



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

EVENT NAME: _____

START DATE: _____

EVENT ORGANIZER INFORMATION	♦Applicant/Organization:	_____
	Mailing Address:	_____
	City/State/Zip:	_____
	♦Primary Event Coordinator:	_____
	Coordinator's Phone #:	_____
	Coordinator's Email:	_____
	♦Onsite Contact Person on Event Day:	_____
	Onsite Contact's Cell#:	_____
	Onsite Contact's Email:	_____

EVENT DESCRIPTION	Event Dates:	_____
	Event Location(s):	_____
	Reservations Needed? <i>Rental Agreement & Reservation Fee may apply</i>	<input type="checkbox"/> Community Center <input type="checkbox"/> Picnic Shelter <input type="checkbox"/> Playfield <input type="checkbox"/> Other _____
	Primary Purpose of Event Please also include a brief description of your event's various components, its collaborating agencies, and any information you feel would be relevant for consideration.	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>
	Please attach a separate page if more space is needed.	

EVENT DESCRIPTION
(CONTINUED)

Target Audience & Ages:

Estimated Daily Crowd Size:

Number of Staff/Volunteers supporting Event:

Is this an annual Event?

No Yes If yes, year began: _____

If applicable, describe any *substantial* changes from previous year:

Which Event Components require a fee for participation? Fee Amount?

EVENT COMPONENTS

ATTACH SEPARATE PAGE, IF MORE SPACE IS NEEDED

Event Component Name	Component Location	(Open to the Public)			Time Setup begins	Teardown Complete by
		Date	Start Time	End Time		
<i>ex: Street Fair</i>	<i>Fairhaven Avenue</i>	<i>May 16</i>	<i>10AM</i>	<i>5PM</i>	<i>May 15 3PM</i>	<i>May 16 8PM</i>
<i>ex: Live Music</i>	<i>Fairhaven Avenue</i>	<i>May 16</i>	<i>11:30AM</i>	<i>4PM</i>	<i>May 15 3PM</i>	<i>May 16 8PM</i>
<i>ex: Food Court</i>	<i>Maiben Park</i>	<i>May 16</i>	<i>9AM</i>	<i>5PM</i>	<i>May 15 3PM</i>	<i>May 16 8PM</i>
<i>ex: 5k Run/Walk</i>	<i>Starts Skagit River Park</i>	<i>May 16</i>	<i>9AM</i>	<i>11AM</i>	<i>7AM</i>	<i>12PM</i>

FIREWORKS / PYROTECHNICS

Proposed Launch Location:

Fireworks Provider Name:

Fireworks Provider Phone:

Fireworks Provider Email:

❖ Firework displays require approved “Public Fireworks Display Permit” issued by the City of Burlington’s Fire Marshal. Organizers must direct the Pyrotechnic Provider to contact the City Fire Marshal’s office at least 30-days in advance of launch date at (360) 757-6684 for application instructions. The Provider will also be required to provide to the City insurance documentation which meets the City’s minimum requirements.

**PARADE,
MARCH
or RALLY**

A detailed map indicating route, staging/assembly and disbanding areas must be submitted with Event Permit Application.

Start Location:

End Location:

Describe areas to be used for Check-in & Staging:

Time Check-in & Staging Begins:

Describe participant's route for disbanding or return to staging area:

**ROAD or TRAIL
RUN / WALK /
RIDE**

A *detailed* diagram indicating route(s), staging & disbanding areas must be submitted with Event Permit Application.

Check-in Location & Start Time:

List Start Location(s):

List End Location(s):

Describe participant Staging area prior to start:

Time all participants will be off roadways/trails:

Describe Setup/Equipment for start & finish lines:

Describe plan for traffic control on roadways:

**TEMPORARY
BEER GARDEN
REQUIRES
CITY COUNCIL
APPROVAL**

A detailed diagram of the Garden must be included with your application. The schematic must include fencing/barrier dimensions for sequestering the Garden and entrances/exits including their dimensions.

Proposed Location:

Garden will be operated by:

Event Organizer

Caterer, Name: _____

Liquor provided will include

Beer, Wine, or Cider Spirits

❖ A valid license/permit issued by the Washing State Liquor & Cannabis Board is required from the Garden's operator and must be visibly displayed to the public during the Garden's operations. The operator will also be required to provide to the City a Certificate of Liability Insurance and an Endorsement page which meets the City's minimum requirements.

**EVENT
FEATURES**

Please indicate all Features that will or may potentially be included with the Event:

- Alcohol (Beer, Wine, Spirits). Describe: _____
- Amusement Rides (i.e. Inflatables, Climbing Wall, Dunk Tanks, Carnival Rides...). Describe: _____
- Animals. (i.e. Pony Rides, Petting Zoo, Educational Demonstrations...). Describe: _____
- Filming or Videography.
- Exhibitors/Displays (No Sales) .
- Food Service, No Sales (Food Vendor Permit Required).
- Sales of Food, Merchandise, or Services, (Vendor Permit Required).
- Music, Sound AMPLIFIED. Describe: _____
- Music, Singing UNAMPLIFIED. Describe: _____
- Entertainers. Describe: _____
- Open Flame. Describe: _____
- Overnight Camping.
- Raffles or Gambling. Describe: _____

Other Info/Requests:

**SERVICES and
STRUCTURES**

Please indicate all items that will be used for the event. It is assumed all items will be provided by organizer unless otherwise indicated.

