

# Development Review Committee Agenda

Chehalis Building and Planning Department

March 6, 2024, at 9 A.M.

Meeting Location: Chehalis Airport Conference Room

**9:00 AM SE-24-001; Special Event – Downtown Chehalis Wine Walk (August 3<sup>rd</sup>, 2024)**

Applicant proposes a wine walk event involving local wineries setting up tasting booths inside downtown businesses for one afternoon. This event may involve a live acoustic performance outside to be heard while participants walk from business to business, possibly with a stage. This event will include the consumption of alcohol.

Estimated Number of Participants: 150-200

**9:30 AM SE-24-002; Special Event – Wildland Firefighter Field Day (April 6<sup>th</sup>, 2024)**

Applicant proposes a field day located at Stan Hedwall Park for initial wildland firefighter training. The area will be cordoned off for staging of apparatus, personnel, and training purposes.

**10:00 AM SE-24-003; Special Event – Earth Day Celebration (April 20<sup>th</sup>, 2024)**

Applicant proposes an Earth Day Celebration event featuring farmers with plant starts, family-friendly activities, music, gardening information, demonstrations, and live animals. This event will block Boistfort Street between Pacific and Market Blvd. The applicant is requesting to use the “no turn” signs that are utilized by the farmers market.

Estimated Number of Participants: 150

**10:30 AM SE-24-004; Special Event – Wedding at Chehalis-Centralia Airport (April 14, 2024)**

Applicant proposes a Wedding to be held at the South end of the Chehalis-Centralia Airport.

Estimated Number of Participants: 100

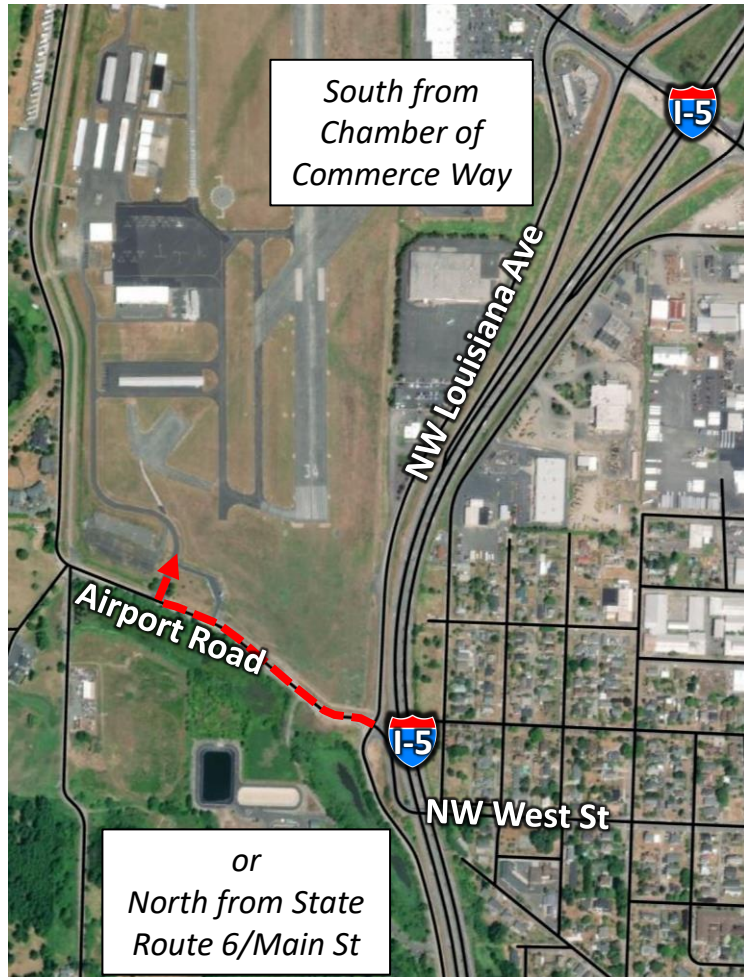
**11:00 Interdepartmental staff meeting.**

