

Commissioners

Kelly Cochran, Chair
Jeff Craig, Co-Chair
Chris Rule
Erika Bartholomew
Dan Swanson
Joe Pestinger



City of Orting Planning Commission Agenda

Monday, May 1st, 2023
7:00pm
City Hall Council Chambers

If joining virtually:

Phone Dial-in - Charges may apply
+1.253.215.8782

To join the meeting on a computer or mobile phone:

<https://us06web.zoom.us/j/82903685486?pwd=cFc0OXRTSkc2MC95TDhnVno1NjBaQT09>

Meeting ID: 829 0368 5486
Password: 446748

1. CALL MEETING TO ORDER, PLEDGE OF ALLEGIANCE, ROLL CALL

The public may attend this meeting virtually via the platform Zoom by clicking the link above or by telephone, or in person at City Hall.

A. Is there a motion to excuse Commissioner(s) from this meeting?

2. AGENDA APPROVAL

A. Does the agenda require an addition or removal of a topic?

3. PUBLIC COMMENTS

Comments may be sent to the Planning Commission Secretary Danielle Charchenko at clerk@cityoforting.org by 1:00pm on the day of the meeting and will be read into the record at the meeting. In the case of a question, the chair will refer the matter to the appropriate administrative staff member. Comments that come in after the deadline will be read into the record at the next Planning Commission meeting.

4. APPROVAL OF MINUTES

A. Are the minutes of the April 3rd, 2023 meeting correct and accurate?

5. ARCHITECTURAL DESIGN REVIEW

A. ADR 2023-05 – Tugboat Willy's – Stationary Food Vendor Unit

6. NEW BUSINESS

None.

7. OLD BUSINESS

- A. Dumpster Violations.
- B. Sign Code Violations.

8. GOOD OF THE ORDER

- 1. Planned Absences.
- 2. Report on Council Meetings.
- 3. Agenda setting.

9. ADJOURN

NEXT PLANNING COMMISSION MEETING: Monday, June 5th, 2023

Commissioners

Kelly Cochran, Chair
Jeff Craig, Co-Chair
Chris Rule
Erika Bartholomew
Dan Swanson
Joe Pestinger



ORTING PLANNING COMMISSION
Planning Commission Meeting Minutes
104 Bridge Street S, Orting, WA
Zoom – Virtual
April 3rd, 2023
7:00 p.m.

1. CALL MEETING TO ORDER, PLEDGE OF ALLEGIANCE, AND ROLL CALL.

Chair Kelly Cochran called the meeting to order at 7:00pm. Co-Chair Craig led the pledge of allegiance.

Commissioners present: Chair Kelly Cochran, Co-Chair Jeff Craig, Commissioners Erika Bartholomew, and Dan Swanson.

Absent: Commissioner Chris Rule.

Commissioner Chris Rule was absent from the meeting. Co-Chair Craig made a motion to excuse Commissioner Rule from the meeting. Seconded by Commissioner Bartholomew.

Motion passed (4-0).

Staff present: City Administrator Scott Larson, Planning Commission Secretary Danielle Charchenko.

Guests: Chris Moore, Carbon River Builders and Pete Ollodart, Puget Sound Instruments.

Commissioner Joe Pestinger entered at 7:05pm.

2. AGENDA APPROVAL.

Co-Chair Craig made a motion to adopt the agenda as prepared. Seconded by Commissioner Bartholomew.

Motion passed (4-0).

3. PUBLIC COMMENTS.

No public comments were made.

4. APPROVAL OF MINUTES

Co-Chair Craig made a motion to approve the February 6th, 2023 minutes as presented. Seconded by Commissioner Bartholomew.

Motion passed (4-0).

5. ARCHITECTURAL DESIGN REVIEW

A. ADR 2023-03 – Spar Pole - Signage

Planning Commission Secretary Danielle Charchenko read the ADR staff report for ADR 2023-03 and stated that the recommendation was approval as presented. Planning Commission discussion followed.

Co-Chair Craig made a motion to approve the ADR 2023-03 proposed canopy wall sign as presented and approval of proposed projecting sign with the condition that the bracket is reworked to not extend above the top of the building.

No second, motion failed.

