# **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 6th, 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 20th, 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

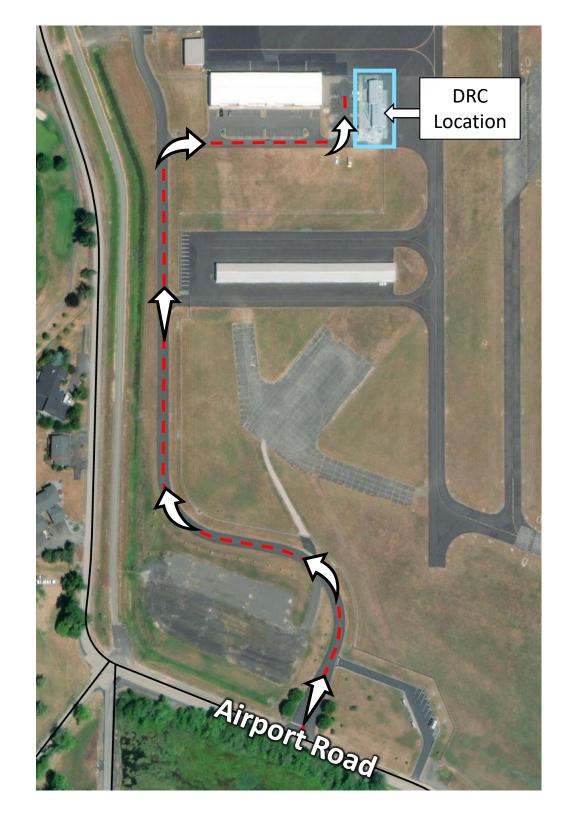
https://us06web.zoom.us/j/83910241095?pwd=dUI1Ym0rTkt6SHZCZjkxUTRHVDBUUT09

# Directions to Development Review Committee

Chehalis Airport Conference Room



<u>Coordinates:</u> (46.672787, -122.984924) or 46° 40' 22.0332″ N 122° 59' 5.7264'' W



March 13 @ 9AM Stephanie. vonmoos@ Country Financial.com **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

CITY OF

Where Heart and History Shape Our Future

Will your event take place on City owned property?	
NOX Yes if yes, insurance is required to be submitted <i>along with the application</i> . *****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 <b>additional insured</b> 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: <u>CG 20 26</u> or <u>CG 20 12.</u>	
Please check the event type:	
Athletic Event Side wall?	
Name of Applicant/Organization: Stephanie Von Moss / PNW Networking Gu Location of event: Market St, Boisfort, Chenalis	and
location of event: Market St. Boisfort Chebali's	
Person in Charge: Stephanie Von Mars Address: 135 Kel Dr. Chehalis WC.	
Phone Number: Daytime: 200. 4462 Work:Email:	
Additional Authorized Individuals: Annalee Tobey	
Phone Number: Daytime: Work:Email:	
Emergency Contact: Don Von MooS 253. 2372 - Phone Number: Daytime: <u>Le218</u> Work:Email:	
Phone Number: Daytime:work:Email:	
Type of Activity Planned (describe event): Wine Walk · Local Winerics will Set up tasting booths inside downtown Business for a fun	
taste testing after noon	
Is this an event involving political or religious activity intended primarily for the communication or	

Will participants pay a fee or make a donation? (Please circle)

YES

NO

NO

expression of ideas? (Please circle)

Will City of Chehalis services be requested for:     Street Closure   Sidewalk Closure
Security Equipment
Garbage Collection Parking Restrictions
EMS Other
Date(s) of Proposed Event: <u>Aug 3<sup>Kel</sup> 18+ Satin Aug (Annually</u> ) Hours of Operation: <u>Noon-3</u> or <u>3:00-Le:00</u> or Noon-Le:00
Set-up Date/Time: Morning of Aug 3rd
Dismantling Date/Time: Le:00 pm & later
Number of Staff/Volunteers: 15 - 20
Estimated Number of Participants: <u>150, 200</u>
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
Amplified sound? (Please circle) (YES) NO WOULD Love to have Katelyn Guenther Sing accoustically while People Walk.
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.