Join Zoom Meeting

<https://us06web.zoom.us/j/83910241095?pwd=dUI1Ym0rTkt6SHZCZjkxUTRHVDBUUT09>

# Directions to Development Review Committee

Chehalis Airport Conference Room



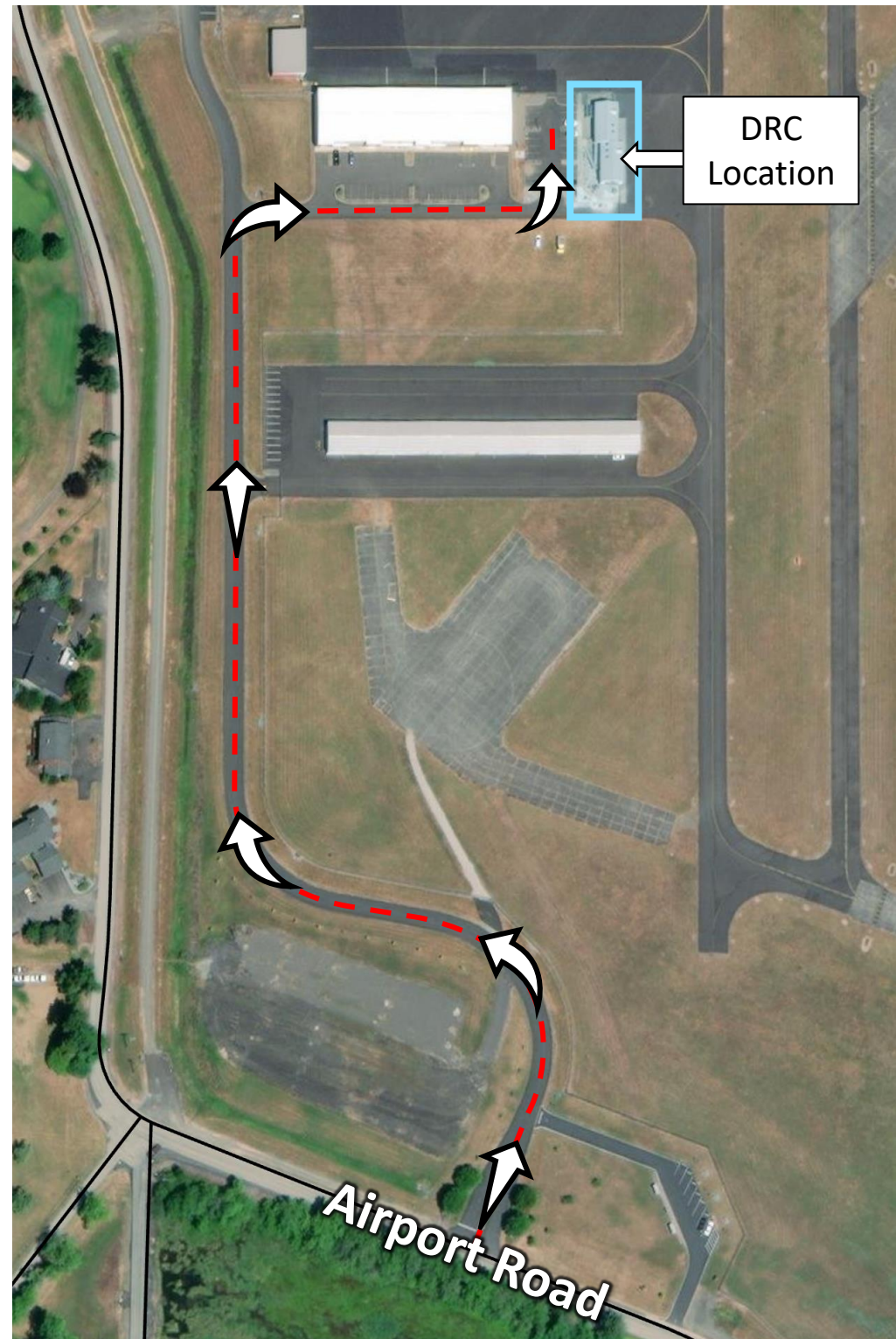
Coordinates:

(46.672787, -122.984924)

