if any, and whether sound amplification will be utilized:

NONE

Any fees to be charged by your organization to any sublessee(s), including any entry fees:

NONE

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Entry fees that will be charged to event patrons and what is received by event patrons in exchange for payment of fees:

NONE

Statement of whether any of the net proceeds from the fees charged will be turned over to any person(s) and the tax-exempt or charitable status of such person(s):

NONE

Name of person(s) in charge of grounds that will be present on the grounds at all times during the event, including title(s) or position(s) with the organization and phone number(s):

BLOOD BANK OF HAWAII TEAM LEADER AND STAFF

Statement on availability of Certificate of Insurance, including certificate of insurance for any sublessees, for comprehensive general liability insurance (CGL), including products liability in the minimum amount of not less than \$500,000 each occurrence and general liability:

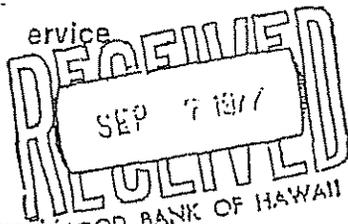
See attachment

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Internal Revenue Service

Department of the Treasury

Washington, DC 20224



Blood Bank of Hawaii  
99-0073479  
Queen's Medical Center Grounds  
Honolulu, Hawaii 96813

Person to Contact: Frank Leapley

Telephone Number: 202-566-6791

Refer Reply to: T:C:C:1:3

Date: 30 AUG 1977

Attention: Glen R. Best  
Administrator

Gentlemen:

This refers to your application for permission to change your accounting method, for Federal income tax purposes, from the cash receipts and disbursements method to the accrual method, beginning with the taxable year ending September 30, 1977 (year of transition).

It is indicated that your organization is exempt from tax under section 501(c)(3) of the Internal Revenue Code of 1954 and that as at September 30, 1976 there were no adjustments required under section 481(a) of the Code.

However, it should be understood that if upon examination of your return by the District Director it is determined that you have accrued unrelated business taxable income (as defined in section 512 of the Code), such income shall be taken into account in accordance with the provisions of section 481(a) of the Code.

Permission is hereby granted you under the facts as presented to change your accounting method, from the cash receipts and disbursements method to the accrual method, beginning with the year of transition, provided you keep your books and records for the year of transition and for subsequent taxable years on the accrual method of accounting with respect to all items of income and expense; and that you use this method for all reports, including financial statements, and statements for credit purposes.

The enclosed copy of this letter should be attached to your return for the year of transition as evidence of the authority granted you to change your accounting method.

Sincerely yours,

Chief, Corporation Tax Branch

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

OP ID NJ  
PHAWA02

DATE (MM/DD/YYYY)  
06/25/08

**PRODUCER**

BCx  
650 College Boulevard  
Berland Park KS 66211  
Phone: 913-491-1999 Fax: 913-906-0088

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC #

**INSURED**

Blood Bank of Hawaii  
2043 Dillingham Boulevard  
Honolulu HI 96819

INSURER A: The Community Blood Centers'  
INSURER B: Exchange Risk Retention Group  
INSURER C:  
INSURER D:  
INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY	BCX08-00002	06/01/08	06/01/09	EACH OCCURRENCE \$ 5,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000
		<input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BCX08-00002	06/01/08	06/01/09	MED EXP (Any one person) \$ 1,000
						PERSONAL & ADV INJURY \$ 5,000,000
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMP/OP AGG \$ 5,000,000
		AUTOMOBILE LIABILITY	NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ N/A
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$ N/A
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$ N/A
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$ N/A
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY	NOT APPLICABLE			AUTO ONLY - EA ACCIDENT \$ N/A
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$ N/A
						AGG \$ N/A
		EXCESS/UMBRELLA LIABILITY	NOT APPLICABLE			EACH OCCURRENCE \$ N/A
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ N/A
		<input type="checkbox"/> DEDUCTIBLE				\$ N/A
		<input type="checkbox"/> RETENTION \$ 5				\$ N/A
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	NOT APPLICABLE			WC STATUTORY LIMITS OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ N/A
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ N/A
		OTHER	NOT APPLICABLE			E.L. DISEASE - POLICY LIMIT \$ N/A
						N/A
						N/A

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS**

RE: City & County of Honolulu are named additional insureds as respects blood drives and/or community table sign-ups to be held throughout the policy period.

