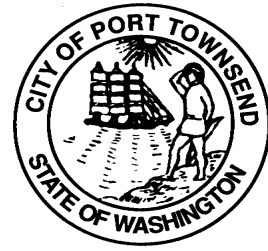


**CITY OF PORT TOWNSEND
FACILITY USE PERMIT**

Pope Marine, Chetzemoka Shelters, etc.



Submit application to: City of Port Townsend Phone: (360) 379-5047
250 Madison St. Suite 2 Fax: (360) 385-4290
Port Townsend, WA 98368

This is a Facility Use Permit and does not substitute for, or replace a City of Port Townsend Special Event Permit.

APPLICATION DATE: _____

REQUESTED RESERVATION DATE: _____

APPLICANT NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY ZIP CODE

TELEPHONE NUMBER: _____
HOME WORK CELLULAR

E-MAIL: _____

ORGANIZATION REPRESENTED BY APPLICANT: _____

EVENT: _____

FACILITY REQUESTED: (circle your requested facility)

Pope Marine Building Chetzemoka Kitchen Shelter & Gazebo Chetzemoka Gazebo ONLY Chetzemoka Kitchen Shelter ONLY

EVENT TIME: Time In _____ Time Out _____ (Chetzemoka may be reserved for no more than five hours per day by any one group)

ESTIMATED NUMBER OF PEOPLE ATTENDING: _____

Comments/Details: _____

NAME OF INSURANCE COMPANY, TELEPHONE NUMBER AND POLICY NUMBER (Attach copy of policy to this application): _____

FOOD SERVED? YES NO

ALCOHOL SERVED? YES (ATTACH WSLCB LICENSE & LIQUOR LIABILITY INSURANCE ENDORSEMENT) NO

AMPLIFIED SOUND? YES NO (No amplified sound is allowed without prior approval by City of Port Townsend)

INSURANCE – Required for all events held on City property

The City does not maintain insurance that will respond to claims against the applicant arising out of the event. 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". Coverage shall be primary for the City. Minimum limits as applicable: \$1,000,000 General Liability (and coverage for liquor liability if alcohol is sold or available at the event). 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. Facilities Reservation will not be finalized until insurance has been approved when applicable.

INSPECTION

Applicant consents to entry and inspection during event by City 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 Manager's Office. Applicant by signing below agrees and acknowledges that applicant/organization is bound by the terms and representations of this Application and that it will comply with the Conditions of Approval set forth, and the terms of any other required permit. Applicant further agrees on behalf of the reserving group to abide by the general use regulations of Chapter 3.38 PTMC for Chetzemoka Park or Chapter 3.37 PTMC for Pope Marine Building as a condition to reserving the facility. Any misrepresentation in this application or deviation from the final agreed upon method of operation described in this application, or failure to comply with conditions, may result in the immediate revocation of facility use permit. This application does not constitute an approval until the City below grants Final Approval in writing. Upon approval, a copy of this Application and signed FINAL APPROVAL must be present at the event.

APPLICANT SIGNATURE: _____ DATE: _____

See Facility Policies for fee and deposit schedule.

City Use Below This Line

Please attach copies and receipts as needed

Reservation date: _____

Proof of Insurance - Due date: _____ Date received: _____

WSLCB Permit obtained – Due date _____ Date received: _____

Facility Use Fee Amount Received _____ Due date: _____ Date received: _____

Maintenance Deposit Amount Received _____ Due date: _____ Date received: _____

Maintenance Deposit Amount Returned _____ Date Returned _____

Key Number Issued _____ Date Issued _____ Issued To _____

Key Returned _____ Date Returned _____

Reservation Granted Yes _____ No _____

City Personnel Signature _____ Date _____