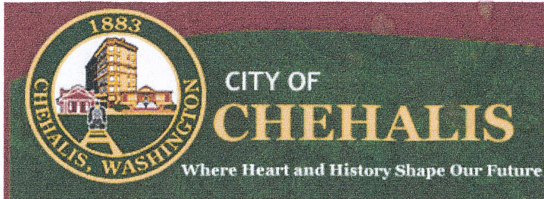
or

46° 40' 22.0332" N

122° 59' 5.7264" W



March 13 @ 9am  
Stephanie.vonmoos@Countryfinancial.com



Community Development Department  
1321 S Market Blvd. Chehalis, WA 98532  
(360) 345-2229 / Fax: (360) 345-1039  
[www.ci.chehalis.wa.us](http://www.ci.chehalis.wa.us) email: [comdev@ci.chehalis.wa.us](mailto: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 - Sidewalk
- Park Event
- Parade

Name of Applicant/Organization: Stephanie Vonmoos / PNW Networking Group

Location of event: Market St, Boisfort, Chehalis

Person in Charge: Stephanie Vonmoos Address: 135 Kel Dr. Chehalis wa.

Phone Number: Daytime: 360. 880. 4462 Work: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Authorized Individuals: Annalee Tobey

Phone Number: Daytime: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Don Vonmoos

Phone Number: Daytime: 253. 377- 4218 Work: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Activity Planned (describe event): Wine Walk - Local wineries will set up tasting booths inside downtown Business for a fun taste testing afternoon

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:

- |                          |                           |                          |                             |
|--------------------------|---------------------------|--------------------------|-----------------------------|
| <input type="checkbox"/> | <b>Street Closure</b>     | <input type="checkbox"/> | <b>Sidewalk Closure</b>     |
| <input type="checkbox"/> | <b>Security</b>           | <input type="checkbox"/> | <b>Equipment</b>            |
| <input type="checkbox"/> | <b>Garbage Collection</b> | <input type="checkbox"/> | <b>Parking Restrictions</b> |
| <input type="checkbox"/> | <b>EMS</b>                | <input type="checkbox"/> | <b>Other</b> _____          |

Date(s) of Proposed Event: Aug 3<sup>rd</sup> / 1<sup>st</sup> Sat in Aug (Annually)

Hours of Operation: Noon-3 or 3:00-6:00 or Noon-6:00

Set-up Date/Time: morning of Aug 3<sup>rd</sup>

Dismantling Date/Time: 6:00 pm & later

Number of Staff/Volunteers: 15-20

Estimated Number of Participants: 150-200

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 Would love to have Katelyn Guenther Sing acoustically while people walk.

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 - Potentially for Katelyn.

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.)

*I will personally speak with each business owner as I want to include the entire downtown community to encourage a vibrant downtown fun experience.*

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: *Stephan Vonhues* Date: *1-31-24*

