

City of Cle Elum
119 West First Street
Cle Elum, WA 98922



Telephone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

EVENT APPLICATION

This Event application is to help the event coordinator and the City of Cle Elum build the best possible events for our community. We know how hard you work on your events and want to make sure that you have all the tools you will need to ensure a great event. Please return this application to the City of Cle Elum city hall at 119 W First Street.

Thank you for all that you do!

ADDITIONAL CONTACT INFORMATION:

Kittitas County Public Health Department (509) 962-7515
Kittitas County Chamber of Commerce (promotion) (509) 925-2002
Northern Kittitas County Tribune (newspaper) (509) 674-2511
Washington State Liquor Control Board (206) 764-4020

TYPE OF EVENT

Will your Event have OVER 50 Attendees? No Yes If yes, continue to "Major Event".

"Minor Event" (50 and Under)

Will you need any Street Closures? No Yes If yes, fill out Full Application.

Will you be putting up any Tents? No Yes If yes, fill out Full Application.

Will there be Alcohol served or available? No Yes If yes, fill out Full Application.

Do you plan on playing Music at the event? No Yes If yes, fill out Full Application.

Will you need to exceed the Noise Ordinance? No Yes If yes, fill out Full Application.
See Cle Elum Municipal Code Section 8.12.020 Loud noises prohibited

Will you be Cooking on site? No Yes If yes, Contact the Cle Elum Fire Department.

Cle Elum Fire Department (509) 674-1748 or (509) 304-6140

Fire Chief Comments: _____

Approved: No Yes

NOTE: During a burn ban you are NOT allowed to use pellets or briquettes.

"Major Event" (Over 50)

Will you need any Street Closures? No Yes

Will this event require any Traffic Control Devices or Personnel? No Yes

Will you be putting up any Tents? No Yes

Will there be Alcohol served or available? No Yes

Do you plan on playing Music at the event? No Yes

Will you need to exceed the Noise Ordinance? No Yes
See Cle Elum Municipal Code Section 8.12.020 Loud noises prohibited

Will you be Cooking on site? No Yes

ALL "Major Events" must complete the Full Application.

EVENT 'FULL APPLICATION'

***NOTE: This 'Full Application' required City Council approval. The City Council only meets twice a month (2nd & 4th Tuesday at 7:00pm) so please plan accordingly.**

RETURN TO: Cle Elum City Hall
119 W First St
Cle Elum, WA 98922
Office (509) 674-2262
Fax (509) 674-4097

This application must be completed, signed and returned to Cle Elum City Hall along with any park and damage deposit fees.

Any misrepresentation in this application or deviation from the final agreed upon route and /or method of operation described herein, may result in the immediate revocation of the permit.

Please type or print information clearly and attach additional sheets as necessary.

EVENT DESCRIPTION:

Event Name _____

Event date(s): _____ Day(s) of the Week _____

Time: _____

Event location: _____

Facilities to be used (check): Park Street Sidewalk Private Property

Set-up: Date _____ Time _____ am / pm

Take-Down: Date _____ Time _____ am / pm

Purpose of Event: _____

Event Crowd Size:

Participants _____ Spectators _____ Volunteers/Personnel _____

Has Event been produced previously? No Yes

If yes, what were the dates? _____

Any change from previous years? No Yes If yes, please list changes on separate sheet.

Please attach a separate sheet listing the schedule and location of events as well as a site map, (site map shall include items such as the location of garbage receptacles, portable bathroom facility, stage, seating, vendors, etc.)

APPLICANT INFORMATION:

Organization Name: _____

Mailing Address: Street _____

City _____ State _____ Zip: _____

Applicant's Name: _____ Title: _____

Contact Information: Daytime Phone _____

Cell Phone _____

Fax _____

E-mail _____

Contact Person *During Event*: Name _____

Daytime Phone _____

Cell Phone _____

Fax _____

E-mail _____

FEES AND PROCEEDS:

Will you charge an admission fee? No Yes If yes, how much? _____

Will alcohol be served or available? No Yes

Will alcohol be sold? No Yes

***Applicant is responsible for obtaining all required permits from the State of Washington regarding alcohol and must provide proof to the City of Cle Elum prior to the Event permit being issued.**

ENTERTAINMENT AND PROMOTIONS:

Sound system: Acoustic Amplified

Describe Entertainment: _____

Will there be vendors? No Yes If yes, each vendor must fill out the Vendor License Application available at City Hall.

Check type of promotion you plan to use to attract participants:

TV Radio Paper Flyers Posters Other Specify _____

STREET CLOSURES:

Is this event going to require any street closures? No Yes

If Yes, please list streets requested to be closed and attach map, highlighting streets.

List Street(s) _____

INSURANCE INFORMATION:

Evidence of insurance must be provided no less than ten (10) days prior to the event. "City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage.

TRAFFIC CONTROL AND SECURITY:

Some activities may require traffic control and security. Please attach a separate sheet of paper detailed how your organization will deal with these issues. See Attached Pages

PARK RESERVATION REQUEST:

Generally entire parks cannot be reserved without special permission from the public works department. If this is desired please include this in your event description.

The 'City Park' located between First and Second Street on Pine does offer a picnic shelter with electricity that may be reserved.

Fill out 'City Park Shelter Reservation form' available at City Hall.

HOLD HARMLESS AGREEMENT(S):

Hold Harmless Agreement attached: (Agreement may be obtained from City Hall)

Parade Hold Harmless Agreement: (Each Parade Entrant must sign and return)

CITY DEPARTMENT COMMENT PAGE:

The following page lists the city departments that will need to be contacted. It is the responsibility of the event planner / applicant to take this form to each department for comments.

I certify under penalty of perjury that the information above is correct to my best knowledge.

Applicant's Signature Date

Applicant's Printed Name Title

**RETURN THIS FORM WITH ALL PERTINENT INFORMATION TO CLE ELUM CITY HALL.
YOU MAY BE REQUIRED TO MEET WITH DEPARTMENT HEADS AND ATTEND A CITY COUNCIL
MEETING.**

If you have any questions please feel free to contact Cle Elum City Hall. (509) 674-2262

Cle Elum Police Department

(509) 674-2991

Police Chiefs Conditions: _____

Approved: No Yes (with above conditions)

Public Works Department

(509) 674-2262 Ext. 106

Public Works Conditions: _____

Approved: No Yes (with above conditions)

Planning Department

(509) 674-2262 Ext. 102

City Planner Conditions: _____

Approved: No Yes (with above conditions)

Cle Elum Fire Department

(509) 674-1748

Fire Chiefs Conditions: _____

Approved: No Yes (with above conditions)

City Clerk's Department

(509) 674-2262 Ext. 103

City Council: Approved: No Yes

Date of Decision: _____