## SPECIAL EVENTS PERMIT – MINOR Application (50 to 299 participants)



3609 Market Pl W, Suite 200 University Place, WA 98466 PH: (253) 566-5656

Please fill out all of the required information **COMPLETELY**. Attach all site plans showing locations of all signs, fire hydrants, structures, and parking areas. Attach any route maps for parades or races, including indications for all streets or portions of streets to be closed. Submit proof of liability insurance, and additional insured endorsement. The non-refundable application fee is due at the time of application. Fees for City support services (if necessary) will be paid after departmental review and determination of costs, before the permit is issued. Application is due at least 30 days prior to the event.

				_
lame of Applicant	Address			Phone Number
Name of Organization	Address			Phone Number
Name of On-Site Contact	Address			Phone Number
Please check the event type:				
☐ Athletic Event			Park Event	
☐ Car Show			Parade	
□ Festival			Other	
Description of Event (in detail	):			
s this an event involving polit	tical or religious ac			
s this an event involving politexpression of ideas?	tical or religious ac YES  NO make a donation?	tivity intend	ded primarily for th □ YES	
Es this an event involving politexpression of ideas?	tical or religious ac YES  NO make a donation? may be due pursua	tivity intendent	ded primarily for th □ YES 4.60.	ne communication or
Description of Event (in detail  Is this an event involving polit expression of ideas?  Will participants pay a fee or r  If yes, Admission Tax r  EVENT LOCATION (address or	tical or religious ac YES  NO make a donation? may be due pursua	tivity intendent	ded primarily for th  ☐ YES 4.60.	ne communication or
Is this an event involving politexpression of ideas?	tical or religious ac YES  NO make a donation? may be due pursua cross streets):	tivity intendent	ded primarily for th  ☐ YES 4.60.	ne communication of

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API	PROXIMATE <sup>-</sup>	TIMES (indicate	AM/PM) for:		
Da	y 1	Assembly	Event Start	Event Close	Disassembly
Da	y 2	Assembly	Event Start	Event Close	Disassembly
Da	y 3	Assembly	Event Start	Event Close	Disassembly
*A	ttach descrip	tion of additiona	l days if necessary		
NA hal	ME OF STREI f-street or fu	ET(S) TO BE CLO	OSED OR ALTERED . rary with flag perso	AND THE TYPE OF on for 3-5 minutes	CLOSURE REQUESTED (e.g. or with signs and barricades)
Str	eet		7	Type of Closure	
			<u> </u>		
			NITS, VEHICLES, A other travel route)		le size and number and attach a
SP	PECIAL CON		- Please check al /or licenses may		nis event (Additional permits, VILL THERE BE:
	AMPLIFIED	SOUND (describe	-	, ,	
	ALCOHOL (a	additional insura	nce and WSLCB per	mit required) (de	scribe)
	ANIMALS (d	escribe)			
	ATHLETIC E	VENT (Participar	nt Liability Insuranc	e required) (descr	ribe)

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DRONES (Aviation liability insurance required) (describe)
CATERERS or  FOOD TRUCKS (Food vendors required to have liability insurance, including products completed operations coverage) (describe number and diagram locations)
COOKING FACILITIES OR OPEN FLAME (describe number and size and diagram locations)  * Fire Code requires that open flame and grease-laden cooking be conducted at least 12' from a tent or canopy cover. Separation requirements for cooking trailers may apply.  * Food vendors must have proof of insurance and required Health Department permits.
TENTS, CANOPIES, AND AWNINGS (describe number and size and diagram locations)  * Fire Permits/inspections may be required for tents > 200 sf, canopies > 400 sf, and combinations of canopies without a 12' separation.
<ul> <li>INFLATABLES OR AMUSEMENT RIDES (additional insurance required) (describe number and size and diagram locations)</li> <li>* Must be licensed through Labor and Industries (L&amp;I) and marked with the appropriate L&amp;I inspection decal.</li> <li>* Vendor supplying the ride must be an L&amp;I certified amusement ride operator (L&amp;I website has a list of approved vendors at <a href="Amusement Rides Operators">Amusement Rides Operators</a> (wa.gov)).</li> <li>* The ride operator must be an employee of the vendor supplying the ride.</li> </ul>
SMOKING (If smoking is allowed, noncombustible ash containers are required. Diagram locations)
FLOATS (describe number and size. Auto liability insurance required for all vehicle entries.)  * Floats must be constructed of flame-retardant materials.

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ELECTRICAL POWER REQUIREMENTS (describe source & voltage and diagram power cord path)
COMPRESSED GAS CYLINDERS (describe number and size and diagram locations)
DUMPSTERS WITH CAPACITY > 1.5 CUBIC FT. (describe number and size and diagram locations)
PORTABLE RESTROOMS (describe number and size and diagram locations)  * Some restrooms must meet ADA requirements.
TEMPORARY PARKING (describe capacity and diagram locations)  * Parking in the public right-of-way may require a street-closure permit.
ENTRANCE/EXIT (diagram ingress/egress for event and parking facilities)
STAGES, BOOTHS, TRAILERS, MOTORHOMES, OR OTHER TEMPORARY STRUCTURES (describe number and size and diagram location)  * Building permits may be required for temporary structures.
TEMPORARY SIGNAGE (describe number and size and diagram location)  * Five event signs < 30 sf. ea. & six off-premises directional signs < 4 sf. ea. permitted. A temporary sign permit may be required.

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☐ VENDOR SALES (number of vendors conducting sales)  *UPMC 15.05 – Parks Code – may require separate sales permits for sales activities in City parks.	
READ CAREFULLY	AND SIGN
The City of University Place does not maintain insurance Applicant/Organization in connection with the permit members, or those attending the event. Applicant/Obased liability insurance in accordance with City University Place as an additional insured on the politison additional insured endorsement form CG 20 26, weeks prior to the date of the event. After reviewing determine the types and amounts of insurance requiendorsements shall be submitted to the City for a Acceptability of insurance is subject to approval by the	itted event by the Applicant/Organization, its Organization is required to obtain occurrence- of University Place policy, name the City of cy using an endorsement at least as broad as and shall provide proof of such insurance two- this application, the City of University Place will red. Certificates of insurance and amendatory approval 14 working days prior to the event.
Applicant/Organization agrees to maintain access for agrees to pay for all required services by City or City and safety for the duration of the event, as specific estimated charges will be made prior to issuance of necessary and written notice to the City is given with be refunded.	ty-contracted personnel necessary for security ed on the special events permit. Payment for if the Special Event Permit. If cancellation is
Applicant/Organization shall defend, indemnify and officers, officials, employees and volunteers from an liabilities for injury or death of any person, or for loss acts or omissions of the Applicant/Organization, i vendors, or from any activity, work or thing done, perelated to the permitted activity, except only such in by the sole negligence of the City of University Place.	d against any and all claims, suits, actions, or or damage to property, which arises out of the ts employees, volunteers, representatives or ermitted, or suffered by Applicant/Organization,
Applicant is at least 18 years old and is authorized Special Event Permit Application on Applicant's own, a	
Signature of Applicant	Date
Print Name	

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## Special Events Permitting Indemnification/Hold Harmless Agreement



3609 Market Place W., Suite 200 University Place, WA 98466-4488 PH: (253) 566-5656 FAX: (253) 460-2541

WHEREAS,	("Applicant") has applied for a Special
Event Permit under City Ordinance codified at U	PMC Chapter 5.10; NOW, THEREFORE, Applicant shall
	University Place, its officers, officials, employees and
	suits, actions, or liabilities for injury or death of any
	which arises out of the acts or omissions of the
	eers, representatives or vendors, or from any activity,
	Applicant/Permittee/User, related to the permitted
activity, except only such injury or damage as sha	all have been occasioned by the sole negligence of the
City.	
Dated this day of	
Dated this day of	·
	Signature:
	Print name:
CTATE OF WASHINGTON	
STATE OF WASHINGTON )	
) ss:	
COUNTY OF PIERCE )	
certify that I know of have satisfactory evide	nce that (name of
	nd said person acknowledged that (he/she) signed this
	orized to execute the instrument and acknowledged it
	e of authority, e.g., officer, trustee, etc.) of
	on behalf of whom instrument was executed) to be
the free and voluntary act of such party for the us	
the free and voluntary det of sach party for the as	es and purposes mentioned in the instrument.
Dated this	day of,
Signature:	
Print Name: _	
NOTARY PUB	LIC in and for the State of Washington,
Posiding in	
nesiding in _	
Commission	expires:

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