

CITY OF CLARKSTON SPECIAL EVENTS PERMIT APPLICATION



829 Fifth Street, Clarkston, WA 99403

	The purpose of this form is for events within the City of Clarkston that meet the special events/special use definitions, or as determined by the Clarkston Municipal Code.	Date:
1	Applicant:	Phone:
	Address:	City:
	e-mail:	State, Zip:
	Contact Person:	Phone:
	Address:	City:
	e-mail:	State, Zip:
	Sponsoring Organization:	Phone:
	Address:	City:
	Website:	State, Zip:
2	Event Title:	
	Description: <hr/> <hr/>	
	Will City Services be requested for street closure: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Date(s) of Event:	From: AM/PM TO: AM/PM
	Event Location:	Ages of Attendees: Total Attendance:
Is this an Annual Event?	How many years have you held this event?	

3	<p>Site Plan/Route Map</p>
	<p>Provide a plan or map of the entire event venue with the items listed below including streets. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.</p> <ul style="list-style-type: none"> • The location of fencing, barriers, and barricades. Indicate any removable fencing for emergency access. • The location of first aid facilities and ambulances. • The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers and dumpsters, and temporary structures. • A detailed plan of food booths and cooking area configurations; including booth identification of all vendors cooking with flammable gases or barbeque. • Generator locations or source of electricity. • Placement of vehicles and/or trailers. • Exit locations for outdoor events that are fenced and/or locations within tent structures. • Locations of fire extinguishers. • Identification of all event components that meet accessibility standards. • Other related event components not listed above.
4	<p>Entertainment and Related Activities</p>
	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Are there any musical entertainment features related to your event? If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedules.</p> <p><input type="checkbox"/> <input type="checkbox"/> Number of Stages _____ Number of Performers/Bands _____ Will Sound amplification be used? If yes, Start /time _____ Finish/Time _____</p>
	<p><input type="checkbox"/> <input type="checkbox"/> Other related entertainment and related activities not listed above? If yes, describe:</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p><input type="checkbox"/> <input type="checkbox"/> Will items such as inflatables, lasers, banners, or decorations, present unique liability issues?</p> <p>_____</p> <p>_____</p>
5	<p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Is this an event involving political or religious activity intended primarily for the Communication or expression of ideas?</p>

6

Food Concessions or Preparation

A business license is required for the sale of goods or services in the City of Clarkston.

YES NO

Does your event include food concessions or preparation?
If yes, describe how food will be served and/or prepared:

YES NO

Will food be cooked in the event area?
If yes, specify method:

Gas Electric Charcoal Other _____

Concessionaires

YES NO

Will items or services be sold at your event?
If yes, describe and attach a complete list of Vendors:

YES NO

Will items or services sold at your event present unique liability issues
(e,g, massage, body piercing, animal rides, etc.)
If yes, describe and attach a complete list of vendors.

7

Portable Toilets

YES NO

Do you plan to provide portable toilet facilities at your event?

If yes: Total number of portable toilets _____

Number of ADA accessible portable toilets _____

If no, explain: _____

Portable Toilet Co. _____

Equipment Setup: Date: _____ Time: _____

Equipment Pickup: Date: _____ Time: _____

8	<p>Additional charges for dumpster rental and disposal fees may apply.</p> <p>Number of Dumpsters _____</p>
9	<p>Mitigation of Impact</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Have you met with residents, businesses, places of worship, schools, and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. If no, please explain:</p> <hr/> <p><input type="checkbox"/> <input type="checkbox"/> Do you have a sample of the notice that you will distribute prior to your event? If yes, please attach.</p>
10	<p>Business or Resident Petition</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you intend to close off any road or access to a business or Residence? If yes, all businesses or residential property owners or lessees within the road Closure shall give their acknowledgement in writing to the person or organization seeking the permit. The name, address, phone number, signature and approval or disapproval of each person shall be on the petition. Please attach a complete petition of all businesses or residences with the closure area. Important: A separate right-of-way permit is required for road closures.</p>

11	<p>Insurance Requirements</p> <p>Liability insurance naming the City of Clarkston as an additional insured may be required for events as deemed necessary by the Clerk Treasurer or designee. Applicants required to obtain insurance shall provide proof of commercial general liability insurance in the amount of \$1,000,000 combined single limit per occurrence. Such insurance shall be primary over any coverage held by the City and shall name the City as an additional insured. Two weeks prior to the event date, the applicant shall submit a copy of the insurance policy declaration page to the City as evidence of acceptable insurance coverage.</p> <p>The certificate of insurance shall include the following items: location of event; type of event; separate endorsement sheet; date(s) of coverage.</p>
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Affidavit of Application

12

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Clarkston Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council, Clerk/Treasurer, or the Clerk/Treasurer's designee. Applicant agrees to indemnify, defend and hold harmless the City, its officers, agents and employees from and against any and all claims, actions, damages, liability, cost and expense, including reasonable attorney's fees in connection with or occasioned, in or whole or in part by any act or omission of Applicant, its officers, agents, employees, customers, or licenses, or arising from or out of Applicant's failure to comply with any provisions of this permit, regardless whether it is alleged or proven that the acts or omissions of the City, its officers, agents or employees caused or contributed thereto.

With respect to the performance of this Permit, and as to claims against the City, its officers, agents and employees, the Applicant expressly waives its immunity under Title 51 of the Revised Code of Washington for injuries to its employees and agrees the obligation to indemnify, defend, and hold harmless provided for in this paragraph extends to any claim brought by or on behalf of any employee of the Applicant.

I agree to abide by these rules and further certify that I, on behalf of any employee of the Applicant.

I agree to abide by these rules and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Clarkston.

Print Name of Responsible Person: _____

Signature: _____ **Date:** _____

FOR OFFICIAL USE ONLY

Approved by: Police _____ **Fire** _____ **Public Works** _____

Clerk Treasurer _____ **Council** _____

Permit Detained /Denied for the following reasons: _____

Approval with the following Conditions: _____