City of Medical Lake Special Events Permit

Permit Fee: $100

Organization:_____

Mailing Address:_____

City, State, Zip Code:_____

Phone: _____

Contact Person:_____ Phone:_____

Email:_____

Alternate Contact:_____ Phone:_____

Email:_____

Person Present and in Charge at the Event: _____

EVENT INFORMATION

Name of Event:_____

Date(s) of Event:_____

Location of Event:_____

Time (set-up):_____ Ending Time (take-down):_____Start Time of Event:_____

Estimated Attendance:_____

Nature and Purpose of Event:_____

_____

Will city facilities be used? (i.e.: parks, gazebo, streets, buildings, etc.) Yes ___ No ___

If yes, identify which facility and the proposed activities: _____

_____

Will you be requesting services from the city or other agencies? Yes ___ No ___

(i.e.: Police, Fire, Parks or Public Works) other forms may be needed depending on request.

Please describe requested services:_____

_____

SCOPE OF EVENT Location – Attach Map(s) showing the following (does not need to be to scale):

- All streets and sidewalks used; b. Road closures desired
- 20 ft. fire lane placements on blocked roads
- Parking areas
- Placement of vendor booths
- Placement of tents
- Placement of Stages
- Placement of children's games and rides
- Placement of demonstrations and other activities
- Staging and disbanding areas for parades
- Parade or procession route
- Medical Station(s)
- Contingency plan (in case of flooding/construction/emergencies etc...)

Your application will not be routed if a site map is not included. Please provide flyers or pamphlets of your event when they are available.

Will this event involve political or religious activities? Yes ___ No ___

Will children participate in parade? Yes ___ No ___

Will there be motorized floats in parade? Yes ___ No ___

Will there be horses or other animals in parade? Yes ___ No ___

If yes, describe parade route, staging and disbanding areas, and times for assembling, starting and approximate ending:

_____

_____

Will children participate in your event? Yes ___ No ___

If yes, please describe _____

_____

Will you have animals at your event? Yes ___ No ___

If yes, please describe _____

_____

Will there be music (Live or DJ) or dancing? Yes ___ No ___

Will there be public participation? Yes ___ No ___

Will there be a stage? Yes ___ No ___

Will the stage be on public property? Yes ___ No ___

Will amplification equipment be used? Yes ___ No ___

If yes, describe in detail including the name(s) of the music source, performance times, and describe the amplification equipment:

_____

_____

Will there be tents, trailers or campers? Yes ___ No ___

Will they be on public property? Yes ___ No ___

If yes, please describe in detail the locations of tents, trailers or campers:

_____

_____

Will there be amusement rides? (bouncy houses etc..) Yes ___ No ___ a.
If yes, identify the vendor and describe each ride, where it will be located and hours of operation:

_____

_____

Will there be demonstrations? (i.e.: gymnastics, skateboarding, fireworks) Yes ___ No ___
Will they be held on public property? Yes ___ No ___
Will there be public participation? Yes ___ No ___
If yes, list all demonstration, performances times and a contact person for each:

_____

_____

_____

Will there be marine events? Yes ___ No ___
If yes, identify the location(s) including the landings or launches, times of operation and describe the activities:

_____

_____

_____

Will there be alcohol sales or consumption? Yes ___ No ___
Do you have approval from the State Liquor Control Board? (must have) Yes ___ No ___
If yes, give license number, license holder, and describe location and activity, including hours of operation:

_____

_____

Do you have liability insurance? (some events require insurance) Yes ___ No ___ If yes, state amount of coverage, your insurance company, agent, phone number & provide a copy of certificate: City of Medical Lake must be listed as "Additional Insured"

_____

_____

_____

Are you, as the applicant, over the age of 21? Yes ___ No ___
If hosting a block party, have you received permission from neighboring homeowners affected by the road closure? Yes ___ No ___ N/A ___
Will food or non-alcoholic beverages be sold or served Yes ___ No ___
If yes, please list what you will sell or serve:

_____

_____

_____

AFFIDAVIT OF APPLICANT I, _____, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I also certify that I have read and understand the rules and regulations governing the proposed activity, and that this application is made subject to the rules and regulations established by the city council, the mayor or his designee.

Applicant's Signature & Date_____

PLEASE DO NOT SIGN THIS PORTION UNTIL APPROVED BY CITY OFFICIAL

SPECIAL EVENT INDEMNIFICATION AGREEMENT

The sponsor/permittee agrees to defend, indemnify and hold harmless the City of Medical Lake, Washington, its appointed and elected officials employees, authorized volunteers, and agents from and against any and all liability, loss, costs, damage and expense, including costs and attorney fees in defense thereof because of actions, claims, or lawsuits for damages resulting from personal or bodily injury, including death at any time resulting there from, sustained or alleged to have been sustained by any person or persons on account of damage to property, arising or alleged to have arisen directly or indirectly out of or in consequence of the permitted event, except those arising out of the sole negligence of the City of Medical Lake.

Dated this _____ day of _____. 20_____.

Print Name _____

Signature _____

City Employee Witness _____Date_____