

Town of Darrington

Date Received:

Received by:

Office Use Only

1005 Cascade St. PO Box 397 Darrington, WA 98241

360-436-1131 darrcityhall@frontier.com

	SPECIAL EVENT PERMI	<u>l</u>
Name of Applicant/Organization:		
Name of Contact:	Phone:	
Mailing Address:	City:	Zip:
Email:	Fax:	
On-Site Contact:	Phone:	
Property Owner:	Phone:	
	EVENT INFORMATION	
Event Name:		Event Date(s):
Event Location (attach map if needed):		
Event Description:		
Has this event occurred in the past? YE	S NO Is this a public or private	e event?
Hours of operation:	Set-up Date/Time:	Take Down Date/Time:
Number of Staff/Volunteers: Es	timated number of participants: _	
Is this an event involving political or reli YES NO	igious activity intended primarily f	for the communication or expression of ideas?
Does the event require painting on Tow	n streets, sidewalks, or paths? (O	nly non-permanent paint is allowed) YES NO
Public Property requested to be used, if	fany (parks, streets, airport, etc):	
Type and amount of noise generated: _		
Describe measures used to manage and	d clean up litter:	
Describe measures to be used to provid	le adequate sanitation facilities: _	
Describe emergency service accommod	lations:	

TOWN SERVICES REQUESTED: Street Barricades/Blocked Banner Hanging Signs (No Parking or other) Other (describe): __ Street Cleared prior to event Restrooms open Location: Water supply Location: Power supply Location: Police Assistance INSURANCE- The Town does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant ,it's members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain bodily injury and property damages liability insurance in accordance with Town policy, listing Town of Darrington as an additional insured on the policy, and be responsible for obtaining said insurance. Events on public property require insurance. The Town of Darrington will determine whether you must obtain liability insurance. AGREEMENT: Participants shall defend, indemnify and hold harmless the Town of Darrington, it's agents, employees and officials, while acting within the scope of their duties, from all causes of action, demands and claims, including the cost of their defense, arising in favor of the organization, the organization's employees or third parties on account of personal injuries, bodiliy injuries, death, or damage to property arising out of the acts or omissions of the organization, it's employees or representatives, concessionaires of the event or any other person or entity, except for liability caused due to the sole negligence of the city. DATE: _____SIGNATURE OF APPLICANT: _____ ORGANIZATION/TITLE: ______ OFFICE USE ONLY ____ Town Clerk ____ Utilities Dept. ____ Fire Dept. ____ Airport Dept. APPROVED BY: PERMIT DETAINED FOR THE FOLLOWING REASONS: APPROVAL UNDER THE FOLLOWING CONDITIONS:

TOWN REPRESENTATIVE: TITLE: DATE: