

# SPECIAL EVENTS PERMIT – MINOR *Application* (1 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.

**PLEASE PRINT OR TYPE**

|                         |         |              |
|-------------------------|---------|--------------|
| Name of Applicant       | Address | Phone Number |
| Name of Organization    | Address | Phone Number |
| Name of On-Site Contact | Address | Phone Number |

Please check the event type:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Athletic Event | <input type="checkbox"/> Park Event  |
| <input type="checkbox"/> Car Show       | <input type="checkbox"/> Parade      |
| <input type="checkbox"/> Festival       | <input type="checkbox"/> Other _____ |

Description of Event (in detail): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this an event involving political or religious activity intended primarily for the communication or expression of ideas?      YES  NO

Will participants pay a fee or make a donation?      YES  NO  
 If yes, Admission Tax may be due pursuant to UPMC 4.60.

EVENT LOCATION (address or cross streets): \_\_\_\_\_  
 \_\_\_\_\_

|                              |   |
|------------------------------|---|
| DATE(s) of EVENT (INCLUSIVE) | Number of Participants including Spectators |
|------------------------------|---|

|                            |   |                                      |                                     |
|----------------------------|---|--------------------------------------|-------------------------------------|
| <b>FOR OFFICE USE ONLY</b> | <input type="checkbox"/> MAJOR EVENT                      | <input type="checkbox"/> MINOR EVENT | <input type="checkbox"/> FEE EXEMPT |
|                            | <input type="checkbox"/> PRE-APPLICATION MEETING REQUIRED |                                      |                                     |

APPROXIMATE TIMES (indicate AM/PM) for:

|       |          |             |             |             |
|-------|----------|-------------|-------------|-------------|
| Day 1 | Assembly | Event Start | Event Close | Disassembly |
| Day 2 | Assembly | Event Start | Event Close | Disassembly |
| Day 3 | Assembly | Event Start | Event Close | Disassembly |

\*Attach description of additional days if necessary

NAME OF STREET(S) TO BE CLOSED OR ALTERED AND THE TYPE OF CLOSURE REQUESTED (e.g. half-street or full-street, temporary with flag person for 3-5 minutes or with signs and barricades)

| Street | Type of Closure |
|--------|-----------------|
| _____  | _____           |
| _____  | _____           |

DESCRIPTION OF MARCHING UNITS, VEHICLES, AND BANDS (include size and number and attach a diagram of any parade, race, or other travel route)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**SPECIAL CONSIDERATIONS - Please check all that apply to this event (Additional permits, insurance and/or licenses may be required). WILL THERE BE:**

- AMPLIFIED SOUND (describe)  
\_\_\_\_\_  
\_\_\_\_\_
- ALCOHOL (additional insurance and WSLCB permit required) (describe)  
\_\_\_\_\_  
\_\_\_\_\_
- ANIMALS (describe)  
\_\_\_\_\_  
\_\_\_\_\_
- ATHLETIC EVENT (Participant Liability Insurance required) (describe)  
\_\_\_\_\_  
\_\_\_\_\_

DRONES (Aviation liability insurance required) (describe)

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CATERERS or  FOOD TRUCKS (Food vendors required to have liability insurance , including products completed operations coverage) (describe number and diagram locations)

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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.

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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.

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INFLATABLES OR AMUSEMENT RIDES (additional insurance required) (describe number and size and diagram locations)  
\* Must be licensed through Labor and Industries (L&I) and marked with the appropriate L&I inspection decal.  
\* **Vendor** supplying the ride must be an L&I certified amusement ride operator (L&I website has a list of approved vendors at [Amusement Rides Operators \(wa.gov\)](http://www.wa.gov)).  
\* The ride operator must be an employee of the vendor supplying the ride.

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SMOKING (If smoking is allowed, noncombustible ash containers are required. Diagram locations)

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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)

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COMPRESSED GAS CYLINDERS (describe number and size and diagram locations)

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DUMPSTERS WITH CAPACITY > 1.5 CUBIC FT. (describe number and size and diagram locations)

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PORTABLE RESTROOMS (describe number and size and diagram locations)

\* Some restrooms must meet ADA requirements.

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TEMPORARY PARKING (describe capacity and diagram locations)

\* Parking in the public right-of-way may require a street-closure permit.

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ENTRANCE/EXIT (diagram ingress/egress for event and parking facilities)

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STAGES, BOOTHS, TRAILERS, MOTORHOMES, OR OTHER TEMPORARY STRUCTURES (describe number and size and diagram location)

\* Building permits may be required for temporary structures.

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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.

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**READ CAREFULLY AND SIGN**

The City of University Place does not maintain insurance that will respond to claims against the Applicant/Organization in connection with the permitted event by the Applicant/Organization, its members, or those attending the event. Applicant/Organization is required to obtain occurrence-based liability insurance in accordance with City of University Place policy, name the City of University Place as an additional insured on the policy using an endorsement at least as broad as ISO additional insured endorsement form CG 20 26, and shall provide proof of such insurance two-weeks prior to the date of the event. After reviewing this application, the City of University Place will determine the types and amounts of insurance required. Certificates of insurance and amendatory endorsements shall be submitted to the City for approval 14 working days prior to the event. Acceptability of insurance is subject to approval by the City’s Risk Manager.

Applicant/Organization agrees to maintain access for emergency vehicles. Applicant/Organization agrees to pay for all required services by City or City-contracted personnel necessary for security and safety for the duration of the event, as specified on the special events permit. Payment for estimated charges will be made prior to issuance of the Special Event Permit. If cancellation is necessary and written notice to the City is given within 48 hours, fees for City support services will be refunded.

Applicant/Organization shall defend, indemnify and hold harmless the City of University Place, its officers, officials, employees and volunteers 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 acts or omissions of the Applicant/Organization, its employees, volunteers, representatives or vendors, or from any activity, work or thing done, permitted, or suffered by Applicant/Organization, related to the permitted activity, except only such injury or damage as shall have been occasioned by the sole negligence of the City of University Place.

Applicant is at least 18 years old and is authorized by Organization to agree to the terms of this Special Event Permit Application on Applicant’s own, and Organization’s behalf.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

# 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 UPMC Chapter 5.10; NOW, THEREFORE, Applicant shall defend, indemnify and hold harmless the City of University Place, its officers, officials, employees and volunteers 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 acts or omissions of the Applicant/Permittee/User, its employees, volunteers, representatives or vendors, or from any activity, work or thing done, permitted, or suffered by Applicant/Permittee/User, related to the permitted activity, except only such injury or damage as shall have been occasioned by the sole negligence of the City.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

STATE OF WASHINGTON     )  
  ) ss:  
COUNTY OF PIERCE     )

I certify that I know of have satisfactory evidence that \_\_\_\_\_ (name of signer) is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that he/she was authorized to execute the instrument and acknowledged it as the \_\_\_\_\_ (type of authority, e.g., officer, trustee, etc.) of \_\_\_\_\_ (name of party on behalf of whom instrument was executed) to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

NOTARY PUBLIC in and for the State of Washington,

Residing in \_\_\_\_\_

Commission expires: \_\_\_\_\_