**CERTIFICATE HOLDER**

CITHOHI

City & County of Honolulu  
650 South King Street  
Honolulu HI 96813

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**NOTEPAD:**

INSURED'S NAME FLOOD BANK OF HAWAII

PHAWA02

OP ID NJ

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DATE 06/25/08

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**Additional Information Requested:**

**SECTION III - ATTACHMENTS**

**Attached are the following items:**

- (1) Fee of \$100.00 made payable to the City and County of Honolulu
- (2) Proof of Non-Profit Status (Section I)
- (3) Diagram of Event (Section II)
- (4) Certificate(s) of Insurance (Section III)

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**SECTION IV – APPROVAL (DPR)**

Special Conditions: (Please see attachment, Conditions for Civic Center Use.)

Department of Parks and Recreation, Beautification Division

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Contact Person

\_\_\_\_\_

Title or Position

\_\_\_\_\_

Telephone No.

\_\_\_\_\_

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**SECTION V - APPROVAL (CSD)**

Special Conditions:

Department of Customer Services

Signature

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Date

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Contact Person

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Title or Position

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Telephone No.

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**Parks Conditions for Civic Center Use (Minor Events Permit)**

1. No driving or parking on grass except with permission from the Groundskeeping Supervisor. The Groundskeeping Supervisor shall be contacted and permission granted for each instance that lawn access is necessary by vehicles. One-week notice is required for any lawn access. Vehicles must drive on the sidewalks, and where it is necessary to drive on the lawn, plywood boards shall be placed beneath any vehicle tires. The organizing group and/or vendors shall provide all plywood and is/are responsible for storage and removal of boards. The boards may not be stored on the lawn.
2. Accessing the lawn without permission will not be tolerated and will result in the filing of a police report.
3. Any trailers or equipment that will remain on the lawn for more than one day shall have plywood boards placed beneath them.
4. No open fires or cutting of trees or landscape plants are allowed.
5. Any cooking or warming devices must be raised off the ground by at least 24 inches. Any vendor whose cooking results in oil splatters or other damage shall protect the targeted lawn area from such splatters. Event organizer shall be required to bear the cost of re-sodding damaged areas.
6. Animals are prohibited except by permit.
7. Trees may not be used as a staging area for any activity.
8. Persons, teams, or organizations to whom such permits are issued shall be liable for loss or damage to property, including repairs to irrigation system, filling tire ruts with approved material, or any other damage resulting from the use of the grounds. The Groundskeeping Supervisor shall inspect all repairs and give final approval. Contact information must be provided for invoicing of damage repair costs: Contact Name, Organization Name, Mailing Address, and Contact Phone Number.
9. There will be no disposing of ice, oil, beverages, wastewater, or any type of liquid, including water, in the landscape, on the lawn, or in the mulched area around tree bases. Event organizer shall be financially responsible for any landscape plants in their area that are damaged.
10. Applicants must designate a responsible contact person with authority to enforce these conditions who will be present for the duration of the set-up, event, and clean

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up. The designated contact person must be available throughout this time for contact by the Groundskeeping Supervisor via cellular phone or walkie-talkie.

Additional Information

Contact Person/Title:

LUANA KELLEY

Company Name:

C AND C, DEPARTMENT OF DESIGN & CONSTRUCTION

Address:

650 S. KING ST., 14TH FLOOR

HONOLULU, HI 96813

Phone Number(s):

768-8199

Cellular:

Date(s) of Event:

SEE ATTACHED

April 2004