



# Special Event Permit Application

Burlington Parks & Recreation  
900 E. Fairhaven Avenue  
Burlington, WA 98233  
Phone: (360) 755-9649  
Fax: (360) 755-1017  
[bparks@burlingtonwa.gov](mailto:bparks@burlingtonwa.gov)

Application Date: \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Application & supporting documentation must be submitted to the City at least 60 days prior to the event start date.

**(For City Use) Permit Number:** \_\_\_\_\_

*Permit Number assigned upon submittal.*

- Permit has been approved as outlined.
- Permit has been approved with changes; see page 4.
- Permit has been disapproved.

## APPLICANT / EVENT ORGANIZER INFORMATION

Name of Applicant/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Name of Primary Contact Person/Event Coordinator: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Other: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Best Onsite Contact Person on Event Day: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EVENT OVERVIEW

Name of your event: \_\_\_\_\_

Describe your event: \_\_\_\_\_

Anticipated # of event guests/participants: \_\_\_\_\_ # of staff/volunteers on event day: \_\_\_\_\_

Proposed event location: \_\_\_\_\_

Additional facility reservations needed?  A room in the Community Center  A Covered Picnic Shelter  
*A Facility Rental Agreement and Reservation Fee apply.*

Your event OPENS to guests/participants on what date? \_\_\_\_\_ Time: \_\_\_\_\_

Your event CLOSES to guests/participants on what date? \_\_\_\_\_ Time: \_\_\_\_\_

Your event SETUP will begin on what date? \_\_\_\_\_ Time: \_\_\_\_\_

Your event CLEANUP will be finished on what date? \_\_\_\_\_ Time: \_\_\_\_\_

Will event guests/participants pay an entry fee or donation?  NO  YES If yes, amount: \$ \_\_\_\_\_

Is this an annual event?  NO  YES If yes, what year did your event begin? \_\_\_\_\_

Have there been *substantial* changes to the event from the previous year?  NO  YES

If yes, please describe: (i.e. location/route, anticipated attendance...)

\_\_\_\_\_

## **EVENT FEATURES**

**Please mark all that apply:**

- ALCOHOL/BEER/WINE.** Restrictions and an additional permit apply for alcohol service. Please refer to item #8 in your Special Event Guidelines for more information.
- AMPLIFIED SOUND.** Describe:  Band  D.J.  PA System Other: \_\_\_\_\_  
Please refer to item #9 in your Special Event Guidelines for information regarding restrictions.
- ANIMALS.** What is their primary purpose during your event?  
 Petting Zoo  Wagon Ride  Amusement Ride  Educational  Other: \_\_\_\_\_  
Please describe the type of animals that will participate in your event:  
\_\_\_\_\_
- BOUNCE HOUSE/INFLATABLE, CLIMBING WALL, DUNK TANK, OR OTHER AMUSEMENT STYLE RIDES.**  
Describe: \_\_\_\_\_  
Additional permit and insurance requirements apply when amusement style structures are a feature of your event. Please refer to item #10 in your Special Event Guidelines for more information.
- EQUIPMENT/STRUCTURES.** Briefly describe the structures or equipment that will be erected for your event (i.e. stage, bleachers, canopies/tents, generators...):  
\_\_\_\_\_
- USE OF CITY OWNED EQUIPMENT/SUPPLIES REQUESTED.**  
\_\_\_\_\_
- FIREWORKS/PYROTECHNICS.** Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_  
Name of Pyrotechnic provider: \_\_\_\_\_  
Special permit is required. Please refer to item #13 in your Special Event Guidelines.
- FIRST AID STATION.** Please identify location of first aid station on your event layout diagram.
- FOOD SERVICE.**  
 Provided at no charge. Name of provider: \_\_\_\_\_  
 Catered. Name of Caterer: \_\_\_\_\_  
 Mobile Vendor. Vendor permit and fee applies. Refer to your Special Event Guidelines, item #14.
- GAMBLING.**  Raffle  Bingo  Cards/Dice Other: \_\_\_\_\_  
Please refer to item #15 in your Special Event Guidelines for more information.
- MERCHANDISE SALES.** (Non-Food items) Vendor permit and fee applies for all sales of merchandise, including sales conducted by the Event Organizer. Refer to your Special Event Guidelines, item #14.
- MUSIC / SINGING, UNAMPLIFIED.** Describe: \_\_\_\_\_
- OPEN FLAME.** Describe: \_\_\_\_\_
- OVERNIGHT CAMPING.** Location requested: \_\_\_\_\_  
Overnighters will begin to arrive on what date? \_\_\_\_\_ Departure date: \_\_\_\_\_

## **EVENT FEATURES (continued)**

**PARADE / MARCH.**

Proposed Start Location: \_\_\_\_\_

Proposed End Location: \_\_\_\_\_

Proposed Staging Area(s): \_\_\_\_\_

Start Time: \_\_\_\_\_ Estimated End Time: \_\_\_\_\_

Submit a detailed diagram indicating the parade's route and staging area(s) with your Application.

