



SPECIAL EVENT PERMIT APPLICATION

Date(s) of Event: _____
Date of Application: _____

APPLICANT / EVENT SPONSOR INFORMATION

Name of Applicant/Organization: _____

Business License/Non-Profit I.D. _____ Or WA Driver's License # _____

Address: (Street or PO Box) _____

(City, State, Zip) _____

Name of Primary Contact Person: _____

Day Phone: _____ Other: _____ Email: _____

Best Onsite Contact Person on Event Day: _____

Cell Phone: _____ Email: _____

EVENT INFORMATION

Name of Event: _____ Is this an annual event? _____

Describe Event: _____

Event Location: (Be sure to include event layout diagram or route map.) _____

Reserving a Facility? A Community Center Room A Covered Picnic Shelter : _____

Date(s) of Proposed Event: _____

Setup Date & Start Time: _____

Event Opens to Guests/Participants at What Time? _____

Event Closes to Guests/Participants at What Time? _____

Anticipated Cleanup Completion Time: _____

Estimated # of Event Staff/Volunteers: _____ Estimated # of Event Guests/Participants: _____

Will Event Guests/Participants Pay an Entry Fee or Donation? _____ If Yes, Amount? _____

Please check all that apply:

Alcohol Served Location: _____ Separate Permit Application may be required.

Amplified Sound Describe: _____

Amusement Rides Describe: _____

Animals Describe: _____

Catered Event Name of Caterer: _____

Concession Sales Describe: _____

Erected Structures Describe: _____

Fireworks* Name of pyrotechnic provider? _____
Start time: _____ End time: _____ *Requires permit from Burlington Fire Dept.

Gambling _____

Marching Units _____

Open Flames Type: _____

Overnight Camping Start date? _____ How many tents/RVs do you anticipate? _____

Signs/Banners Describe: _____

Street Closure Street Closure Request Form must be submitted with Special Event Application.

Other Items of Note: _____

City Equipment or Supplies Requested: _____

PLEASE ATTACH COPIES OF BROCHURES, POSTERS OR OTHER ITEMS TO BE USED FOR EVENT ADVERTISEMENT.

INSURANCE - The City of Burlington does not maintain insurance that will respond to claims against the Applicant arising out of the use of facilities by the Applicant, its members, or those attending the event. The Applicant will be required to provide to the City a Certificate of Liability Insurance that meets the following minimum requirements:

- A. The Certificate Holder/Additional Insured must be listed as follows: **City of Burlington**
833 S. Spruce Street,
Burlington WA 98233
- B. An **Endorsement Page** declaring the "City of Burlington, its Elected Officials, Appointed Officers, Employees and Agents" as Additional Insured must accompany the certificate.
- C. The liability insurance coverage must provide at minimum \$1,000,000 per occurrence and **\$2,000,000 General Aggregate.**

AGREEMENT - The Applicant agrees that during the use of the City's facilities and throughout the Special Event, the applicant will not exclude anyone from participation in, deny anyone the benefit of, or otherwise subject anyone to discrimination because of the person's race, color, national origin, age, or handicap.

The undersigned hereby makes Application to the City of Burlington for use of the rental facility/location described within and certifies that the information given in the application is correct and complete. The undersigned further states that he/she has the authority to make this Application and agrees to observe the rules/regulations and policies/procedures set forth in the Special Event Application Regulations and by the City of Burlington. The Applicant and/or Authorized Officer of the sponsoring program agree to reimburse the City for any costs incurred by the City in repairing damage to City property. Moreover, the Applicant shall defend, indemnify and hold harmless the City of Burlington, its Elected Officials, Appointed Officers, Employees and Agents 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 use of City premises or from any activity, work or thing done, permitted or suffered by the Applicant and/or Authorized Officer in or about the premises or roadways, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Burlington.

Signature of Applicant / Authorized Officer: _____ **Date:** _____

Please mail or deliver the completed form to: Burlington Parks and Recreation
 900 E. Fairhaven Avenue • Burlington, WA 98233
 Email: bparks@burlingtonwa.gov

FOR CITY USE:			
<input type="checkbox"/> \$35 Standard Application Fee	Date Paid: _____	Receipt# _____	FOP: _____
<input type="checkbox"/> Application Fee Waived	Justification: _____		
Applicable Fees:			
<input type="checkbox"/> City Staff and/or Security:	_____		\$ _____
<input type="checkbox"/> Facility Rental: Damage Deposit \$ _____	Rent \$ _____	Facility Monitor \$ _____	\$ _____
<input type="checkbox"/> Portable Restroom Units: Standard, \$75 each # _____	ADA, \$125 each # _____		\$ _____
<input type="checkbox"/> Other: _____			\$ _____
	Amount due by _____		\$ _____
	Balance is due upon close of event. The estimated amount due is:		\$ _____

Date application submitted by applicant: _____ Received by: _____ Date Routed: _____

Routed to:

<input type="checkbox"/> Mayor – Steve Sexton	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Police – PD Sgts.
<input type="checkbox"/> Admin – Bryan H., Brittany J.	<input type="checkbox"/> Buildings & Grounds - Paul Tingley	<input type="checkbox"/> Public Works – Brian Dempsey
<input type="checkbox"/> Attorney – Leif Johnson	<input type="checkbox"/> Library Director – Sarah Ward	<input type="checkbox"/> Rec. Coordinator – Christi K.
<input type="checkbox"/> Buildings – Jim Sherwood	<input type="checkbox"/> Parks Director – Loren Cavanaugh	<input type="checkbox"/> Risk Manager – Shelley Acero
<input type="checkbox"/> Courts – Mickey Zitkovich	<input type="checkbox"/> Parks Supervisor – Craig Bloodgood	<input type="checkbox"/> Sewer - Don Erickson
<input type="checkbox"/> Finance Department	<input type="checkbox"/> Planning – Kim O'Hara	<input type="checkbox"/> Streets – Travis Schwetz

Remarks: _____

Permit IS recommended for approval Permit is NOT recommended for approval

Parks & Recreation Director: _____ Date: _____

Permit is Approved **Permit is NOT approved**

Mayor Steve Sexton (or designee): _____ **Date:** _____

Remarks: _____