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.)

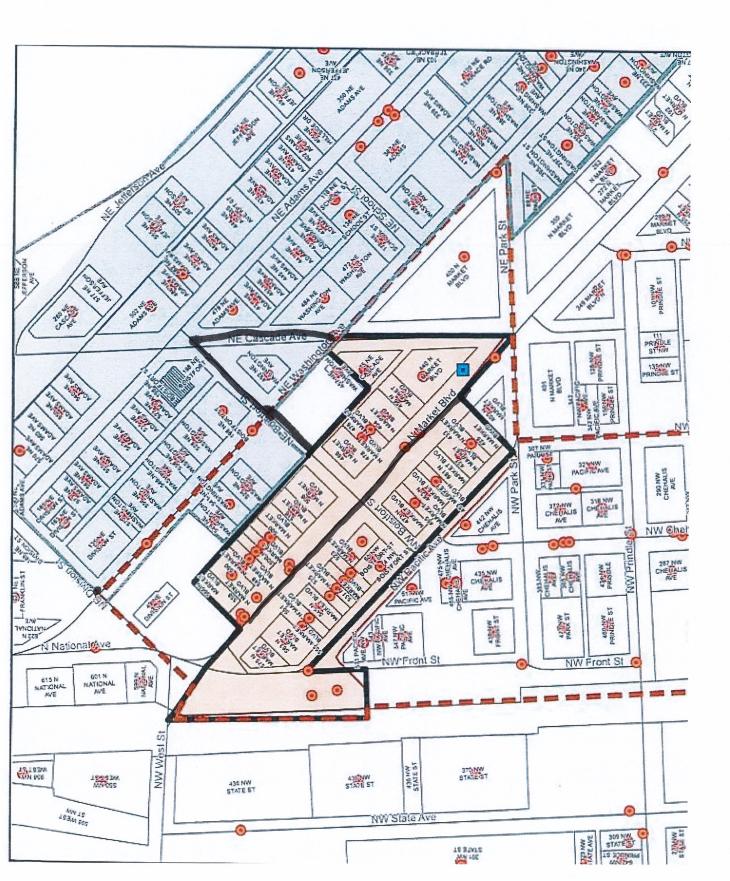
I will personally Speak with each business owner as I want to include the entire down town community to encourage a Vibrant downtown fun experience.

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

**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. Acceptable forms: **CG 20 26** or **CG 20 12**. 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.

Signature of Applicant: Stephan Vonhoo 3 Date: 1-31-24					
Organization/Title: CM	Organization/Title: Chehalis Wine Walk.				
OFFICE USE ONLY:					
Date Received: DRC Reviewed: Parcel #: Permit #:		Date approved/denied Reason for denial			





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	e event type:			
	Athletic Event		Street Event	
	Noise Permit		Park Event	
	Car Show		Parade	
X	Other Wildlan	d Firefight	-er Field day	•
Location o	pplicant/Organization: <u>Ch</u> of event: <u>Stan Healwa</u>	challs Fre ull Park	Department	
	Charge: Adam Tulboyz			
Phone Nur	nber: Daytime: <u>360 345 4</u> 2	3W6rk:	_Email: <u>CFulbrizh+</u>	<u>Ci</u> chehalis. wa.us
Additional	Authorized Individuals:			
Phone Nur	nber: Daytime:	Work:	Email:	
Emergency	y Contact:			
Phone Nur	nber: Daytime:	Work:	Email:	4
Type of Ac	tivity Planned (describe event	:): Field day F	for initial wildla	ind

Is this an event involving political or religious activity intended primarily for the communication or expression of ideas? (Please circle) YES MO

Will participants pay a fee or make a donation? (Please circle) YES

Other special considerations: We will Cordon OFF area for Stagny 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: <u>2/21/2024</u> DRC Reviewed: Parcel #:005871071014 Permit #:SE-24-002	<i>ву:</i> LF	_ Date approved/denied Reason for denial	