Next Planning Commission Meeting: May 1st, 2023 7:00pm

Commissioner Swanson made a motion that the request be resubmitted showing both signs in compliance with the sign code. Seconded by Co-Chair Craig.

Motion passed (5-0).

B. ADR 2023-04 – Puget Sound Instruments - Remodel

Planning Commission Secretary Danielle Charchenko read the ADR staff report for ADR 2023-04 and stated that the recommendation was approval with the condition that the applicant applies for a right-of-way permit for work in and over the sidewalk and maintains that permit per its terms. Chris Moore briefed that Puget Sound Instrument (PSI) specializes in providing two-way radios for Motorola solutions. He stated PSI has a small staff footprint with a large amount of equipment, requiring a larger storage space. Chris Moore stated Pete Ollodart, PSI owner, has integrated himself in the town and is in favor of the building design that Orting is requesting. He stated the City code was heavily used to create a new look without replicating other buildings in town and they did their best to represent what Orting has to offer. Chris Moore stated that their preferred option is option A. He briefed that he has worked with City Planner, MillieAnne VanDevender to make slight variations to the building plans so that they meet the code requirements. City Administrator Scott Larson briefed the right-of-way permit process. Chris Moore made a clarification to the sign request stating they would also like to include a proportionately sized sign for the rear of the building with the same design as the sign on the front of the building. Planning Commission discussion followed.

Co-Chair Craig made a motion to approve the ADR 2023-04 option A with the addition of approving a rear sign not to exceed 9' x 4' that matches the design of the sign on the front of the building with the condition that the applicant applies for a right-of-way permit for the work in and over the sidewalk and maintains that permit per its terms. Seconded by Commissioner Pestinger.

Motion passed (5-0).

6. NEW BUSINESS.

None.

7. OLD BUSINESS.

1. Dumpster Violations

City Administrator Scott Larson briefed that Code Enforcement Officer Jorge Martinez has been working on dumpsters around town and several of the dumpsters located on Bridge St have been moved. He stated that the Café Elite dumpster is no longer an issue as well as the Corrine Ave Apartments dumpster. Code Enforcement Officer Jorge Martinez is still working with Big J's on their dumpster, but other issues will need to be dealt with first.

2. Sign Code Violations

City Administrator Scott Larson stated that Shell Station is working on resubmitting an application. Commissioner Swanson stated that Wawa Teriyaki, L&M Firehouse, and American Adult Family Home still have signage issues. Co-Chair Craig stated Glacier West Storage signage looks ok with the additional landscaping added. He also stated that Tugboat Willy's food truck signage and additional "building" add-on have become an issue and need to be looked into.

8. GOOD OF THE ORDER.

1. Planned Absences.

Joe Pestinger may be out May 1st, due to a surgery.

Next Planning Commission Meeting: May 1st, 2023 7:00pm

2. Report on Council Meetings.

City Administrator Scott Larson briefed the March council meetings stating the Historical Society will be installing a trail switch along the foothills trail behind City Hall along with an informative plaque. He also stated that City Council adopted Resolution 2023-04 imposing an additional sale and use tax of one-tenth of one percent for housing and related services. This will allow the City to collect and invest the full measure of the tax within the City of Orting and would retain control of the funds.

3. Agenda Setting.

The Planning Commission requested to bring back ADR 2023-03 – Spar Pole for Architectural Design Review and leave dumpsters and sign code violations under Old Business.

10. ADJOURNMENT.

Co-Chair Craig made a motion to adjourn. Seconded by Commissioner Swanson.

Motion passed (5-0).

Chair Cochran adjourned the meeting at 8:08pm.

ATTEST:

Kelly Cochran, Commission Chair

Danielle Charchenko, Planning Commission Secretary

City of Orting Staff Report

Planning Commission

Tugboat Willy's ADR 2023-05 Stationary Food Vendor

APPLICANT / OWNER:

Willy Halbert, Stationary Vendor
Chad Woehrle, Texaco Owner

LOCATION OF PROPOSAL:

221 Washington Ave N, Orting, WA 98360

DESCRIPTION OF PROPOSAL: The applicant is proposing to station a stationary food vending unit in the Texaco parking lot.