Organization/Title: *Chehalis Wine Walk*

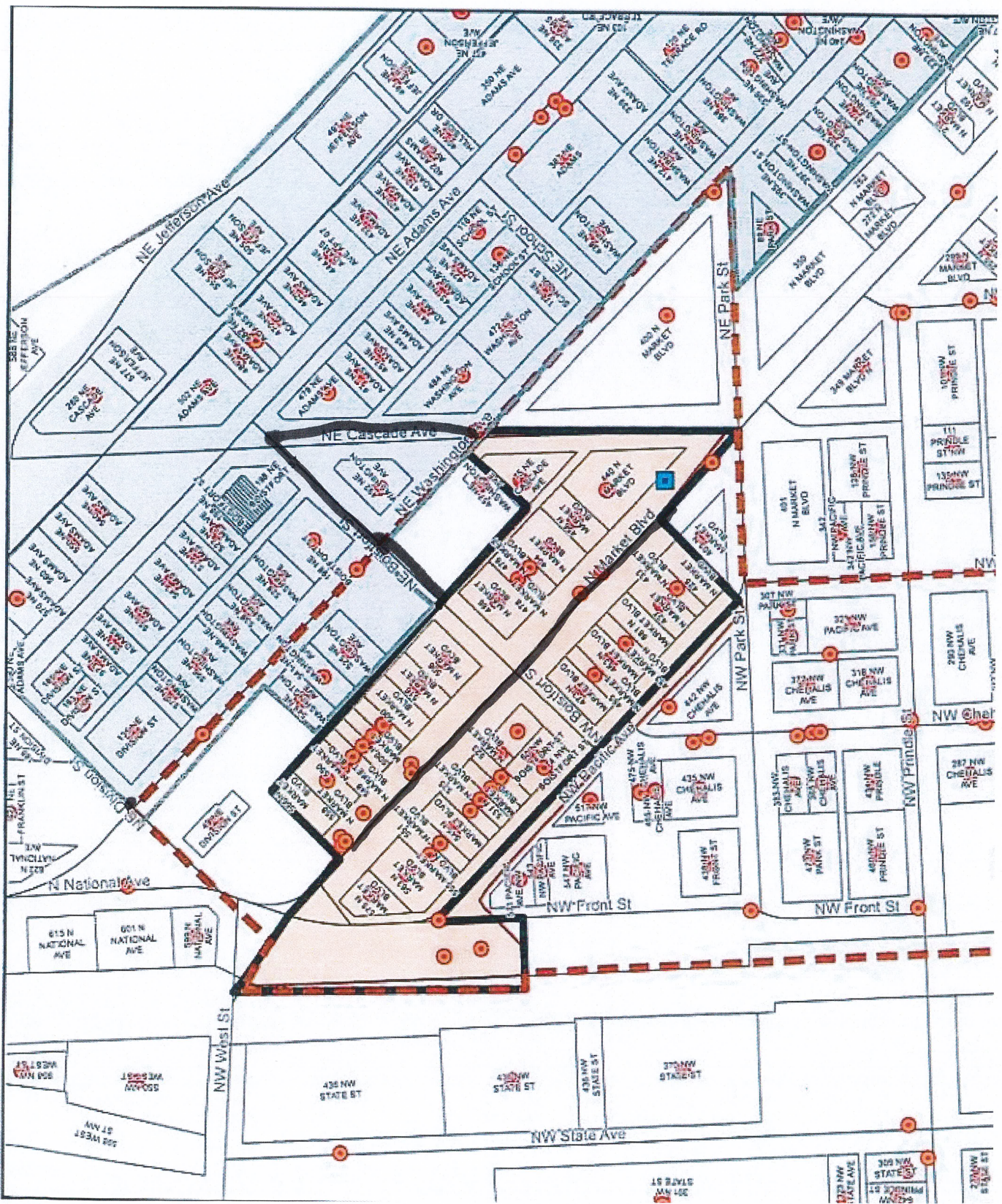
**OFFICE USE ONLY:**

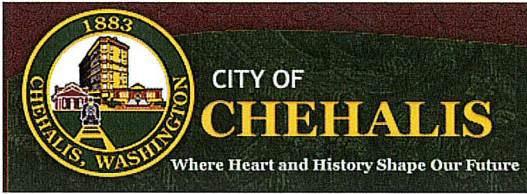
Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Date approved/denied \_\_\_\_\_

DRC Reviewed: \_\_\_\_\_ Reason for denial \_\_\_\_\_

Parcel #: \_\_\_\_\_

Permit #: \_\_\_\_\_





**Community Development Department**

1321 S Market Blvd. Chehalis, WA 98532

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

[www.ci.chehalis.wa.us](http://www.ci.chehalis.wa.us) email: [comdev@ci.chehalis.wa.us](mailto: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 \*\*\*\*\*

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Please check the event type:

- Athletic Event
- Noise Permit
- Car Show
- Other Wildland Firefighter Field day.
- Street Event
- Park Event
- Parade

Name of Applicant/Organization: Chehalis Fire Department

Location of event: Stan Hedwall Park

Person in Charge: Adam Fulbright Address: 500 NW Sitka St

Phone Number: Daytime: 360 345 4239 Work: \_\_\_\_\_ Email: afulbright@ci.chehalis.wa.us

Additional Authorized Individuals: \_\_\_\_\_

Phone Number: Daytime: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: Daytime: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Activity Planned (describe event): Field day for initial Wildland Firefighter Training

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

Other special considerations: We will cordon off area for staging of apparatus/personnel/training.