**Chehalis Fire Deparment** 

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 <u>must complete</u> all modules in L180, S110, S130, and S190<u>by</u> <u>February 29, 2024.</u>
- 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/



## 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
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 Deparment** 

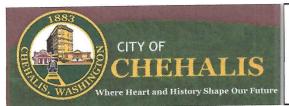
# 2024 Red Card Class NWCG Firefighter II Field Day

## 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 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?

**Now Yes** if yes, insurance is required to be submitted along with the application.

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

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	type: thletic Event loise Permit ar Show other		Street Event Park Event Parade
Name of Applican	t/Organization: <u>Nature</u> Nuct	ure_	Farmacy
Location of even	t: Boistfort St between	n Pa	acific Ave & Market Blud
Person in Charge:	Earrey Walker Addre	ss: <u>40</u> 3	3 N Market Blvd #1
Phone Number:	Daytime: 360.996.4387Work:		Email: info@naturenurturefarmacy.org
	rized Individuals: Alicia Spalat		
Phone Number: [	Daytime: 360-996 4387 Work:	<u> </u>	_Email:
<b>Emergency Conta</b>	ct: Farley Walker		P i o i o
Dhone Number:	Davtime (00-113-037) Work:		Email: farley & nature nuture Parmacy.
gue der mig-	lanned (describe event): Earth D mexs w/ pant starts, fan info, a emos Free to		
ls this an event expression of idea	involving political or religious activiti as? (Please circle) YES NO	y inten	ded primarily for the communication or

Will participants pay a fee or make a donation? (Please circle) YES

Will City of Chehalis services be requested for: Street Closure Sidewalk Closure   Security Equipment   Garbage Collection Parking Restrictions   EMS Other
Date(s) of Proposed Event: <u>April 20, 2024</u>
Hours of Operation: 11:000M - 3:00 DM
Set-up Date/Time: 4120/24 at 10:00 gm
Dismantling Date/Time: 4/20/24 at 3:00 - 4:00 pm
Number of Staff/Volunteers: 10 ~ 15
Estimated Number of Participants: 150
LOCATION/STREET(S) INVOLVED (describe area involved in event, attach map/route plan): <u>HOCK of BoistBort Street between Market and Pacific</u>
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 donkcy, 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	promot	ing our	event u	vith
the Experience Ch	rehalls	clean	Up e	went t	he 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 Marketain the beginning

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

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Signature of Applicant:	UNN	Date: 2/14/24		
Organization/Title: Nature Nurtur	e Farmacy/ Opera	itions & Outreach	Managur	
OFFICE USE ONLY:				
Date Received: <u>2/22/2024</u> By: <u>LH</u> DRC Reviewed: Parcel #:	Date approved/denied Reason for denial			
Permit #:SE-24-003				

Map data ©2024 20 ft **C** 



2/3/24, 10:07 AM

Google Maps



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2024

**REVISION NUMBER:** 

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGH IS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the cert conditions of the policy	ificate holder is an ADDITIONAL INSURED, the polic /, certain policies may require an endorsement. A s	cy(ies) must have ADDITIONAL INSURED provisions or be endorsed. tatement on this certificate does not confer rights to the certificate	If SUBROGATION IS WAIVED, subj holder in lieu of such endorsemen	ject to the terms and t(s).
PRODUCER	CONTACT NAME: Peggy Allen			
Farmers Insurance		PHONE FAX		
Philbrook Insurance Agency PO Box 638 Toledo WA 98591	(A/C, NO, EXT): 360-864-4774	(A/C, NO): 360-633-2395		
	E-MAIL ADDRESS: Peggy.cphilbrook@farmersagency.com			
	INSURER(S) AFFORD	NG COVERAGE	NAIC#	
INSURED		INSURER A: Truck insurance Exchange 2170		21709
NATURE NURTURE FARMACY SPALDING, ALICIA	INSURER B: Farmers Insurance Ex	change	21652	
	INSURER C: Mid Century Insurance Company		21687	
	INSURER D:		-	
403 N MARKET BLVD				1