**PORTABLE RESTROOMS.**

Number of Units Requested:

Standard Units \_\_\_\_\_ ADA Units \_\_\_\_\_ Handwash Units \_\_\_\_\_ Extra Cleanings \_\_\_\_\_

Please refer to item #17 in your Special Event Guidelines for current rates and information.

**ROAD or TRAIL RUN/WALK.**

Proposed Run Headquarters location: \_\_\_\_\_

Proposed Start location for runners: \_\_\_\_\_

Proposed Finish Line for runners: \_\_\_\_\_

Start Time(s): \_\_\_\_\_ All runners will be off road by what time? \_\_\_\_\_

Submit a diagram with your Application detailing the entire route including start, finish & staging area.

**STREET CLOSURE.**

A Street Closure Request Form must be submitted. Refer to item #21 in your Special Event Guidelines.

**WASTE / RECYCLE ROLLAWAY.** Refer to items #16 and #19 in your Special Event Guidelines for options.

**OTHER NOTABLE ITEMS OR REQUESTS:**

\_\_\_\_\_

## **INSURANCE DOCUMENTATION**

The City of Burlington does not maintain insurance that will respond to claims against you, the Event Organizer. You are required to provide to the City at least 30 days prior to your event a Certificate of Liability Insurance accompanied by an Endorsement that meets the City's minimum requirements. Please refer to item #7 in your Special Event Guidelines for detailed information regarding requirements.

## **APPLICATION CHECKLIST**

### **Minimum Application Requirements:**

1. EVENT LAYOUT DIAGRAM depicting explicit event detail. Refer to item #5 in your Special Event Guidelines for requirements.
2. APPLICATION FEE, if applicable. Refer to item #2 in your Special Event Guidelines for more information.
3. SIGNED EVENT PERMIT APPLICATION. Please sign where highlighted on page 4.

### **Required 30 days prior to event start date:**

- INSURANCE DOCUMENTATION meeting the City's minimum requirements. Refer to item #7 in your Special Event Guidelines.
- LIST of FOOD or MERCHANDISE VENDORS invited to participate in your event. Additional permit and fee applies for each vendor. Please refer to item #14 in your Special Event Guidelines.

### **Possible Application Requirements:**

- COPY OF NOTIFICATION LETTER. Please refer to item #12 in your Special Event Guidelines.
- STREET CLOSURE REQUEST FORM. Please refer to item #21 in your Special Event Guidelines.
- BEER / WINE GARDEN PERMIT REQUEST. Please refer to item #8 in your Special Event Guidelines.

**AGREEMENT and INDEMNIFICATION**

The undersigned hereby makes Application to the City of Burlington for use of the City facilities 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 on behalf of the Event Organizer and agrees to observe the rules/regulations and policies/procedures set forth in the Guidelines for Special Event Organizers and by the City of Burlington.

The Applicant/Authorized Officer agrees that he/she 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, handicap or other protected class status during the use of City’s facilities and for the duration of the Special Event.

The Applicant agrees to reimburse the City for any costs incurred by the City in repairing damage to City property resulting from the Special Event. Moreover, the Applicant shall defend, indemnify and hold harmless the City of Burlington, its Elected Officials, Appointed Officers, Employees, Volunteers 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 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.

**Applicant / Authorized Agent:** \_\_\_\_\_ **Today’s Date:** \_\_\_\_\_

**Mail or deliver your completed application & supporting documentation to:**

Burlington Parks and Recreation  
900 E. Fairhaven Avenue  
Burlington, WA 98233  
or Email: [bparks@burlingtonwa.gov](mailto:bparks@burlingtonwa.gov)

**For City Use**

Date Application Received: \_\_\_\_\_ By: \_\_\_\_\_ Date Routed: \_\_\_\_\_

\$35 Application Fee. Date Paid: \_\_\_\_\_ Receipt# \_\_\_\_\_ FOP: \_\_\_\_\_

Application Fee Waived. Justification: \_\_\_\_\_

Insurance Documentation meeting minimum requirements received on (date): \_\_\_\_\_.

Permit Application IS recommended for approval as submitted.

Permit Application IS recommended for approval with recommended changes: \_\_\_\_\_

Permit Application IS NOT recommended for approval.

\_\_\_\_\_  
Parks and Recreation Director or Designee Date

Permit Application IS approved as submitted.

Permit Application IS approved with recommended changes.

Permit Application IS NOT approved.

\_\_\_\_\_  
City of Burlington Mayor or Designee Date