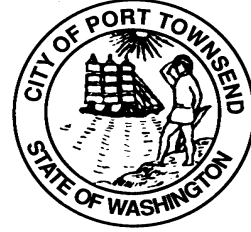


Permit Number _____



SPECIAL EVENT & TEMPORARY ACTIVITY PERMIT APPLICATION

Submit application to: City of Port Townsend Event Coordinator
250 Madison St. Suite 2
Port Townsend, WA 98368

Phone: (360) 379-3951
Fax: (360) 385-4290

APPLICANT INFO

APPLICATION (today's) DATE: _____

NAME OF APPLICANT/ORGANIZATION: _____
LAST FIRST MIDDLE

ADDRESS OF ORGANIZATION: _____
STREET CITY ZIP CODE

PERSON IN CHARGE OF EVENT: _____ DOB: _____
LAST FIRST MIDDLE

ADDRESS OF PERSON IN CHARGE: _____
STREET CITY ZIP CODE

TELEPHONE NUMBER: _____
HOME WORK CELLULAR

E-MAIL: _____

EVENT CHAIRPERSON: _____
(IF SAME AS ABOVE WRITE "SAME")

EVENT DETAILS

EVENT: _____

EVENT DATE: (Must be at least 30 days from application date): _____ EVENT TIME(S): Assembly: _____ Start: _____ End: _____

ESTIMATED NUMBER OF PEOPLE ATTENDING: Participants: _____ Spectators: _____ Volunteers/Personnel: _____

LOCATION OF EVENT: (Specific route or route map, if parade): _____

FACILITIES TO BE USED: Park Dock Street Sidewalk Private Property

EXPLAIN THE EVENT IN DETAIL (Attach a detailed drawing/site plan for use of any public areas): _____

NAMES OF TRAFFIC CONTROL/SECURITY PERSONNEL (Requires 1 per every 100 attendees. All are subject to background check. Traffic control must be handled by Washington State certified flaggers only.). *This section must be filled out completely. We NEED middle initial and exact date of birth.*

NAME: _____ DOB: _____
 LAST FIRST MIDDLE

NAME: _____ DOB: _____
 LAST FIRST MIDDLE

NAME: _____ DOB: _____
 LAST FIRST MIDDLE

NAME: _____ DOB: _____
 LAST FIRST MIDDLE

SPECIAL CONSIDERATIONS

WILL THERE BE ALCOHOL AT THE EVENT: YES (ATTACH WSLCB LICENSE & LIQUOR LIABILITY INSURANCE ENDORCEMENT) NO

AMPLIFIED SOUND INDOORS? YES NO

AMPLIFIED SOUND OUTDOORS? YES NO

ANIMALS? YES NO Number: _____ Species: _____

BOOTHS/COMMERCIAL VENDORS: YES NO

COOKING/FOOD SERVICE YES NO (If yes, requires additional permit)

ENTRANCE/PARTICIPATION FEE: YES NO

FIRE/FIREWORKS/PYROTECHNICS: YES NO (If yes, requires additional permit)

MECHANICAL RIDES: YES NO (If yes, requires additional permit)

PORTABLE RESTROOMS: YES NO How many? _____ Some restrooms must meet ADA requirements.

SIGNS: YES NO (Subject to City sign code regulations. See PTMC ch 17.76, particularly section .080-.100)

STAGE: YES NO

TEMPORARY STRUCTURES: YES NO (If yes, requires additional permit)

VEHICLES: YES NO

OTHER SPECIAL CONSIDERATIONS: _____

LIST ANY SPECIAL SIGNS/BARRICADES/CONES REQUESTED TO BE SUPPLIED BY CITY (City sign use deposit required. Attach completed sign use form): _____

PUBLIC RELATION Please state what efforts, if any, have occurred, or you intend to make, to notify residents or businesses that will likely be affected by your event. Please attach any letters of support. **If permit is granted it will be the responsibility of event organizers to alert those likely to be impacted. (i.e. street closures, no parking zones, noise, etc.)** _____

INSURANCE

The City does not maintain insurance that will respond to claims against the applicant arising out of the event. For events conducted on City property evidence of insurance acceptable to the City of Port Townsend must be provided no less than 15 days prior to the event, covering the activities and dates of the event. "City of Port Townsend" must be named "additional insured" for all coverage on form CG2026 or its equivalent. Coverage shall be primary for the City. Minimum limits as applicable: \$1,000,000 Commercial General Liability (and coverage for liquor liability if alcohol is sold or available at the event), \$500,000 Auto Liability. Insurance shall state it cannot be cancelled without 10 days written notice to the City. Limits and coverage may be adjusted to meet exposure as determined by the City Manager. Special Event Permit will not be issued until insurance has been approved.

INSPECTION

Applicant consents to entry and inspection during event by City or County employees or officers, or their representatives, for purposes of determining compliance with the terms of permit and regulations.

HOLD HARMLESS

Applicant/Permittee/User shall defend, indemnify and hold harmless the City of Port Townsend, its officials, employees and volunteers from and against any and all claims, suits, actions or liabilities for injury or death of any person, or for loss or damage to property, which arises out of or in connection with the Applicant/Permittee/User's activity or event, including use of any premises, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User in connection with the Applicant/Permittee/User's activity or event, including use of any premises, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Port Townsend.

AGREEMENT AND ACKNOWLEDGEMENT

This application must be completed, signed and submitted to the City of Port Townsend Event Coordinator at least 30 days prior to the event. Applicant by signing below agrees and acknowledges that applicant/organization is bound by the terms and representations of this Application, and further, in putting on the Event, that it will comply with the Conditions of Approval set forth below, and the terms of any other required permit. Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described in this application, or failure to comply with permit conditions, may result in the immediate revocation of permit. This application does not constitute an approval until Final Approval is granted in writing by the City below. Upon approval, a copy of this Application and signed FINAL APPROVAL must be present at the event. Approval or denial of permits shall be made within 10 business days of application unless the City needs additional time for processing.

APPLICANT SIGNATURE: _____ DATE: _____

Organization/Title _____

CITY OF PORT TOWNSEND ADMINISTRATION USE BELOW THIS LINE

FINAL APPROVAL: YES NO FINAL APPROVAL, signed by the City representative, constitutes the PERMIT for the event, subject to the terms of this application and conditions of approval.

Signature of City Representative: _____ DATE: _____

CONDITIONS OF APPROVAL: Additional sheets may be attached

OTHER CITY DEPARTMENTS NOTIFIED:

CITY ATTORNEY	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
CITY ADMINISTRATION	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
CITY COUNCIL	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
FINANCE DEPARTMENT	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
FIRE DEPARTMENT	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
PARKS DEPARTMENT	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
POLICE DEPARTMENT	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
PUBLIC WORKS DEPARTMENT	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____
DEVEL. SERVICES DEPARTMENT	<input type="checkbox"/>	NAME: _____	DATE: _____	TIME: _____

\$50 S.E. Permit Fee Check # _____

Additional Fees

Proof of insurance