



Town of Darrington

1005 Cascade St. PO Box 397
Darrington, WA 98241
360-436-1131

Office Use Only
Date received : _____
Received by: _____

SPECIAL EVENT PERMIT: \$25.00

Name of Applicant/Organization: _____

Name of Primary Contact: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____ Fax: _____

On-site Contact Person: _____ Phone: _____

Event Information

Event Name: _____ Event date(s): _____

Event Location (attach map): _____

Event Description: _____

Street Closure Requested: **YES** **NO** *If yes, please describe the requested area(s) for closure.*

Hours of Operation: _____ Set-up Date/Time: _____ Break-down Date/Time: _____

Number of Staff/Volunteers: _____ Estimated number of Participants: _____

Is this a public or private event? _____

Will this event involve political or religious activity intended primarily for the communication or expression of ideas? **YES** **NO**

Does the event require painting on Town streets, sidewalks, or paths? (Only non-permanent paint allowed) **YES** **NO**

Type and amount of noise that will/may be generated: _____

Describe measures that will be utilized to manage and clean up garbage & litter? _____

Describe measures to be used to provide adequate sanitation facilities: _____

Describe emergency services accommodations: _____

TOWN SERVICES REQUESTED

_____ Street(s) Barricaded/Blocked	_____ Banner Hanging
_____ Signs (No Parking or other)	_____ Street Cleared prior to the event
_____ Other (describe): _____	
_____ Restrooms open	Location: _____
_____ Water Supply	Location: _____
_____ Power Supply	Location: _____
_____ Police Assistance	Type: _____

Events on public property require insurance.

Insurance - The Town does not maintain insurance that will respond to claims against the applicant arising from the use of facilities by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity/activities 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. **The Town of Darrington will determine whether you must obtain liability insurance.**

**** Inquire at Town Hall about insurance options ****

AGREEMENT: *Participants shall defend, indemnify, and hold harmless the Town of Darrington, its 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, bodily injuries, death, or damage to property arising out of the acts or omissions of the organization, its employees or representatives, concessionaires of the event, or any person or entity except for liability caused due to the sole negligence of the city.*

DATE: _____ **SIGNATURE OF APPLICANT:** _____

ORGANIZATION/TITLE: _____

OFFICE USE ONLY

APPROVED BY: _____ Town Clerk _____ Utilities Dept. _____ Fire Dept. _____ Airport Dept.

APPROVAL UNDER THE FOLLOWING CONDITIONS: _____

PERMIT DENIED FOR THE FOLLOWING REASONS: _____

TOWN REPRESENTATIVE: _____ TITLE: _____ DATE: _____