

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



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

EVENT PERMIT APPLICATION

NAME OF EVENT: _____

Received:

This Event permit 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.

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

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) 656-4062

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 Personal? 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

Will you be cooking on site? No Yes

ALL "Major Events" must complete the Full Permit Application.

EVENT 'FULL PERMIT APPLICATION'

***NOTE: This 'Full Permit Application' requires City approval. A meeting between the event coordinator and all department heads may be required. Please plan accordingly with as much advance notice as possible.**

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

This permit application must be completed, signed and returned to Cle Elum City Hall along with all pertinent insurance information and diagrams.

Any misrepresentation in this permit 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. Include a COMPLETE description of what the event will be.

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, street closures, 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 abide by these state and local requirements.**

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 or approved alternate.

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:

A Certificate of Liability Insurance MUST be attached to this Event Application. "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: MUST accompany this Event Permit Application

Parade Hold Harmless Agreement: Each Parade Entrant must sign and return to the event coordinator. The event coordinator is responsible for retaining all agreements.

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

City of Cle Elum
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Cle Elum, WA 98922



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HOLD HARMLESS AGREEMENT

This Agreement made this _____ day of _____, _____, between the City of
CleElum, referred to as "CITY" herein, and _____ at,
_____, _____, _____, _____ referred to as "USER" herein.
Mailing Address City State Zip Name

For the good and valuable consideration, receipt of which is acknowledged, is hereby agreed:

SECTION I

USER undertakes to indemnify CITY from any liability, loss or damage USER may suffer as a result of claims, demands, costs, or judgments against it arising out of the acts, failure to act, or activities that USER conducts under the CITY'S license or permit whether liability, loss or damage is caused by, or arises out of the negligence of USER or its officers, agents, employees or otherwise.

SECTION II

This Agreement shall commence on the date that the CITY issues its license or permit to USER and shall continue in full force until the permit and license expire. Renewal of the permit and/or associated license(s), if any, automatically renews this Agreement. The duty to indemnify the CITY for claims, demands, costs or judgments against it that arise during the Agreement survives the expiration of the Agreement.

SECTION III

CITY agrees to notify USER in writing, within 30 days, by certified mail, at USER'S address as stated in this Agreement, of any claim made against CITY on the obligations indemnified against.

SECTION IV

USER agrees to defend against any claims brought or actions filed against CITY with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. In case a claim should be brought or an action filed with respect to the subject indemnity herein, USER agrees the CITY may employ an attorney of its own selection to appear and defend the claim or action on behalf of CITY, at the expense of USER. CITY, at its option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromiser or settlement of any claims or actions against CITY.

SECTION V

Vouchers or other similar, property evidence showing payment by CITY of any loss, damage, or in expense covered under this Agreement shall be conclusive evidence, (except fraud) against USER as to fact and amount of USER'S liability hereunder.

SECTION VI

USER conveys that it shall not institute any action or suit at law or in equity against CITY, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand action, or cause of action for damages, costs, loss of services, expenses, or compensation for any damage for any damage, loss or injury either to person or property, or both, whether developed or underdeveloped, resulting or is result, known or unknown, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

'USER' Signature

Print Name

Title

**RETURN THIS FORM WITH ALL PERTINENT INFORMATION TO CLE ELUM CITY HALL.
YOU WILL BE REQUIRED TO MEET WITH DEPARTMENT HEADS.**

CLE ELUM POLICE DEPARTMENT (509) 674-2991

Police Chiefs Conditions: _____

Approved: No Yes (with above conditions) (Attach separate sheet if necessary)

Police Signature: _____

PUBLIC WORKS DEPARTMENT (509) 674-2262 Ext. 106

Public Works Conditions: _____

Approved: No Yes (with above conditions) (Attach separate sheet if necessary)

Public Works Signature: _____

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: _____

Approved: No Yes (with above conditions) (Attach separate sheet, if necessary)

Fire Department Signature: _____

CITY COUNCIL REPRESENTATIVE (509) 674-2473

City Council Representative's Conditions: _____

Approved: No Yes (with above conditions) (Attach separate sheet, if necessary)

City Council Signature: _____

CITY ADMINISTRATION (509) 674-2262

Administrator Approval: _____ **Date:** _____