

SPECIAL EVENT APPLICATION

City of Shelton
 525 W Cota Street
 Shelton, WA 98584
 360-426-4491



FOR OFFICIAL USE ONLY
Received by: _____

SUBMIT THIS COMPLETED APPLICATION AT LEAST 25 BUSINESS DAYS PRIOR TO YOUR EVENT.

EVENT & APPLICANT INFORMATION

Event Name _____

Event Location _____ Event Date(s) _____

Start Time _____ End Time _____ Setup Time _____ Take-down Time _____

Applicant Name(s) _____

Applicant Contact Number _____ Email _____

SPECIAL EVENT OVERVIEW – Brief Description

EVENT CATEGORY

<input type="checkbox"/> Community Event	<input type="checkbox"/> Expressive	<input type="checkbox"/> Fundraising Event	<input type="checkbox"/> Tourism Event
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EVENT TYPE

<input type="checkbox"/> Concert/Show	<input type="checkbox"/> Festival/Fair	<input type="checkbox"/> Fireworks Display	<input type="checkbox"/> March/Rally
<input type="checkbox"/> Parade	<input type="checkbox"/> Ride/Cycle	<input type="checkbox"/> Run/Walk	<input type="checkbox"/> _____

EVENT OPERATIONS – Select all that Apply

<input type="checkbox"/> Admission Fee/Ticket Required	<input type="checkbox"/> Generator	<input type="checkbox"/> Scaffolding
<input type="checkbox"/> Animals	<input type="checkbox"/> Inflatable/Carnival Rides	<input type="checkbox"/> Security Staff
<input type="checkbox"/> Banners: Street/Vertical/Park	<input type="checkbox"/> Music: Live or Recorded	<input type="checkbox"/> Signage: Event Day
<input type="checkbox"/> Drone Operation	<input type="checkbox"/> Potable Water Access	<input type="checkbox"/> Stage(s)
<input type="checkbox"/> Fire Bin/Fire Barrel/Bonfire	<input type="checkbox"/> Power Access	<input type="checkbox"/> Street/Lane Closures
<input type="checkbox"/> Fireworks/Pyrotechnics	<input type="checkbox"/> Public Address System	<input type="checkbox"/> Tents/Canopies
<input type="checkbox"/> Food/Beverages	<input type="checkbox"/> Raffle	<input type="checkbox"/> Vehicle Display
<input type="checkbox"/> Food/Goods/Services for Sale	<input type="checkbox"/> Restricted Parking	<input type="checkbox"/> _____

EVENT LOCATION

Will any part of this event be held on private property? Yes No

Are you the property owner? Yes No
 (If No, you must attached a letter of permission from the property owner.)

Will your event require the closure of blockage of streets and/or sidewalks? Yes No
 If YES, have you contacted business or property owners that would be affected? Yes No

(If your event is likely to impact neighboring residents and/or businesses, evidence that you have made contact with those being impacted will be required prior to a permit being issued. Form is enclosed.)

ALCOHOL - Washington State Liquor and Cannabis Board Permit Required

Will alcohol be consumed on-site? Yes No Will alcohol be sold for off-site consumption? Yes No

Type of alcohol to be served: Beer Wine Signature Cocktail _____

Garden Public Hours

Date: _____	Open Time: _____	Close Time: _____
Date: _____	Open Time: _____	Close Time: _____

VENDORS (selling, bartering, trading, exchanging or advertising goods or services)

Will your event have any participating vendors? Yes No

(If yes, you are required to comply with the rules regarding temporary vendor licensing. As the promoter for this event you must provide the City with a list of all participating vendors. Form is enclosed.)

FOOD VENDORS

Will food be hot held, cold held, or cooked on-site? Yes No

Type of fuel source(s) to be used: Propane Charcoal Other _____

RESTROOM FACILITIES

How many portable toilets will be provided? Standard Units: _____ ADA Accessible Units: _____

How many portable hand washing stations will be provided? _____ Self-contained units? Yes No

TRASH & RECYCLE (Events are required to maintain all waste receptacles, including City receptacles, throughout the event.)