- Barricades, organizer-provided
- Barricades, City-owned. Quantity requested: _____
- Bleachers. Quantity: _____
- Canopies (without sidewalls) or canopy groupings <700sqft
- Canopies (without sidewalls) or canopy groupings ≥700sqft
- Tents (with 1 or more sidewalls) or tent groupings <400sqft
- Tents (with 1 or more sidewalls) or tent groupings ≥400sqft
- Cones, organizer-provided
- Cones, City-owned. Quantity requested: _____
- Fencing or scaffolding
- First Aid Station. Location: _____
- Generator. Make/Model: _____
- LPG/Propane Tank. Size/Gallons: _____
- Portable Restroom Units (coordinated by the City).
ADA # _____ Standard # _____ Handwash # _____ Extra Cleanings # _____
- Tables and/or Chairs, Approximate Quantity: _____
- Security Officer(s)
- Stage, Approximate Size: _____
- Waste or Recycle Rollaway. Location: _____

Other Info/Requests:

STREET CLOSURE REQUEST (City Council Approval Required)

ATTACH TO YOUR APPLICATION A DETAILED DIAGRAM OUTLINING THE INFORMATION BELOW

Street to be closed	From Street/Intersection	To Street/Intersection	Closure Date	Close by what time	Reopen at what time

REQUEST TO CLOSE CITY-OWNED PUBLIC PARKING AREA

Name or Location of Parking Area	Closure Date	Close by what time	Reopen at what time

Other Info:

PLEASE NOTE:

- To name additional Street/Parking Area closure requests, attach an 8.5x11 sheet of paper to this application listing the additional information in the format used above.
- If closure request is approved, it is your responsibility as the Event Organizer to directly notify ALL neighboring residents, businesses and agencies that will be affected by the closure at least 7 days prior to the closure:
 - Neighboring residents and businesses
 - 9-1-1 Emergency Services 360-428-3200
 - S.K.A.T 360-757-4433
 - Burlington-Edison School District 360-757-3311
 - Burlington Northern Santa Fe Railroad North Operations (817) 352-2992
BNSF Headquarters: (800) 795-2673

EVENT LAYOUT DIAGRAM	<p>A detailed layout for the event MUST be submitted with your permit application which describes <u>at minimum</u> your proposed locations for:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Emergency access route which maintains a minimum 20' driving lane <input type="checkbox"/> Event headquarters <input type="checkbox"/> First aid station(s) <input type="checkbox"/> Portable restrooms/hand-wash stations and waste/recycle rollaways <input type="checkbox"/> Structures erected for your event (i.e. bleachers, stage, canopies/tents...) <input checked="" type="checkbox"/> Your layout must also include sufficient access for extra sanitation services that may be needed during your event. </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Activities (i.e. activity/information booths, inflatables, amusement rides...) <input type="checkbox"/> Food vendors/food court location <input type="checkbox"/> Exhibitor & Concessionaire booth locations <input type="checkbox"/> Propane/LPG tanks, generators, open flame or spark producing equipment (other than those associated with food vendors) <input checked="" type="checkbox"/> Be sure that your event layout provides sufficient services for the disabled. </td> </tr> </table>	<input type="checkbox"/> Emergency access route which maintains a minimum 20' driving lane <input type="checkbox"/> Event headquarters <input type="checkbox"/> First aid station(s) <input type="checkbox"/> Portable restrooms/hand-wash stations and waste/recycle rollaways <input type="checkbox"/> Structures erected for your event (i.e. bleachers, stage, canopies/tents...) <input checked="" type="checkbox"/> Your layout must also include sufficient access for extra sanitation services that may be needed during your event.	<input type="checkbox"/> Activities (i.e. activity/information booths, inflatables, amusement rides...) <input type="checkbox"/> Food vendors/food court location <input type="checkbox"/> Exhibitor & Concessionaire booth locations <input type="checkbox"/> Propane/LPG tanks, generators, open flame or spark producing equipment (other than those associated with food vendors) <input checked="" type="checkbox"/> Be sure that your event layout provides sufficient services for the disabled.
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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:** _____

APPLICATION SUBMITTAL INSTRUCTIONS

Special Event Permit Application and its required supporting documentation must be received by Burlington Parks & Recreation a minimum of 60-days prior to the event start date. While occasional exceptions can be made depending on the scope of the event, late submission may result in permit denial.

Submitted application packet must include at minimum:

1. Completed & signed Application listing event details known to-date
2. Detailed diagrams detailing event layout, street closure requests, beer/wine garden layout and/or route maps
3. Application Fee

Submit to: Burlington Parks and Recreation or BParks@burlingtonwa.gov
900 E. Fairhaven Avenue
Burlington, WA 98233

❖ **Applications must not be considered approved until a written Permit has been issued to Applicant with approval acknowledged by signature of the City of Burlington mayor or designee.**

FOR CITY USE

Date Application Received: _____ **Received by:** _____

Application Fee Paid: **Date:** _____ **Receipt #** _____

Amount: _____ **Payment Type:** _____

Application Fee Waived: **Justification:** _____

Describe additional info needed before routing for departmental review:

Date routed for review: _____ **Routed by:** _____

ADDITIONAL REMARKS: