



**City of Okanogan**  
P.O. Box 752  
120 3<sup>rd</sup> Avenue, North  
Okanogan, WA 98840  
Phone: 509.422.3600 Fax: 509.422.0747

**SPECIAL EVENTS PERMIT**  
*Application*

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**Please fill out application completely.** Attach all site plans showing locations of all signs, fire hydrants, structures and parking areas. Attach any routing maps for parades or races, including indications for all streets or portions of streets to be closed. Submit proof of liability insurance. **Only complete applications are submitted for signatures.**

\*\*\*\*\*

**PLEASE PRINT OR TYPE**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Sponsoring Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

Type and Purpose of Event (specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Number of Participants (estimate): \_\_\_\_\_

Route to be Traveled or Used (include staging area):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Bouncy House or Similar *(copy of owner's liability insurance required)*

Floats *(Must be constructed of flame-retardant material)*

If yes, Please Describe: \_\_\_\_\_

Trailers, Motor Homes, Booths, Stages or other Portable Structures

If yes, Please Describe: \_\_\_\_\_

Temporary Parking Facilities

If yes, Please Describe: \_\_\_\_\_

Temporary Signage *(Temporary Sign Permits may be required)*

If yes, Please Describe: \_\_\_\_\_

Additional Services Needed:

Picnic Tables - number \_\_\_\_\_

Other \_\_\_\_\_

Street Sweeper

Trash Receptacles - number \_\_\_\_\_

Other \_\_\_\_\_

\*\*\*\*\*

**READ CAREFULLY AND SIGN**

*Permittee agrees to supply the City Clerk with proof of Commercial General Liability insurance in the amount of \$1,000,000 combined single limits per occurrence, prior to obtaining permit, naming the City of Okanogan as Additional Insured. SR-215(2<sup>nd</sup> Ave) closure requires an additional \$2,000,000 Automobile Liability, naming the City of Okanogan and State of Washington as Additional Insured. A copy of the endorsement/s must be attached to the Certificate of Insurance. Sponsoring agency agrees to reimburse damage repair to City property.*

*Permittee agrees to maintain access for emergency vehicles. Permittee agrees to pay for all required services by City or City-contracted personnel necessary for security and safety for the duration of the event. All estimated charges are listed below. Payment will be made prior to issuance of the Special Events Permit. If cancellation is necessary and notice to the City is given within 48 hours, fees for City support will be refunded.*

*Permittee agrees to defend, indemnify and save harmless the City, its appointed and elective officers and employees from and against all loss or expense, including but not limited to judgments, settlements, attorney fees and cost by reason of any and all claims and demands upon the City, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of use therefrom, arising out of any activity under or in connection with this event, except only such injury as shall have been occasioned by the sole negligence of the City, its elected and appointed officials or employees.*

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

\_\_\_\_\_  
Date

**Application Reviewed and Approved by:**

City of Okanogan Public Works Department

\_\_\_\_\_  
Director of Public Works

\_\_\_\_\_  
Date

City of Okanogan Fire Department

\_\_\_\_\_  
Fire Chief

\_\_\_\_\_  
Date

Okanogan County Sheriff's Office

\_\_\_\_\_  
Sheriff's Office Representative

\_\_\_\_\_  
Date

Insurance Certificate on file in Clerk's Office

\_\_\_\_\_  
City Clerk/Treasurer

\_\_\_\_\_  
Date

Special Events Permit Approved:

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Date

**Comments/Special Instructions:**