How many receptacles will you provide for each? Trash: _____ Recycling: _____ Dumpsters: _____

Would you like to hire City staff to maintain City receptacles during your event? Yes No

SAFETY & SECURITY (select all that apply)

Would you like to hire City staff to provide security services? Yes No

Would you like emergency stand-by? Yes No Fire Emergency Aid Other _____

TRAFFIC CONTROL (Barricades, traffic cones, directional signage, etc. are required elements of a Traffic Control Plan)

Will the event require street, lane, parking lot closures? Yes No

Are you requesting to impose restrictions on public parking spaces? Yes No

Will the event cause the re-routing of Mason County Transit bus routes? Yes No

EVENT INSURANCE

Applicant shall provide a Certificate of Insurance evidencing:

1. General Liability Insurance covering the program, participants, products-completed operations and contractual liability with limits of no less than \$1 million each occurrence and \$2 million general aggregate.
2. An Additional Insured Endorsement, listing the City of Shelton as additional insured, is to be provided.

ALL EVENTS: Can you obtain sufficient insurance coverage to satisfy requirements? Yes No

CONSTITUTIONALLY PROTECTED EVENT

Expressive Activity includes conduct the sole or principal object of which is the expression, dissemination, or communication by verbal, visual, literary, or auditory means of political or religious opinion, views, or ideas and for which no fee or donation is charged or required as a condition of participation in or attendance at such activity. Expressive Activity does not include fairs, festivals, concerts, performances, parades, athletic events, fundraising events, or events the principal purpose of which is entertainment.

Check the box if this event is constitutionally protected:

SIGNATURE

By applying for this special event permit, the organization or entity obtaining such permit agrees to defend, indemnify and hold harmless the City, its officers, officials, employees and volunteers from all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with the activities or operations performed by the Applicant or on the Applicant's behalf out of issuance of this Permit, except for injuries and damages caused by the sole negligence of the City.

The undersigned hereby makes application to the City of Shelton for use of public right-of-way and certifies the information provided in this application and supporting material is true and accurate. The undersigned further states that he/she has the authority to make this application for the Applicant and agrees the Applicant will observe all ordinances and regulations of the City of Shelton.

Read and check each statement below:

- I have read, understand, and accept all rules and requirements outlined in the Event Guide.
- I understand no new elements may be added to the event proposal once this application is submitted.
- I am aware all information contained herein is subject to public disclosure in accordance with the Washington State Public Disclosure Act.
- By checking this box as an electronic signature, I agree to all the terms and conditions that may apply to the permitting process.

Signature:		Date:
Name:	Title:	

REQUIRED ATTACHEMENTS – Keep copies of all paperwork for your records.

LOGISTICS/PRODUCTION TIMELINE (Required for all events.)

Describe, by day and hour, the logistics/production timeline beginning with arrival on site for load-in and ending with the completion of load-out. To ensure there are no conflicts with city services or community activities, be as thorough as possible.

SITE MAP (Required for all events.)

Attach a detailed site map - including legend, on a single sheet of paper, showing the following information:

1. Name and date(s) of event – **multiple day events should include separate maps for each day IF the layout Changes.**
2. Outline of the entire event venue
3. Names of park, facility, streets
4. 20' emergency lane - **access to structures and fire protection systems must be maintained at all times.**
5. First Aid facilities
6. Command Center
7. Equipment including, but not limited to: beer gardens, bicycle parking racks, bleachers, canopies, cooking areas, dumpsters, emergency exits, fencing, generators, grandstands, inflatables, performance stages, platforms, portable toilets, power sources, scaffolding, signs, staging areas, tents, vehicle displays, etc.
8. Road closures (i.e. restricted parking, road closed barricades, traffic cones, directional signage, etc.).
9. Include a legend and dimensions of all temporary structures.