STAFF REPORT:

The property is located in the "Mixed Use - Town Center" (MUTC) zone. The proposed use of this property is subject to the regulations in OMC 13-6-7 "Architectural Design Review".

- The applicant submitted an ADR application and ADR Criteria form.
- The stationary food vending unit will be located on the south side of the Texaco building and will utilize the existing drive-thru dedicated to the building.
- The stationary food vending unit will use the existing LED lighting on the Texaco building and does not have any additional lighting on unit or signage.
- The color of the stationary food vending unit is white.
- The applicant has proposed the addition of a picnic table and bike rack, location was not indicated.
- Site plan, pictures of signage, dumpster screening, and Western/Victorian themes were not indicated in the application materials.

STAFF RECOMMENDATION: Staff recommends denial of ADR 2023-05 due to incomplete application materials.

PREPARED BY: Danielle Charchenko

****PLANNING COMMISSION DECISION – May 1, 2023****

Kelly Cochran, Planning Commission Chair

Scott Larson, City Administrator

City of Orting
 Department of Planning & Community Development
 ARCHITECTURAL DESIGN REVIEW APPLICATION FORM

File No. 2023-05
 Stationary
 App. Type vendor
 Fee Paid \$ 250
 Date Rec'd 4/17/23

Name of Project/Development:

APPLICANT/CONTACT PERSON

Name: Willy HALBERT
 Address: 221 WASHINGTON AVE N
 City: Orting State: WA Zip: 98360

Phone: 253-686-2842

DESCRIPTION OF PROPOSED ACTION

PROPERTY DESCRIPTION

Location of subject property:

Legal Description (attach additional pages as required):

Tax Parcel No. 1/4 Sec. Sec. Twn. R.

Size (ac./sq. ft.) Comp. Plan designation Zone

Current Use Orting TEXACO

**AUTHORIZATION TO FILE:
 SIGNATURE OF ALL PERSONS WITH AN INTEREST IN THE PROPERTY**

Name	Name
Signature	Signature
Tax No or Lot & Subdivision	Tax No or Lot & Subdivision
<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchase <input type="checkbox"/> Option Purchaser* Option Expiration Date _____ *Owners signature also required	<input type="checkbox"/> Owner <input type="checkbox"/> Contract Purchase <input type="checkbox"/> Option Purchaser* Option Expiration Date _____ *Owners signature also required

CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the above authorization.

Signature: Willy Halbert

Date: 4-17-23

City of Orting
 Department of Planning & Community Development
 ARCHITECTURAL DESIGN REVIEW APPLICATION FORM

File No. _____
 App. Type _____
 Fee Paid \$ _____
 Date Rec'd _____

Name of Project/Development:

APPLICANT/CONTACT PERSON

Name:

Address:

City:

State:

Zip:

Phone:

DESCRIPTION OF PROPOSED ACTION

PROPERTY DESCRIPTION

Location of subject property: 221 WASHINGTON AVE N. 98360

Legal Description (attach additional pages as required):

Tax Parcel No. ⁷⁰⁰¹⁹⁴⁰⁰¹⁰ V 1/4 Sec. Sec. 29 Twn. 19 R. 05

Size (ac./sq. ft.) _____ Comp. Plan designation _____ Zone COMMERCIAL

Current Use GAS STATION & CONVENIENCE STORE

**AUTHORIZATION TO FILE:
 SIGNATURE OF ALL PERSONS WITH AN INTEREST IN THE PROPERTY**

Name CHAD WOENGLER

Name

Signature *[Signature]*

Signature

Tax No or Lot & Subdivision

Tax No or Lot & Subdivision

Owner _____ Contract Purchase
 Option Purchaser*

_____ Owner _____ Contract Purchase
 _____ Option Purchaser*

Option Expiration Date _____

Option Expiration Date _____

*Owners signature also required

*Owners signature also required

CERTIFICATION

I certify that the information and exhibits herewith submitted are true and correct to the best of my knowledge and that I am to file this application and act on behalf of the signatories of the above authorization.

Signature:

[Signature]

Date: 4/17/23



CITY OF ORTING

**ARCHITECTURAL DESIGN REVIEW
CRITERIA**

The following criteria will be used by the Planning Commission in its decision making on your proposed project. Please carefully review the criteria, respond to each criterion (if applicable), and describe how your site plans and building elevations meet the criteria. If the space provided for response is insufficient, use extra space on last page or use blank paper to complete response and attach to this form.

1. RELATIONSHIP TO BUILDING SITE

The site shall be planned to accomplish a desirable transition with the streetscape; facilitate pedestrian movement; locate parking areas behind buildings, screen service areas; and be compatible with adjoining building in height and scale.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

EXISTING DRIVE THRU NO PARKING NEEDED

2. RELATIONSHIP OF BUILDING AND SITE TO ADJOINING AREA

The site shall be planned to accomplish a harmony in texture, line and mass; and attractive landscape transitions with adjoining areas.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

FOOD TRUCK OUT EXIT OF EXISTING DRIVE THRU
THAT ALLOWS FOR CARS TO STOP GET AROUND
THE BUILDING

3. LANDSCAPE AND SITE TREATMENT

The site shall be planned to accomplish the preservation of existing topographic patterns; inviting and stable appearing walks and parking areas; landscaping that enhances architectural features and provide shade. Service yards shall be screened, in

winter and summer, by the use of walls, fencing, planting or a combination of these. Exterior lighting shall be of a design and size compatible with the building's "Turn of the Century/Western-Victorian" theme. Excessive brightness and brilliant colors shall be avoided.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

Very little outside lighting what is
There is the same as other building
in town
All lighting is L.E.D.

4. BUILDING DESIGN

The site shall be planned to accomplish the architectural style of "Turn of the Century/Western-Victorian". Evaluation of a project will be based on quality of its design and relationship to the natural setting of the valley and mountain surroundings.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

5. SIGNAGE

The signs shall be planned to reflect the architectural concept of the "Turn of the Century/Western-Victorian" style. All exterior signs shall be characteristic of the early 1900's in size, material, color, lettering, location, number, and arrangement. Signs shall be illuminated by indirect lighting; internally illuminated sign are prohibited. All materials used in the indirect lighting of exterior signs shall be UL listed. In addition, the Washington State Energy Code shall be adhered to and a Washington State Department of Labor and Industry Electrical Permit and inspection shall be required.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

None of my signs are lit

6. PAINTING

Exterior paint colors shall be planned to reflect the architectural concept of the "Turn of the Century/Western-Victorian" style. All exterior paint colors shall be characteristic of the early 1900's.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

White

7. LIGHTING

Exterior lighting shall be planned to reflect the architectural concept of the "Turn of the Century/Western-Victorian" style. All exterior lighting shall be characteristic of the early 1900's in size, material, color, lettering, location, number, and arrangement. All materials used must UL listed. In addition, the Washington State Energy Code shall be adhered to and a Washington State Department of Labor and Industry Electrical Permit and inspection shall be required.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

All lights are L.E.D. THE TRUCK HAS A LAND I STICKER ON IT. MY LIGHTING IS THE SAME AS ANOTHER COFFEE SHOP IN TOWN.

8. MISCELLANEOUS STRUCTURES AND STREET FURNITURE

All miscellaneous structures and street furniture shall be planned to reflect the architectural concept of the "Turn of the Century/Western-Victorian" style.

DESCRIBE HOW YOUR PLANS MEET THIS CRITERIA:

I WOULD LIKE TO PUT IN A BIKE RACK AND PICNIC TABLE. IS THIS POSSIBLE?

WAM Hallett
Signature

4-17-23
Date

City use only	
ADR #	_____
Fee Paid	_____
Date Received	_____

Adult temp=150 Childs temp=120

Flavors= 12 oz: 2-3 pumps 16oz: 3-4 pumps 20oz: 4-5 pumps

Shots= 12 oz: 1 shot 16 oz: 2 shots 20 oz: 2 shots

Americano= Shots, Hot water-leave 1in room in HOT drinks.

- 12oz: 2 shots

- 16oz: 3 shots

- 20oz: 4 shots

Americano ICED= Shots, ice, cream (optional)

-1 shot water into craft

- shots into craft

- ice in cup, pour over ice

Caramel Macchiato= Shots, Milk, Flavor

*12 oz= -2 pumps Vanilla syrup
-1 pump Caramel sauce

16 oz= -3 pumps vanilla syrup
-1.5 pump caramel sauce

*16 oz & 20 oz ICED= Syrup & sauce in cup, shots, stir, milk, ice in cup, caramel drizzle, top off with milk.

