



Community Development Department

1321 S Market Blvd. Chehalis, WA 98532

(360) 345-2229 / Fax: (360) 345-1039

www.ci.chehalis.wa.us email: comdev@ci.chehalis.wa.us

SPECIAL EVENT APPLICATION

submit at least 28 days in advance of proposed event

Will your event take place on City owned property?

☐ **No** ☐ **Yes** if yes, insurance is required to be submitted *along with the application*.

*****Please note: Incomplete applications not accepted *****

INSURANCE – The City of Chehalis does not maintain insurance that will respond to claims against the applicant in connection with the permitted event by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain liability insurance in accordance with the City of Chehalis policy, name the City of Chehalis as an **additional insured** on the policy, and be responsible for providing proof of such insurance. If your event will take place on City of Chehalis property, you are required to provide proof of insurance. Insurance coverage shall be at a minimum of \$1,000,000 per occurrence and \$2,000,000 general aggregate. Acceptable forms: **CG 20 26** or **CG 20 12**.

Please check the event type:

- ☐ **Athletic Event**
☐ **Noise Permit**
☐ **Car Show**
☐ **Other** _____

- ☐ **Street Event**
☐ **Park Event**
☐ **Parade**

Name of Applicant/Organization: _____

Location of event: _____

Person in Charge: _____ Address: _____

Phone Number: Daytime: _____ Work: _____ Email: _____

Additional Authorized Individuals: _____

Phone Number: Daytime: _____ Work: _____ Email: _____

Emergency Contact: _____

Phone Number: Daytime: _____ Work: _____ Email: _____

Type of Activity Planned (describe event): _____

Is this an event involving political or religious activity intended primarily for the communication or expression of ideas? (Please circle) YES NO

Will participants pay a fee or make a donation? (Please circle) YES NO

Will City of Chehalis services be requested for:

☐
☐
☐
☐

Street Closure
Security
Garbage Collection
EMS

☐
☐
☐
☐

Sidewalk Closure
Equipment
Parking Restrictions
Other _____

Date(s) of Proposed Event: _____

Hours of Operation: _____

Set-up Date/Time: _____

Dismantling Date/Time: _____

Number of Staff/Volunteers: _____

Estimated Number of Participants: _____

LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan):

Special Considerations - (Additional permits and/or licenses may be required) - Will there be:

Amplified sound? (Please circle) YES NO

Alcohol? (Please circle) YES NO

Animals? (Please circle) YES NO number _____ species _____

Booths/Commercial Vendors: (Please circle) YES NO

Each vendor is required to have a current City of Chehalis business license.

Cooking/Food Service: (Please circle) YES NO

Fire/Fireworks/Pyrotechnics: (Please circle) YES NO

Inflatables or Amusement Rides: (Please circle) YES NO

Mechanical Rides: (Please circle) YES NO

Portable Restrooms: (Please circle) YES NO How many ? _____ Some restrooms must meet ADA requirements.

Dumpsters: (Please circle) YES NO How many and where? _____

Signs: (Please circle) YES NO

Stage: (Please circle) YES NO

Other special considerations: _____

List any special signs/barricades/cones requested to be supplied by the City of Chehalis. There is no guarantee that the city will be able to provide.

*****ATTACH COPY OF SAFETY PLAN TO THIS APPLICATION*****

Public Relations: 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. 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.)

ATTACH COPIES OF BROCHURES, POSTERS, FLYERS, OR MAILINGS ADVERTISING THIS EVENT

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HOLD HARMLESS –Applicant/Permittee/User shall defend, indemnify and hold harmless the City of Chehalis, its officers, 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 the acts or omissions of the Applicant/Permittee/User, its employees, volunteers, representatives or vendors, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User, related to the permitted activity, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Chehalis.

Signature of Applicant: _____ Date: _____

Organization/Title: _____

OFFICE USE ONLY:

Date Received: _____ By: _____ Date approved/denied _____

DRC Reviewed: _____ Reason for denial _____

Parcel #: _____

Permit #: _____