BEER/WINE GARDEN INTERIOR MAP (Required as needed.)

Attach a detailed garden map - including legend, on a single sheet of paper, showing the following information:

1. Name of event, date(s), time(s) open to public.
2. 20' emergency lane - **access to structures and fire protection systems must be maintained at all times.**
3. Garden dimensions - gardens must be separately fenced with 6' high chain link fencing where security will not be present at all times, where security will be present at all times 42" high picket fencing may be used.
4. Entrances and exits (i.e. public, staff, emergency)
5. Equipment including, but not limited to: bicycle parking racks, bleachers, canopies, chairs/tables (size & total #), cooking areas, dumpsters, emergency exits, fencing, generators, grandstands, inflatables, performance stages, platforms, portable toilets, power sources, scaffolding, signs, staging areas, tents, vehicle displays, etc.
6. Include a legend and dimensions of all temporary structures.

ROUTE MAP (Required for mobile events.)

Attach a detailed route map – including legend, on a single sheet of paper, showing the following information:

1. Name & date of event
2. Start/Finish lines
3. Route(s)
4. Arrows indicating which direction the participants travel and on which side of the street - on a separate sheet of paper, provide a written description of the path of travel.
5. Route Monitor Posts
6. Support Stations (aid/water)
7. Mile Markers

<p>RETURN COMPLETED APPLICATION, REQUIRED ATTACHMENTS, AND \$35.00 APPLICATION FEE TO:</p>	<p>QUESTIONS</p>
<p>City of Shelton Attn: Special Events Permit 525 W Cota St Shelton, WA 98584</p>	<p>Special Events Coordinator 360-426-4491 city.clerk@sheltonwa.gov www.sheltonwa.gov</p>



