



**CITY OF EDMONDS
APPLICATION – SPECIAL EVENT**

Please Mail or Deliver Completed Applications to:

Date: _____

City Clerk's Office
121 – 5th Avenue North
Edmonds, Washington 98020

New Application
 Renewal

THE EVENT

Title: _____

Date(s) of Event: _____

Brief Description of Event: _____

Location of Event: _____

Hours of Operation: From _____ AM / PM To _____ AM / PM

Set Up: Day _____ Date _____ Time: From _____ AM / PM To _____ AM / PM

Anticipated Number of Participants _____ and Spectators _____

Attach samples of an entry form for participants, flyers, and pamphlets.

PRIMARY CONTACT PERSON:

Name: _____ Title: _____

Affiliation: _____

Mailing Address: _____

Day Phone: _____ Evening Phone: _____

Email: _____

EVENT PRINCIPALS:

Please list names, addresses, and telephone numbers of all the principals involved in any way in the proposed Special Event. Include professional event organizers, event promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced, the organization(s) in whose name the event is being advertised, and all others administratively, financially, and organizationally involved as principals in the production of the proposed Special Event. Make additional copies as needed to include all of the principals involved in the proposed Special Event.

1) Name _____

Organization/Business/Agency/Affiliation: _____

Mailing Address: _____

Day Phone: _____ Evening Phone: _____

Title and Functional Responsibility with Regard to the Event: _____

Will this person have the authority to cancel or greatly modify event plans? Yes No

Will this person be present at the event and in charge of the event at all times? Yes No

2) Name _____

Organization/Business/Agency/Affiliation: _____

Mailing Address: _____

EVENT PRINCIPALS CONTINUED:

Day Phone: _____ Evening Phone: _____

Title and Functional Responsibility with Regard to the Event: _____

Will this person have the authority to cancel or greatly modify event plans? Yes No

Will this person be present at the event or areas and in charge of the event at all times? Yes No

3) Name _____

Organization/Business/Agency/Affiliation: _____

Mailing Address: _____

Day Phone: _____ Evening Phone: _____

Title and Functional Responsibility with Regard to the Event: _____

Will this person have the authority to cancel or greatly modify event plans? Yes No

Will this person be present at the event or areas and in charge of the event at all times? Yes No

LOCATION / MAP:

Check off the items that apply to your event. **Submit a to-scale map showing the checked items.**

- If use of City right-of-way is involved, mark the beginning area, the route (with arrows) and finish area. (Permits F and H – see Page 4)
- Mark participant parking areas, bus locations, and special passengers. (Permit F – see Page 4)
- Attach additional maps of two or three alternative routes.
- For relay route event, indicate “hand-off” points and areas of participant equipment impact.
- Entertainment, dance, tent, or stage locations (grandstand operators should provide a to-scale detailed drawing (Permits C and E – see Page 4), describe music, sound, amplification, and any other noise impact and hours of each: _____

- Alcoholic beverage concession area: Detail containment of the site (Permit A – see Page 4). Describe the system to be used to ensure that alcohol is consumed by persons 21 or older, and types of liquor. _____

- Non-alcoholic beverage concession area:
- Food concession / cooking areas. (Permit B – see Page 4)
- General merchandise concession areas. (Permit D – see Page 4)
- Location of street banners. (Permit G – see Page 4) Installation Date _____ Removal Date _____
- Portable toilet facilities. How many? _____

LOCATION MAP CONTINUED:

- First Aid facilities: List agency providing staff and equipment
Name of Agency _____
Representative _____ Phone: _____
Ambulances/Aid/Medic Unit _____ # Doctors _____ # Nurses _____ # Paramedics/EMT _____
Bike Medics _____ First Aid Station _____
- Event Organizer's Command Post.
- Fireworks /pyrotechnics site. (Permit M – see Page 4)
- Vehicle fuel handling site.
- Site of electrical wiring installed specifically for the event.
- Trash containers: How many? _____ Type of Container _____
- Location of live animal sites. Describe: _____

- Aircraft landing and/or hot air balloons. (Permits I – see Page 4) Describe: _____

- Specify City park use, indicate each park. (Permit J – see Page 4)
- Mark water routes on Puget Sound. (Permit K – see Page 4)
- If the event is an exhibition, concert or circus, a Public Amusement License is required. (Permit L – see Page 4)
- Pony rides must be located in a spot away from crowds and have fencing all the way around the site. A veterinary's certificate of health for all animals is required.
- Inflatable amusement rides must have a Department of Labor & Industries permit. (Permit N – see page 4)

INSURANCE:

Please check one:

- City Sponsored Event** or _____ Department event function.
- Co-Sponsored Event.** (Please complete the following.)
List staff liaison and department involvement / control of event _____

City Budget Fund Account Title _____
Signature of staff liaison _____
Attach to this application other available insurance (policy name, number, amount) listing the City as an additional insured: _____

- Community Event.**
Attach to this application either an insurance policy or a certificate of insurance*, including policy number, amount, date of issue, and the provision that the City is included as an additional insured. The certificate of insurance shall indicate a minimum of \$ 1,000,000* single limit per occurrence. Along with a copy of the Additional Insured Endorsement.
*Acceptability of insurance amount is subject to approval by the City's Risk Manager, and the form of the certificate of insurance is subject to approval by the City Attorney.

SANITATION:

Attach your plan for clean up and material preservation. Indicate on your Location Map where the trash containers will be. Indicate who and how many people will be responsible for emptying and cleaning up around containers and the site during the event. If there are animals, who and how many people will be cleaning up after them, include any other details ensuring post-event cleanliness and material preservation of facilities, equipment, premises and streets: _____

CITY SERVICES AND EQUIPMENT:

Describe City services and/or equipment requested for this event. Plan to pick up and return equipment; please attach a letter requesting these services and explain why your organization cannot provide them. This will be reviewed and approved or denied by the City. (City barricades, cones, and No Parking signs may only be borrowed for Chamber sponsored events on an as available basis.): _____

NOTE: Any special arrangements for street closures, barricades, etc. will be made directly with the Police, Fire, Public Works, and Parks and Recreation departments by the applicant after the application has been routed and approved.

Applicant Signature: _____

Date: _____

PERMITS THAT MAY BE REQUIRED IF APPLICABLE:

No.	Type of Permit	Contact
A	Liquor Control Banquet Permit	State Liquor Control Board
B	Health Department Food Handlers Permit (425) 339-5260	Snohomish County
C	Public Dance License (425) 775-2525	City Clerk’s Office
D	Solicitor / Peddler Permit (425) 775-2525	City Clerk’s Office
E	Sound Truck Permit(425) 775-2525	City Clerk’s Office
F	Encroachment Permit (425) 771-0220	Engineering Division
G	Street Banner Permit (425) 771-0235	Public Works
H	Parade Permit (425) 771-0200	Police Department
I	Aircraft/Helicopter/Balloon Landing Permit (425) 775-2525	City Clerk’s Office
J	Park Facility Use Permit (General Permit Form and Specific City Park Use Form) (425) 771-0230	Parks and Recreation
K	Coast Guard Permit for Use of Navigable Waters	U.S. Coast Guard
L	Public Amusement License (425) 775-2525	City Clerk’s Office
M	Fireworks – Public Display Permit	Fire Department
N	Inflatable Amusement Rides	Department of Labor & Industries