



Application for Special Event

Instructions and Check List

1. Complete the Special Event Application and submit with application fee to the City Clerk's Office at least three months prior to the event date.
2. If the event will take place on City Park property, a Municipal Park Use Application must be submitted to the Parks and Recreation Department.
3. The Sponsor of the event is responsible for submitting the following items:
 - a. A list of all participants in the event who are selling a product, advertising or generally engaging in business including vendor's name, business mailing address, telephone number and state sales tax number.
 - b. A map or layout of booths, booth numbers and the business in that booth.
 - c. A certificate of insurance in the amount of \$1 million bodily injury and \$1 million in property damage for the specific event listing the City of Poulsbo as an additional insured if the event is on City property.
 - d. Non-profit organizations must provide proof of 501C(3) status in the form of a determination letter issued through the Internal Revenue Service.
4. Any special arrangements for street closures, barricades, traffic control or public safety will be made directly with the Police, Public Works and/ or Fire Department by the Sponsor after the application has been routed. The City may bill the direct expenses incurred by these departments to the Sponsor following the Special Event.
5. The license fee(s) must be paid at the time of the application.
6. If you need assistance or have any questions, please contact the City Clerk's Office at 360.779.3901.

REQUIRED		OTHER REQUIREMENTS (AS-NEEDED)	
<input type="checkbox"/>	Application for Special Event	<input type="checkbox"/>	Business License (City Clerk's Office)
<input type="checkbox"/>	Site Map	<input type="checkbox"/>	Park Use Application (Parks and Recreation)
<input type="checkbox"/>	List of Vendors	<input type="checkbox"/>	Admission Tax (Finance Department)
<input type="checkbox"/>	Certificate of Insurance	<input type="checkbox"/>	Fireworks Display Permit (City Clerk's Office)
<input type="checkbox"/>	Special Event License Fee - \$25.00	<input type="checkbox"/>	Non-profit/501C(3) status

City of Poulsbo

200 NE Moe Street * Poulsbo, WA 98370
(360) 779-3901

Application for Special Event

This application packet has been developed to help organizations through the process of holding a special event in the City of Poulsbo. Completing this application will provide City staff with the information necessary to ensure public safety and compliance with local policies and laws. Acceptance of this application by the City Clerk's Office does not indicate or guarantee approval of the application or the dates requested. Each application will be reviewed by City staff for recommendation and City Council for final approval. Additional information may be requested by city personnel prior to submittal for final consideration. No statement by city staff or elected official prior to final consideration shall obligate the City in any manner. **FEE: \$25.00**

This application was designed for use for various types of events. Please answer all questions completely, or indicate "not applicable" if a specific question does not apply to your event. Additional pages may be attached.

State of Washington UBI # _____ [] Non-Profit ID # _____

Name of Event: _____

Name of Sponsoring Organization: _____

Name of Event Contact or Responsible Party: _____

Contact Phone Number: _____ Alt. Phone Number: _____

Mailing Address: _____
Street City State Zip

Date(s) of Event (inclusive): _____

Location of Event: _____
If the event will have multiple activities or locations, please use a separate sheet.

Anticipated Number of Visitors _____ Time Open to the Public _____
Anticipated Number of Exhibitors _____ Time Open to Vendors _____
Closing Time _____

Attach a site map indicating location of each activity/vendor, fire lanes, handicapped parking, garbage, and restroom/sani-can(s).

1. Traffic, Safety, Fire and Parking

a. Describe how public safety, traffic and crowd control will be addressed. _____

b. Will this event require City police services? [] Yes [] No
The number of officers is at the final discretion of the Police Chief or designee.

c. Will this event require the closure of any street(s)? If so, list street names with date and time of requested closure. Yes No _____

d. Describe how fire lanes will be identified and kept open including coordination with Poulsbo Fire Department. _____

e. Describe where parking will be provided for participants and visitors (including handicapped parking) as well as whether or not there will be parking impacts on neighbors. *If an impact is anticipated to neighborhoods or surrounding businesses, please include a mitigation plan.* _____

f. As parking and/or traffic mitigation, the organizers may want to consider coordination for shuttle service and/or park and ride lots. If applicable, has Kitsap Transit or other service been contacted? Please attach written verification of commitment for services.

Yes No

g. If your event requires vehicles to be towed, your organization must accept responsibility and indemnify the City of Poulsbo and other authorizing property owner(s) by agreeing to pay tow/storage charges or damage claims which results from the vehicle being towed, if a court rules in favor of the registered owner and orders payment of such charges or damage claims. Do you accept this responsibility? Yes No If yes, name of person responsible for rendering payment of tow/storage charges. If no, explain why. _____

2. Health, Sanitation and Event Coordination

a. Describe how sanitation control (garbage and restrooms) will be provided and maintained. _____

b. How will the event area be cleaned before, during and after the event? _____

c. If your event creates an impact to surrounding neighbors such as noise, parking etc., a mitigation plan must be presented. Examples include door to door notification, written notification and signage. _____

3. Use of Non-City Owned Property - This information may or may not apply to your event, please read the information and complete as necessary. *If you answer no, please skip to Insurance Requirements and sign application.*

Do you anticipate utilizing any property not owned or managed by the City of Poulsbo?

Yes No

For what purpose will this property be used? Please describe including booth set up, staging, event worker lodging (such as a carnival or other event workers)._____

If yes, the owner/manager of subject property must complete and sign the following:

Please ask for additional forms if multiple properties are being used and have different owners.

Name of property owner:_____

Authorizing authority:_____ Title:_____

Address:_____ Telephone:_____

Signature of authorizing authority:_____

- a. Does your organization grant permission for this event on the dates specified, for the purpose and activities described in this application? Yes No

If yes, please complete the following:

- Are there any limitations or restrictions on the use of your property?

If yes, please describe in detail _____

- Do you require the event sponsor list you as an Additional Insured and provide an insurance certificate to your organization prior to the event?

Yes No If yes, please indicate coverage limits you require for general liability, property damage and or personal injury. _____

Insurance Requirements: Sponsoring organization ***must*** provide an insurance certificate prior to the day of the event with the City of Poulsbo and other applicable parties shown as Additional Named Insured. Minimum coverage: \$1,000,000 Liability; \$1,000,000 Bodily Injury.

Signature of Applicant:_____

Date:_____

This section to be completed by City of Poulsbo Staff

This form may be routed via e-mail or interdepartmental mail. Please forward your response to the City Clerk no later than:_____.

Police Department: Approve Yes No Approved with Conditions

Public Works: Approve Yes No Approved with Conditions

Finance Department: Approve Yes No Approved with Conditions

Planning Department: Approve Yes No Approved with Conditions

Fire Department: Approve Yes No Approved with Conditions

City Clerk's Department: Approve Yes No Approved with Conditions

City Council: Approve Yes No Approved with Conditions

Date of Decision: _____