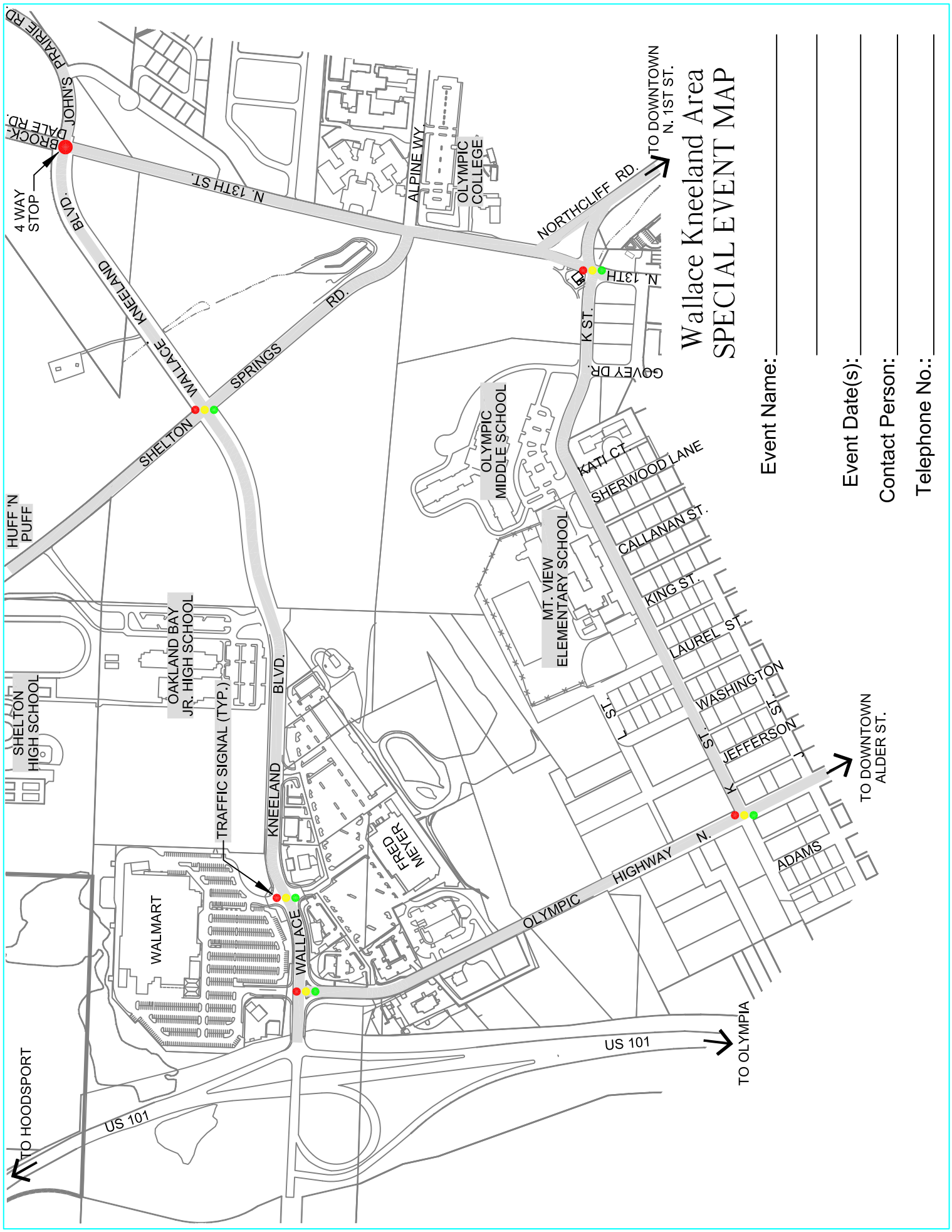
Downtown Area
SPECIAL EVENT MAP

Event Name: _____

Event Date(s): _____

Contact Person: _____

Telephone No. _____



Wallace Kneeland Area SPECIAL EVENT MAP

Event Name: _____

Event Date(s): _____

Contact Person: _____

Telephone No.: _____

Olympic Highway N. SPECIAL EVENT MAP

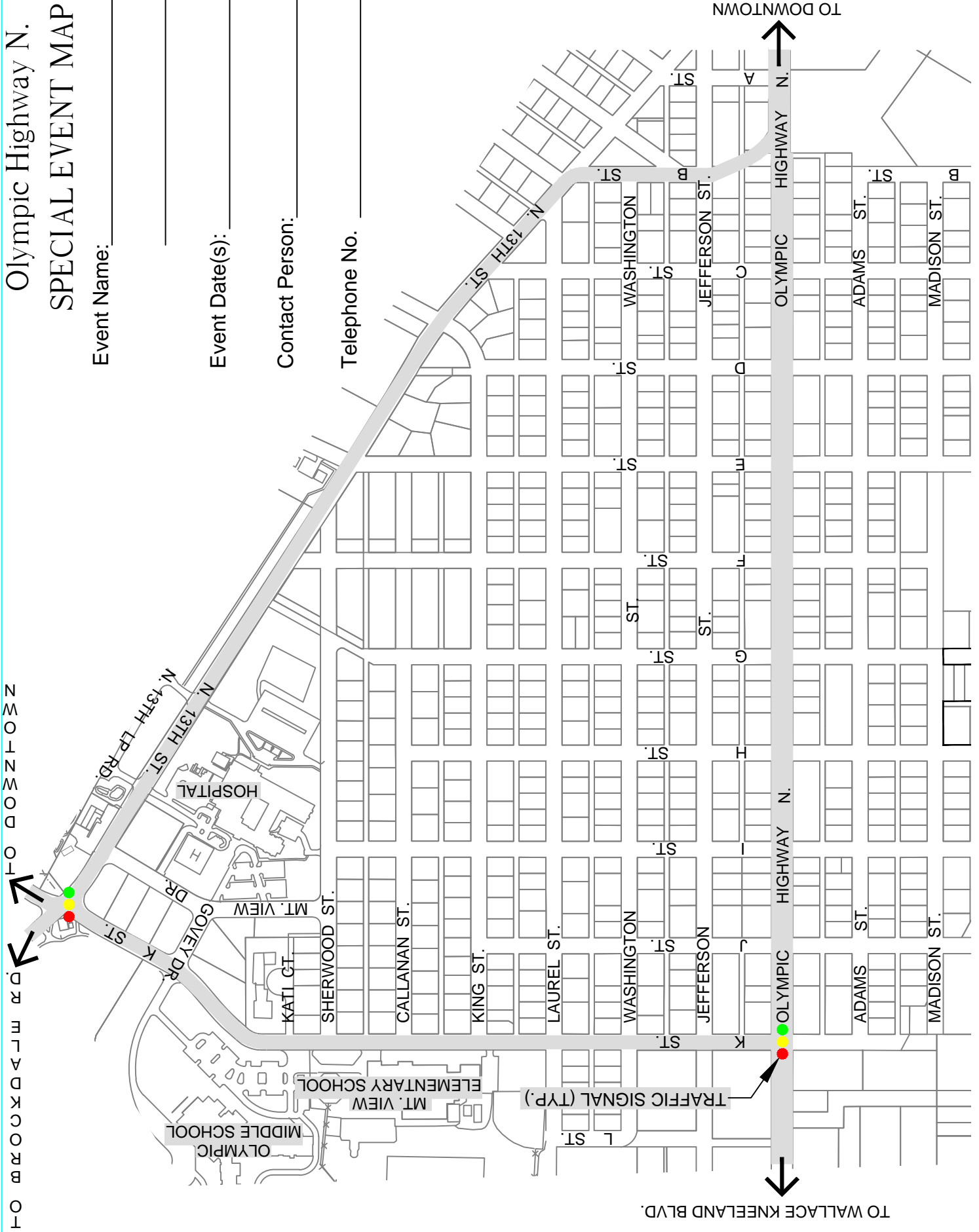
Event Name: _____

Event Date(s): _____

Contact Person: _____

Telephone No. _____

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



TO WALLACE KNEELAND BLVD.

TO DOWNTOWN

TRAFFIC SIGNAL (TYP.)

MIDDLE SCHOOL

ELEMENTARY SCHOOL

HOSPITAL

SPECIAL EVENTS Affected Property Owners or Businesses

This form is to be completed by the Special Event Promoter. If your event will impact property owners or businesses, please complete and return this form to the City of Shelton with the signatures of those being impacted acknowledging they have been informed of your event. Thank you!

Name of Event:	
Event Date(s) & Time(s):	
Event Location(s):	
Name of Event Sponsor:	
Affected Owner/Business:	
Phone Number:	
Signature:	
Affected Owner/Business:	
Phone Number:	
Signature:	
Affected Owner/Business:	
Phone Number:	
Signature:	
Affected Owner/Business:	
Phone Number:	
Signature:	
Affected Owner/Business:	
Phone Number:	
Signature:	
Affected Owner/Business:	
Phone Number:	
Signature:	

Please attach another sheet if more space is needed.

SPECIAL EVENTS Temporary Vendor List

This form is to be completed by the Special Event Promoter. The vendor contact name and phone number must be included.

Name of Event:			
Event Date(s) & Time(s):			
Event Location(s):			
Name of Event Sponsor:			
Contact Person:			
Telephone: (Day)		Telephone: (Evening)	
2 nd Contact Person:			
Telephone: (Day)		Telephone: (Evening)	
Total Number of Vendors:			
Vendor Name:			
Vendor Phone Number:			
Type of Business:			
Vendor Name:			
Vendor Phone Number:			
Type of Business:			
Vendor Name:			
Vendor Phone Number:			
Type of Business:			
Vendor Name:			
Vendor Phone Number:			
Type of Business:			
Vendor Name:			
Vendor Phone Number:			
Type of Business:			

Please attach another sheet if more vendors are participating in the event.