Mocha= Sauce, Syrup in cup, Steam milk, shots in cup, stir, milk.

* 12oz: -1/2 pump vanilla

-1 pump chocolate

* 16 oz: -1 pump vanilla

-1.5 pump chocolate

White Chocolate Mocha= Powder in cup, steam milk,shots in cup, stir well, milk.

* 12 oz: -1 tbsp powder

* 16 oz- 2 tbsp powder

*16 oz & 20 oz ICED= Powder in cup, shots, stir well, milk, ice.

Latte= Shots, milk, flavor (optional)

White Chocolate Americano= Shots, WC powder, Water

*12 oz:-1 tbsp powder

-2 shots -Hot water

*16 oz- 2 tbsp powder

-3 shots -hot water



CITY OF ORTING
110 TRAIN ST. SE • P.O. BOX 489
ORTING, WA 98360-0489
(360) 893-2219
Small Town Big View

Receipt Number: **26503**

Two Hundred Fifty and 0/100's Dollars
Received From:

Willy Halbert
221 Washington Ave N
Orting, WA 98360

Date	Receipt Number	Amount
4/17/2023	26503	\$250.00

Printed By	Debit	4	\$250.00
DCharchenko			

001.345.83.03.00 - ADR Fee - Willy Halbert - 04.17.2023

DEPARTMENT COPY



City of Orting

104 Bridge St. S., PO BOX 489, ORTING WA 98360

Phone: (360)893-2219 -FAX: (360)893-6809

www.cityoforting.org

BUSINESS LICENSE APPLICATION
MOBILE/ITINERANT/STATIONARY MOBILE VENDORS
LICENSE YEAR: 2022

Table with 2 columns: Vendor Type, Fee. Mobile Vendor \$250, Stationary Mobile Vendor \$250.

Please check all boxes that apply:

- Checkboxes for New Business, Existing Business, Change in Business Location, License Renewal, Mobile vendor, Stationary mobile vendor, Business location (inside/outside city limits), Home Occupation.

BUSINESS INFORMATION section containing fields for Legal Business Name, Doing Business As, Professional Lic #, Pierce County Health Permit, Mailing Address, City, State, Zip Code, Phone, Fax, Physical Location Address, Vehicle License Number, VIN#, Contact / Owner Name, E-mail, and Total # of Employees, Managers & Owners.

TYPE OF BUSINESS: Please circle all that apply

- Construction, Food Service (circled), Light Industrial, Medical, Personal Services, Professional Services, Real Estate, Retail Sales, Wholesale, Other: _____, Mobile Vendor Stationary (circled), Mobile Vendor

Nature of your business: fish and chips, espresso, chees burgers, chili dogs

ADDITIONAL INFORMATION AND REQUIRED SIGNATURE

COMMERCIAL WASTEWATER DISCHARGE:

Utility Account Holder's Name: Orting TEXACO (BRISCO inc) Utility Account #: _____

1) Is the wastewater from this business generated from any source except kitchens and bathrooms? YES NO

If YES, please specify source: _____

2) Will your business dispose of any chemicals, sludge or commercial waste? YES NO

If YES, please specify where or to whom: _____

HAZARDOUS MATERIALS:

1) Do you handle hazardous materials which are regulated by State Federal Laws or International Fire Codes? YES NO If YES, please specify: _____

2) Do you have any above or underground storage tanks? YES NO FOOD TRUCK ENCLOSED

3) Do you use or store any of the following? YES NO PROPANE

Compressed gases, toxic substances, spray painting equipment, welding or chemical processing, pesticides, dry cleaning solutions, open flame.

BUILDING/ PLANNING:

1) Is your business activity, or any portion of your building, different than the previous use of this building/space? YES NO

If YES, please explain: _____

2) Are you presently doing or planning to do any of the following:

Construction, remodeling, or installation of commercial storage racks? YES NO

Installation of new signage or changes in existing signage? YES NO

If you have an active building permit, please list the permit number: _____

CERTIFICATE OF LIABILITY INSURANCE

Furnish to the City proof that the mobile/itinerant/stationary vendor business is carrying the following minimum amounts of insurance: (1) general comprehensive liability insurance in an amount of not less than \$500,000 for injuries, including those resulting in death, resulting from any one occurrence, and on account of any one accident; and (2) property damage insurance in an amount of not less than \$25,000 for damages on account of any one accident or occurrence.

