



# CITY OF CALISTOGA

## *Newsrack Application*

**Administrative Offices - City Clerk  
1232 Washington Street  
Calistoga, CA 94515**

**707.942.2807 Phone/707.942.0732 Fax**

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Applicant's Name: \_\_\_\_\_

Company/Agency Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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Describe the Location of the Proposed Newsrack (Provide a separate application for each location):

\_\_\_\_\_  
\_\_\_\_\_

Specify the number of newsracks proposed at this location: \_\_\_\_\_

Specify the Type or Brand of Newsrack (Note that the units must either be KJ-50 by "K-Jack" or TR-4916 by "Sho-Rack"): \_\_\_\_\_

Check here noting that a fully dimensioned site plan has been attached to this application showing the distance from curbs, tree wells, buildings, street furniture, etc. to ensure that the application is consistent with the provisions of the attached ordinance: **Yes  (This box must be checked.)**

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I hereby agree that the applicant will, in consideration of being issued a permit for the use of space, be responsible for any damage or repairs caused by the removal or installation of any newsrack and agree to indemnify and hold harmless the City of Calistoga, its officers and employees from any loss, liability, or damage, including expenses and costs, for bodily or personal injury, and for property damage sustained by any person as a result of the installation, use, or maintenance of the applicant's newsrack within the City of Calistoga.

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_