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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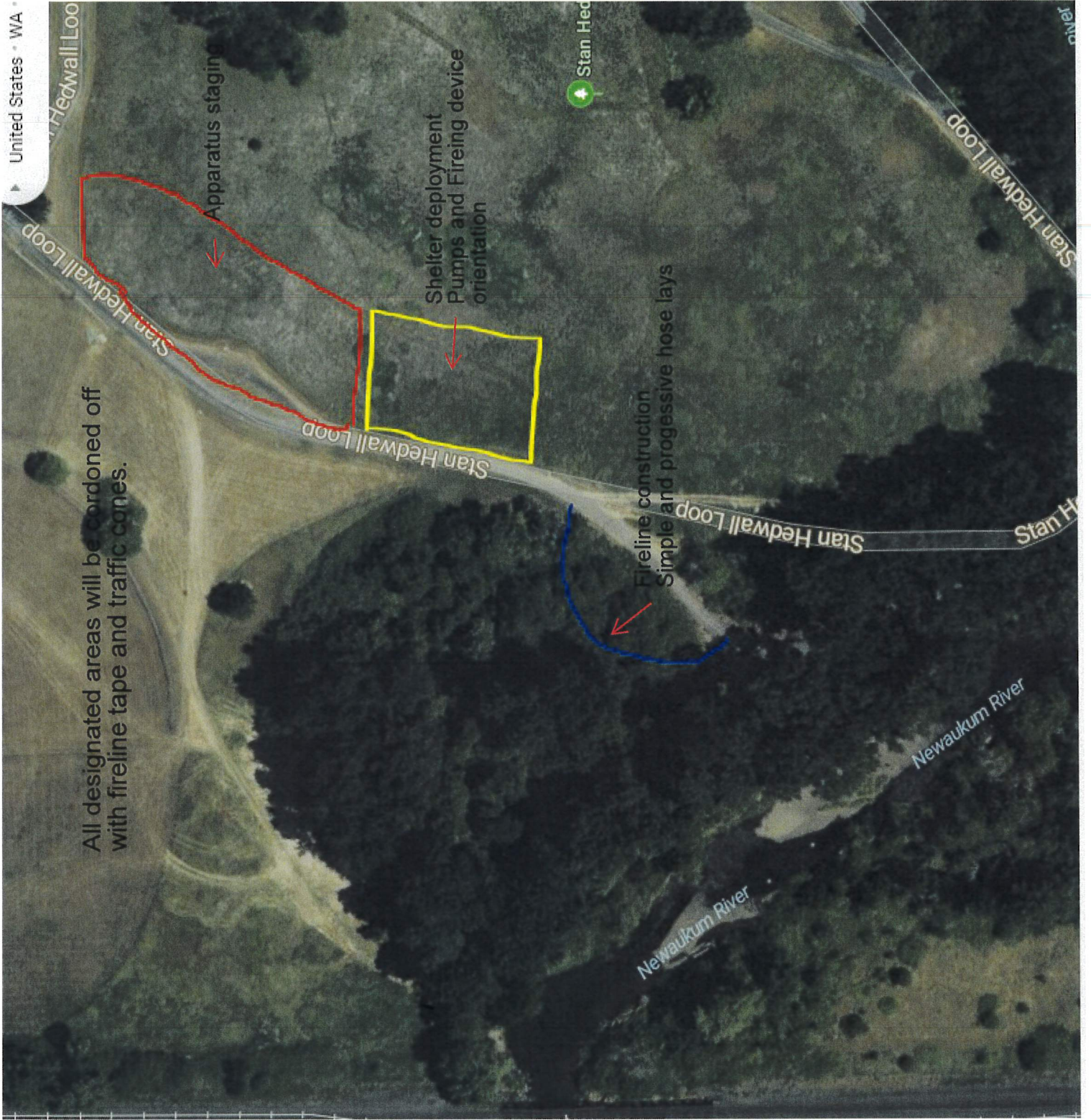
Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Organization/Title: \_\_\_\_\_

**OFFICE USE ONLY:**

Date Received: 2/21/2024 By: LF Date approved/denied \_\_\_\_\_  
DRC Reviewed: \_\_\_\_\_ Reason for denial \_\_\_\_\_  
Parcel #: 005871071014  
Permit #: SE-24-002





All designated areas will be cordoned off with fireline tape and traffic cones.