ARCHITECTURAL DESIGN REVIEW BY THE CITY PLANNING COMMISSION

Stationary mobile vendors only; provide a letter of approval from the City of Orting Planning Commission for architectural design review.

SIGNED PERMISSION TO THE CITY OF ORTING TO CONDUCT A CRIMINAL BACKGROUND

CHECK ON ALL OWNERS OF THE MOBILE VENDOR BUSINESS

OTHER DATA:

1) Do you buy and/or sell used goods? YES NO

2) Is there gambling activity? YES NO If YES, List State License # _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/12/2022

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 Hiscox Inc. 520 Madison Avenue 32nd Floor New York, New York 10022	CONTACT NAME: PHONE (A/C, No, Ext): (888) 202-3007		FAX (A/C, No):
	E-MAIL ADDRESS: contact@hiscox.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Hiscox Insurance Company Inc			10200
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 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	P100.366.362.2	07/01/2022	07/01/2023	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
								\$
	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 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				PER STATUTE	OTH-ER
			N/A				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

Brisco, Inc.
 221 Washington Ave. N.
 Orting, WA 98360

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

Servicing Location Agreement



The servicing location owner agrees to provide the mobile unit operator use of the location as listed below. Changing or canceling this agreement will result in closure of the mobile unit. This agreement is not transferable.

The following is available for use by the mobile unit operator:

Tacoma Pierce County
Health Department
APPROVED
CBassett 12/14/2022

Equipment/Service	Yes	No
Potable water.....	<input checked="" type="checkbox"/>	*
Wastewater disposal	<input checked="" type="checkbox"/>	*
Garbage disposal	<input checked="" type="checkbox"/>	*
Mop sink for cleaning mobile unit	<input checked="" type="checkbox"/>	*
Overnight storage of mobile unit.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Access to the location requires a key	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Minimum requirement

Mobile Unit

Mobile Unit Name TUG BOAT WILLY'S FISH AND CHIPS
 Hours of Operation M-F 4A-10P SAT 5A-10P SUN 6A-10P

Servicing Location

Servicing Location Name ORTING TEXACO (BRISCO, INC.)
 Servicing Location Address 221 WASHINGTON AVE N.
 City ORTING State WA Zip 98360 Parcel Number _____
 Hours of Operation M-F 4AM-MIDNIGHT SAT 5AM-MIDNIGHT SUN 6AM-MIDNIGHT
 Phone (360) 893-6210 Email CWOESTRLE 71@GMAIL.COM
 Servicing Location Owner or Representative Name (please print) CHAD WOESTRLE
 Servicing Location Owner or Representative Signature *Chad Woestrle* Date 10/18/22

Information submitted is subject to Public Records Act, Chapter 42.56 RCW.



CITY OF ORTING
110 TRAIN ST. SE • P.O. BOX 489
ORTING, WA 98360-0489
(360) 893-2219
Small Town Big View

Receipt Number:

25713

Two Hundred Fifty and 0/100's Dollars
Received From:

Willy Halbert
27920 146th Ave E
Graham, WA 98338

Date
12/15/2022

Receipt Number
25713

Amount
\$250.00

Printed By
JCorona

Debit

4

\$250.00

001.321.99.00.00 - Mobile Vendor application fee - Tugboat Willy's

DEPARTMENT COPY

**CITY OF ORTING
2023 BUSINESS LICENSE**

TUGBOAT WILLY'S FISH & CHIPS

LICENSE NUMBER: 23-01

UBI: 604-613-875

BUSINESS TYPE: Mobile Vendor

TERM OF LICENSE: JANUARY 1, 2023 thru DECEMBER 31, 2023

LICENSE REQUIRED BY CITY ORDINANCE No. 586

AMOUNT PAID: 250.00



Danielle Charchenko

City of Orting

December 15, 2022

Date