



## SPECIAL EVENTS PERMIT APPLICATION

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

Contact Person \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other Authorized Individuals \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Summary of proposed event:

a) Type of Activity Planned: (describe event): \_\_\_\_\_

\_\_\_\_\_

b) Date of proposed event: \_\_\_\_\_

c) Hours of operation: \_\_\_\_\_

d) Set-Up date/time: \_\_\_\_\_

e) Dismantling date/time: \_\_\_\_\_

f) Number of staff/volunteers involved in event on behalf of applicant: \_\_\_\_\_

g) Estimated number of participants: \_\_\_\_\_

h) Will participants pay a fee or make a donation? YES NO (please circle)

i) Number of vehicles, boats or other special equipment: \_\_\_\_\_

j) Number of persons expected to attend the event: \_\_\_\_\_

k) Traffic or crowd control requirements: \_\_\_\_\_

\_\_\_\_\_

l) Street closures required: : \_\_\_\_\_

\_\_\_\_\_

m) Safety and security measures required: \_\_\_\_\_

\_\_\_\_\_

o) Special effects (e.g. explosives, pyrotechnics, aircraft, etc.): \_\_\_\_\_

n) Animals being used: \_\_\_\_\_

o) Other features: \_\_\_\_\_

p) Safety and security measures provided by the applicant: \_\_\_\_\_

q) Electric power, water and sewer requirements: \_\_\_\_\_

r) Portable restrooms provided by the applicant: \_\_\_\_\_

**INSURANCE:** The following insurance shall be required in connection with the issuance of a permit for a special event not protected under the First and Fourteenth Amendments of the U.S. Constitution: \$1,000,000 commercial general liability insurance per occurrence combined single limits, \$2,000,000 aggregate unless waived by the Town of Coupeville. The Clerk-Treasurer is authorized and directed to require written proof of such insurance prior to permit issuance. The insurance policy shall be written for a period not less than twenty-four (24) hours prior to the event and extending for a period not less than twenty-four (24) hours following the completion of the event, and shall contain a provision prohibiting cancellation of the policy, except upon thirty (30) days written notice to the Town of Coupeville.

Public Liability Insurance Company:

Name of Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Agent: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**PARTICIPANTS:** Any event which attracts 1,000 or more persons to Town Park, or any event that involves activities in both the Town Park and the Historic Commercial District and which attracts 100 or more persons, will require the closure of the pathway between the Town Park and the Historic Commercial District. In any such case, the applicant will be required to pay the Town a supplemental permit fee to cover the town's costs of installing and maintaining physical barriers to close the pathway during the course of the event.

**HOLD HARMLESS:** The applicant agrees to defend, indemnify and hold the Town of Coupeville, its agents, employees and officials, while acting within the scope of their duties, harmless from any and all claims, suits, demands and judgements including the attorney's fees and other costs of their defense, for public or private nuisance, inverse condemnation, personal injuries, property damage or death arising out of, occurring during or the result of activities or appliances of the applicant, his employees or otherwise, except for the sole negligence of the Town. The applicant further agrees to comply with all provisions of pertinent laws, rules and regulations. This permit may be revoked at any time.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant or Agent

TOWN ACTION

Town Marshal Review \_\_\_\_\_

\_\_\_\_\_

Clerk-Treasurer Review \_\_\_\_\_

\_\_\_\_\_

Referred to Town Council \_\_\_\_\_

\_\_\_\_\_

Copied to Central Whidbey Fire & Rescue \_\_\_\_\_

Copy mailed to Applicant with Special Event Permit \_\_\_\_\_

Approved subject to the following conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_