Apparatus staging

Shelter deployment  
Pumps and Firing device  
orientation

Fireline construction  
Simple and progressive hose lays

Stan Hed

Newaukum River

Newaukum River

Stan Hedwall Loop

Stan Hedwall Loop

Stan Hedwall Loop

Stan H

river



**Chehalis Fire Department**



**Presents**

## **2024 Red Card Class NWCG Firefighter II**

**When: Online Delivery**

**Objective:** This 40-hour course is to provide the students with training in Wildland Fire suppression operations. With emphasis on human performance factors in high-risk work environments, information about participation in wildland fire management, standard fire orders, Watch out Situations, LCES, communication, tools and equipment, and wildland fire behavior. By the end of this course students will have the necessary knowledge to effectively engage in wildland fire suppression and receive NWCG Wildland Fire fighter II certification.

### **Class requirements:**

- This is approximately 40 hours of self-paced class time.
- Students **must complete** all modules in L180, S110, S130, and S190 **by February 29, 2024.**
- Course Certification must be printed and brought to the field day. Students that have not completed all the course work will not be permitted to attend the field day.
- Students must be able to attend and complete the field day.
- Students must provide their own wildfire PPE.

**Program Access:** Go to the following link, and create an account, enroll into L180, S110, S130, and S190. Instructions are attached to this document.

<https://wildlandfirelearningportal.net/>



# Chehalis Fire Department



## *Field Day Application*

**Date and Location: TBD**

Name \_\_\_\_\_ Rank \_\_\_\_\_

Department Name  
\_\_\_\_\_

Fire Chief's Name  
\_\_\_\_\_

Department Mailing Address  
\_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Department email address  
\_\_\_\_\_

I verify the above-named student is a member of our Fire Department or Fire District.

\_\_\_\_\_  
Fire Chief or Training Officer

Email completed registration to: [gcopas@ci.chehalis.wa.us](mailto:gcopas@ci.chehalis.wa.us)

Chehalis Fire Department  
C/O Gina Copas, Administrative Assistant  
500 NW Sitka St.  
Chehalis, WA 98532

**Please register for the field day by January 31st, 2024.**

**Cancellation must be done no later than March 1st, 2024.**



**Chehalis Fire Department**

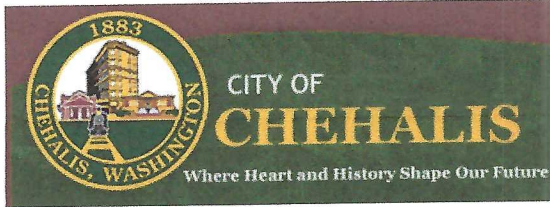


## **2024 Red Card Class NWCG Firefighter II Field Day**

**When: April 6, 2024**

**Objective:** The instructors will demonstrate basic wildland firefighting tasks and have students pair up to practice the following techniques.

- Hand tool orientation, spacing and use.
- Construction of control lines
- Progressive and simple hose deployments
- Firing devices
- Pump orientation.
- Fire Shelter deployment.



**Community Development Department**

1321 S Market Blvd. Chehalis, WA 98532

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

[www.ci.chehalis.wa.us](http://www.ci.chehalis.wa.us) email: [comdev@ci.chehalis.wa.us](mailto: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 \*\*\*\*\*

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Please check the event type:

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Athletic Event</b> | <input checked="" type="checkbox"/> <b>Street Event</b> |
| <input type="checkbox"/> <b>Noise Permit</b>   | <input type="checkbox"/> <b>Park Event</b>              |
| <input type="checkbox"/> <b>Car Show</b>       | <input type="checkbox"/> <b>Parade</b>                  |
| <input type="checkbox"/> <b>Other</b> _____    |   |

