

CITY OF SPOKANE

Block Party Permit Application



INTRODUCTION

A completed application may be filed as early as ninety (90) days before the event, but must be received no later than twenty (20) days before the actual event date. In general, any organized activity involving the use of, or having impact upon, public property, facilities, public parks, sidewalks or street areas requires a permit.

PROCEDURE

The permit application process begins when you submit a completed Block Party Permit Application to the City of Spokane Development Services Center, 3rd Floor City Hall, 625-6300. Keep in mind the acceptance of your application is not to be construed as final approval or confirmation of your request. The City has liaison staff in other departments to help guide you through the permit process. Copies of the application are forwarded to and reviewed by all affected departments. During the review process, you may be notified if your event requires any additional information, permits, licenses or certificates. These items must be received before your permit can be approved. In many cases, Block Party Permits are approved only a few days before the event.

YOUR RESPONSIBILITIES

The Spokane County Health District recommends one (1) chemical toilet for every 250 people, or portion thereof. You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event the area must be returned to a clean condition. You can set a standard by leaving the area better than you found it. If you fail to perform adequate clean-up, or damage occurs to City property, you will be billed at full cost recovery rates plus overhead for clean-up and repair. In addition, such failure may result in denial of a future Block Party Permit or the requirement of a cash bond or surety bond for future events.

Street closure will require implementation of signage per the Block Party Street Closure diagram.

The City of Spokane will not provide any barricades or signage. It is the responsibility of the applicant to provide. They may be available at local Rental companies.

If you plan to have a band or DJ, sound levels must be within 50 feet.

COST

Block Party permit cost is \$35.00

NO YES

DOES THIS EVENT INVOLVE THE SALE OR USE OF ALCOHOLIC BEVERAGES? IF SO, YOU MUST CONTACT THE WASHINGTON STATE LIQUOR CONTROL BOARD BY CALLING (509) 625-5513.

WILL ITEMS OR SERVICES BE SOLD AT THIS EVENT? IF YES, PLEASE DESCRIBE:

A CITY BUSINESS LICENSE MAY BE REQUIRED

PLEASE ATTACH A DIAGRAM SHOWING THE OVERALL LAY-OUT AND SET-UP LOCATIONS FOR THE FOLLOWING ITEMS:

- ALCOHOLIC CONCESSION AND/OR BEER GARDEN AREAS
- FOOD CONCESSION AND/OR FOOD PREPARATION AREAS. IF YOU INTEND TO COOK FOOD IN THE EVENT AREA, PLEASE SPECIFY METHOD:
___ GAS ___ ELECTRIC ___ CHARCOAL ___ OTHER specify: _____
- PORTABLE AND/OR PERMANENT TOILET FACILITIES
- FIRST AID FACILITIES AND AMBULANCE LOCATIONS
- FENCING, BARRIERS, AND/OR BARRICADES
- GENERATOR LOCATIONS AND/OR SOURCE OF ELECTRICITY
- CANOPIES OR TENT LOCATIONS
- BOOTHS, EXHIBITS, DISPLAYS OR ENCLOSURES
- SCAFFOLDING, BLEACHERS, PLATFORMS, STAGES, GRANDSTANDS OR RELATED STRUCTURES
- VEHICLES AND/OR TRAILERS
- TRASH CONTAINERS AND DUMPSTERS

DESCRIBE YOUR PLAN FOR CLEAN-UP AND REMOVAL OF WASTE AND GARBAGE DURING AND AFTER THE EVENT:

SAFETY / SECURITY / ACCESSIBILITY

NO YES

HAVE YOU HIRED ANY PROFESSIONAL SECURITY ORGANIZATION TO HANDLE SECURITY ARRANGEMENTS FOR THIS EVENT? IF YES, PLEASE STATE:

SECURITY ORGANIZATION _____ PHONE # _____
ADDRESS _____ CONTACT NAME _____

IS THIS A NIGHT EVENT? IF YES, PLEASE STATE HOW THE EVENT AND SURROUNDING AREA, INCLUDING STREET, WILL BE ILLUMINATED TO ENSURE SAFETY OF THE PARTICIPANTS AND SPECTATORS: _____

ARE THERE ANY MUSICAL ENTERTAINMENT FEATURES RELATED TO YOUR EVENT? IF YES, PLEASE STATE THE NUMBER OF STAGES, NUMBER OF BANDS AND TYPE OF MUSIC.
NUMBER OF STAGES: _____ NUMBER OF BANDS: _____
TYPE OF MUSIC: _____

WILL SOUND AMPLIFICATION BE USED? IF YES, PLEASE INDICATE START TIME: _____ AM/PM – FINISH TIME: _____ AM/PM

NO YES

PLEASE DESCRIBE THE SOUND EQUIPMENT THAT WILL BE USED FOR YOUR EVENT:

ANY INFLATABLE DEVICES OR HOT AIR BALLOONS? IF YES, PLEASE DESCRIBE:

ANY FIREWORKS, ROCKETS OR OTHER PYROTECHNICS? IF YES, PLEASE DESCRIBE:

ANY SIGNS, BANNERS, DECORATIONS, OR SPECIAL LIGHTING? IF YES, PLEASE DESCRIBE:

HOLD HARMLESS / AFFIDAVIT OF APPLICANT

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY THE RULES AND REGULATIONS GOVERNING THE PROPOSED SPECIAL EVENT UNDER THE SPOKANE MUNICIPAL CODE AND CITY COUNCIL POLICY. I AGREE TO ABIDE BY THESE RULES, AND FURTHER CERTIFY THAT I, ON BEHALF OF THE SPONSOR, AM ALSO AUTHORIZED TO COMMIT THE SPONSOR, AND THEREFORE AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COST AND FEES THAT MAY BE INCURRED BY OR ON BEHALF OF THE EVENT TO THE CITY OF SPOKANE.

I AGREE, ON BEHALF OF THE SPONSOR, TO DEFEND, INDEMNIFY, AND HOLD HARMLESS, THE CITY OF SPOKANE, ITS DEPARTMENTS, EMPLOYEES, AGENTS, OFFICERS, AND VOLUNTEERS FROM ANY AND ALL LIABILITY IN ANY AND ALL MATTERS CONCERNING THIS SPECIAL EVENT.

NAME OF APPLICANT: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

DATE: _____

THIS FORM MUST BE NOTARIZED

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20 _____

Notary Public in and for the State of Washington,

Residing at _____

My commission expires _____