INSURER E:

**INSURER F:** 

#### COVERAGES

CHEHALIS

CERTIFICATE NUMBER:

WA 98532

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP INSR ADDTL SUBR LIMITS POLICY NUMBER TYPE OF INSURANCE (MM/DD/YYYY) (MM/DD/YYYY) INSD WVD LTR EACH OCCURRENCE \$ 1,000,000 COMMERCIAL GENERAL LIABILITY DAMAGE TO RENTED 1\$ CLAIMS-MADE X OCCUR PREMISES (Ea Occurrence) 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 607208454 06/15/2023 06/15/2024 С N N 18 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 1,000,000 PRODUCTS - COMP/OP AGG 15 PROJECT POLICY LOC 3 OTHER: COMBINED SINGLE LIMIT 4 AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) \$ ANY AUTO OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) \$ ONLY AUTOS N PROPERTY DAMAGE HIRED AUTOS NON-OWNED \$ (Per accident) AUTOS ONLY ONLY EACH OCCURRENCE \$ UMBRELLA LIAB OCCUR AGGREGATE \$ CLAIMS-MADE EXCESSION \$ **RETENTION \$** DED DER WORKERS COMPENSATION OTHER \$ STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT 14 ANY PROPRIETOR/PARTNER/ Y/N N/A EXECUTIVE OFFICER/MEMBER FI DISFASE - FA EMPLOYEE EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF E.L. DISEASE - POLICY LIMIT **OPERATIONS** below DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 400 N MARKET DLVD, OHEHALIO, WA 30332 CANCELLATION

CERTIFICATE HOLDER		CANCELLATION
CITY OF CHEHALIS COMMUNITY DEVELO 1321 S MARKET ST CHEHALIS	PMENT WA 98532	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03) 31-1769 11-15

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# 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: **UE ZONES ACTIVATE** 



#### **SPECIAL EVENT APPLICATION**

3/13 1030

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 <u>along with the application</u>. (See page 3) \*\*\*\*\*\*Please note: Incomplete applications are not accepted \*\*\*\*\*

	ck the event type: Athletic Event Noise Permit Car Show Other <u>Weddm</u>	7	Street Event Park Event Parade	
Location of	fevent: <u>Chehalis</u>	Amport		
Person in Ch	narge: Trevor hey	<ad< td=""><td>Idress: 426 Berry rd Chehalis WA 98</td><td><u>53</u>2</td></ad<>	Idress: 426 Berry rd Chehalis WA 98	<u>53</u> 2
Phone Num	ber: Daytime: <u>360-339-</u>	2 <u>191</u> Work:	Email: (required) Keystrevar @ hotmail.c	<u>co</u> m
Additional A	Authorized Individuals:			
Phone Num	ber: Daytime:	Work:	Email: (required)	
Emergency	Contact:		n 1996) – dolo skola po milje tredeničkem se poslavnih s Naslavnih slava poslava na stara s	
Phone Num	ber: Daytime:	Work:	Email: (required)	
Type of Acti	vity Planned (describe eve	nt): Wedding (c	2 South end	
Will particip	oants pay a fee or donate?	(Please circle) YES	NO	
Are you a no	on-profit organization? (Pl	ease circle) YES NO	If yes, please provide your EIN (tax) number.	
Will City of (	Chehalis services be reque Street Closure Security Garbage Collection FMS		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: <u> </u>				
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 NO				
Animals? (Please circle) YES NO number animals <u>Types of animals listed here.</u>				
Booths/Commercial Vendors: (Please circle) 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 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 If yes, be sure to show them on your site plan. — $UNSUVE$ <u>A portion of the restroom facilities must meet ADA requirements.</u> Dumpsters: (Please circle) YES (NO) If yes, be sure to show them on your site plan.				
<u>A portion of the restroom facilities must meet ADA requirements.</u>				
A portion of the restroom facilities must meet ADA requirements. Dumpsters: (Please circle) YES NO If yes, be sure to show them on your site plan.				

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.

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.)

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:\_\_\_\_\_\_