Name of Applicant/Organization: Nature Nurture Farmacy

Location of event: Boistfort St between Pacific Ave & Market Blvd

Person in Charge: Farley Walker Address: 403 N Market Blvd #1

Phone Number: Daytime: 360.996.4387 Work: \_\_\_\_\_ Email: info@naturenurturefarmacy.org

Additional Authorized Individuals: Alicia Spalding

Phone Number: Daytime: 360-996-4387 Work: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: Farley Walker

Phone Number: Daytime: 650-743-0371 Work: \_\_\_\_\_ Email: farley@naturenurturefarmacy.org

Type of Activity Planned (describe event): Earth Day Celebration - annual event featuring farmers w/ plant starts, family-friendly activities, music, gardening info, demos Free to the public

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:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Street Closure | <input type="checkbox"/> Sidewalk Closure     |
| <input type="checkbox"/> Security                  | <input type="checkbox"/> Equipment            |
| <input type="checkbox"/> Garbage Collection        | <input type="checkbox"/> Parking Restrictions |
| <input type="checkbox"/> EMS                       | <input type="checkbox"/> Other _____          |

Date(s) of Proposed Event: April 20, 2024

Hours of Operation: 11:00am - 3:00pm

Set-up Date/Time: 4/20/24 at 10:00am

Dismantling Date/Time: 4/20/24 at 3:00 - 4:00pm

Number of Staff/Volunteers: 10-15

Estimated Number of Participants: 150

LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan):  
Block of Boistfort Street between Market and Pacific

**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 2 species mini donkey, mini pony

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: we will be cross promoting our event with the Experience Chehalis clean up event the same day

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.

we'd like to use the no turn signs that are up during the farmers market

**\*\*\*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.)

we will notify businesses on Market at the beginning of April

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

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Signature of Applicant: Barley Walker Date: 2/14/24

Organization/Title: Nature Nurture Farmacy/ Operations & Outreach Manager

**OFFICE USE ONLY:**

Date Received: 2/22/2024 By: LF Date approved/denied \_\_\_\_\_

DRC Reviewed: \_\_\_\_\_ Reason for denial \_\_\_\_\_

Parcel #: \_\_\_\_\_

Permit #: SE-24-003



Sign for Exp Chehalis event

Music

Other booths:  
Community Farmer Market  
Blue zones  
"Le May a farmer"  
farmers w/ stars  
Madison Grove Farm  
(2 animals)

Nature Nurture Farmway

Map data ©2024 20 ft





# 6TH ANNUAL EARTH DAY CELEBRATION

*hosted by:*



**Nature  
Nurture  
Farmacy**



**SATURDAY, APRIL 20TH**

**11:00 AM-3:00 PM**

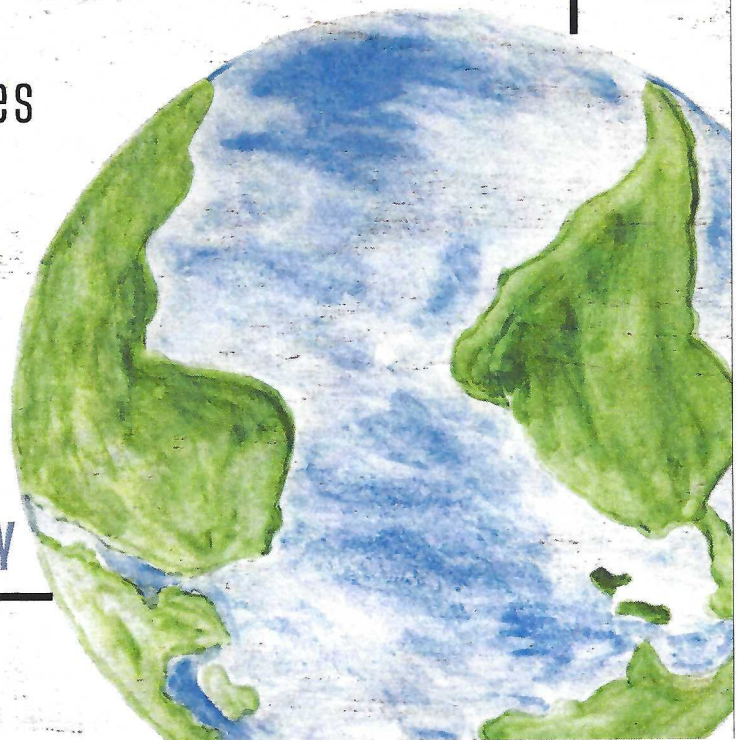
**DOWNTOWN CHEHALIS: BOISTFORT ST**

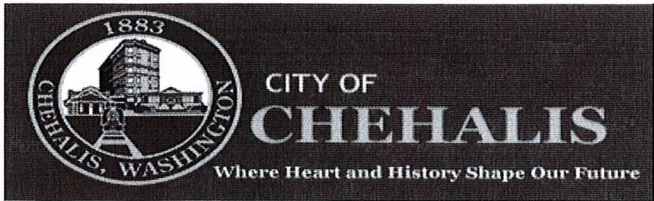
*featuring:*

- Farmers with starts
- Family friendly activities
- Gardening info/demos
- "Ask a Farmer" booth
- Music & More!

*sponsored by:*

**BLUE ZONES ACTIVATE LEWIS COUNTY**





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

3/13 10:30

### SPECIAL EVENT APPLICATION

submit at least 28 days in advance of proposed event

#### Will your event take place on City owned property or in the street?

No  Yes if yes, insurance is required to be submitted along with the application. (See page 3)

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

Please check the event type:

- Athletic Event
- Noise Permit
- Car Show
- Other wedding
- Street Event
- Park Event
- Parade

Name of Applicant/Organization: Trevor Keys

Location of event: Chehalis Airport

Person in Charge: Trevor Keys Address: 426 Berry rd Chehalis WA 98532

Phone Number: Daytime: 360-339-2191 Work: \_\_\_\_\_ Email: (required) keys trevor@hotmail.com

Additional Authorized Individuals: \_\_\_\_\_

Phone Number: Daytime: \_\_\_\_\_ Work: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: Daytime: \_\_\_\_\_ Work: \_\_\_\_\_ Email: (required) \_\_\_\_\_

Type of Activity Planned (describe event): Wedding @ South end

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

Are you a non-profit organization? (Please circle) YES NO If yes, please provide your EIN (tax) number.

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: 14 April 2024

Hours of Operation: \_\_\_\_\_

Set-up Date/Time: 4-14-24 @ 8:00 AM

Dismantling Date/Time: 4-14-24 @ 8:00 PM

Number of Staff/Volunteers: \_\_\_\_\_

Estimated Number of Participants: 100

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  YES  NO

Animals? (Please circle) YES  YES  NO number animals \_\_\_\_\_  
Types of animals listed here.

Booths/Commercial Vendors: (Please circle) YES  YES  NO If yes, be sure to show them on your site plan.  
Each vendor is required to have a current City of Chehalis business license.

Cooking/Food Service: (Please circle) YES  YES  NO

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

Inflatables or Amusement Rides: (Please circle) YES  YES  NO

Mechanical Rides: (Please circle) YES  YES  NO

Portable Restrooms: (Please circle)  YES  NO If yes, be sure to show them on your site plan. - *unsure*  
A portion of the restroom facilities must meet ADA requirements.

Dumpsters: (Please circle) YES  YES  NO If yes, be sure to show them on your site plan.

Signs: (Please circle)  YES  NO If yes, be sure to show them on our site plan. - *unsure*

Stage: (Please circle) YES  YES  NO If yes, be sure to show it on your site plan.

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.

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**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.)

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**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 or on City streets, 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.

**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.

**Have you included: a site plan or route plan?**

**A traffic control plan?**

**Brochures, posters, flyers, or other advertising for this event?**

**A copy of your insurance naming the City as co-covered, if applicable?**

By signing below, the applicant certifies that they are at least 21 years old and an authorized representative of the event. Signer also verifies that they have read and understand all information contained within the application and understands that the event may not take place until authorized by the City.

Signature of Applicant:



Date: 2-28-24

Organization/Title: \_\_\_\_\_

If nonprofit, EIN number: \_\_\_\_\_

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