



Master Special Event Permit Application

Spokane is a city that celebrates special events. From major conventions and international sports events to community based festivals, parades, athletic activities, the City of Spokane is proud to host hundreds of events each year.

The following pages include the City of Spokane's Master Special Events Permit Application and instructions developed to guide you through the permit process.

After you complete the Permit Application please return it to the City of Spokane:

**Attn: Special Events 3rd Floor
808 W Spokane Falls Blvd
Spokane, WA 99201
EventPermits@spokanecity.org**

The Special Events Coordinator from the City will contact you upon receipt of the application and will distribute copies of your application to all City departments affected by your event for their review. You will be contacted individually by these departments only if they have specific questions or concerns about your event, but will likely work primarily with the department(s) responsible for issuing your permit along with the Special Events Coordinator. While City departments have joined together to make this application process simple and complete, you may have to contact federal, state, or county agencies in addition to the City of Spokane.

Thank you for contributing to the spirit and vitality of our City through the staging of your event. Best wishes for a successful event!

SPECIAL EVENT PERMIT APPLICATION INSTRUCTIONS

INTRODUCTION

A completed application should be filed preferably at least ninety (90) days before the event, but **must be received no later than thirty (30) days before the actual event date**. The City of Spokane Special Events Policy (CPR 91-34) provides the framework and guidance for issuance of Special Event Permits in the City. 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 Special Event Permit Application. Keep in mind that acceptance of your application is not to be construed as final approval or confirmation of your request. **A \$50.00 administrative fee (payable to City of Spokane) is required** when applying for a permit along with **proof of insurance** (described on page four of the application). If proof of insurance cannot be submitted at time of application, please be advised a permit will not be issued until this is received. 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 of insurance. These items, and any additional associated fees, must be received before your permit can be approved. In many cases, Special Event Permits are approved only a few days before the event. All Special Events are approved on a first come, first served basis. Your permit may not be approved if it conflicts with another already approved Special Event.

YOUR RESPONSIBILITIES

Your main responsibility is to communicate clearly with City staff and to work with the City in making your event the best and safest it can be.

Normally, City staff and equipment cannot be used to support a Special Event. Event sponsors are responsible for traffic and crowd control or for paying for extra support from the Fire and/or Police Departments or for private security. If your event is to be held in a City Park, some special Parks and Recreation Department rules, regulations, fees, deposits and restrictions may apply (please see last page of application for more info). Generally, park areas cannot be reserved for exclusive use of one group and access to the area by the general public must be available at all times.

It is your responsibility to comply with all City, County, State and Federal Disability Access Requirements. All indoor and outdoor sites for Special Events must be accessible to persons with disabilities. If a portion of the area is inaccessible, an alternate area must be provided with the same activities that are in the inaccessible areas. Disabled access may include parking, restrooms, telephones, clear paths of travel, transportation, accessible vendors and booths.

The Spokane Regional 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 Special Event Permit or the requirement of a cash bond or surety bond for future events.

Special Events that are impacting downtown and the downtown streets need to contact the Downtown Partnership at (509) 456-0580 and notify them. Operating Committees of the major events should include a representative of the Downtown Partnership.

EVENT INFORMATION

Type of Event:

- RUN WALK BIKE TOUR BIKE RACE PARADE FAIR CONCERT
 OTHER (specify): _____

Event Location (Check All That Apply):

- PUBLIC RIGHT OF WAY (CITY STREET/SIDEWALK)
 RIVERFRONT PARK
 OTHER CITY PARK (specify): _____
 PRIVATE PROPERTY WITH PUBLIC SAFETY IMPACTS *You may still need a permit for private property if you will be doing any of the following: indoor/outdoor concert with or without sound amplification, any inflatable devices, the sale or use of alcoholic beverages such as a beer garden, the use of a tent (over 200 sq. ft.), a canopy over 700 sq.ft., cooking, liquid or gas fueled vehicles in an assembly building, any open flame or fire, or fireworks.*

Event Title: _____

Event Date(s): _____

Total Anticipated Attendance: _____

Location: _____

Area: _____

Actual Hours of Event: _____ am/pm to _____ am/pm

Set Up Times: _____ am/pm to _____ am/pm

Take Down Times: _____ am/pm to _____ am/pm

Describe Specifically Your Set Up Work: _____

LIST ANY STREET(S) REQUIRING CLOSURE. INCLUDE STREET NAME(S), DATE AND TIME OF CLOSING AND TIME OF REOPENING (Recommend Attaching a Map):

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

SPONSORING ORGANIZATION: _____

APPLICANT NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____ ZIP: _____

PRIMARY PHONE: (_____) _____ FAX#: (_____) _____

CONTACT PERSON "ON SITE" DAY OF EVENT: _____

PAGER/CELLULAR: _____

OVERALL EVENT DESCRIPTION/ROUTE MAP/SITE DIAGRAM

Please provide a DETAILED DESCRIPTION of your event. Include details regarding anticipated use of vehicles, animals, public address systems, utility needs including power, garbage, and/or restrooms, rides or any other pertinent information about the event. If this is a sports tournament, please include description of event layout. Please attach additional sheet if necessary.

- | NO | YES | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | DOES THIS EVENT INVOLVE THE SALE OR USE OF ALCOHOLIC BEVERAGES? IF SO, YOU MUST CONTACT THE WASHINGTON STATE LIQUOR AND CANNABIS BOARD (509) 625-5513 AND THE SPECIAL POLICE PROBLEMS DIVISION (509) 835-4530. |
| <input type="checkbox"/> | <input type="checkbox"/> | WILL ITEMS OR SERVICES BE SOLD AT THIS EVENT? IF YES, PLEASE DESCRIBE:

_____ |
| | | A CITY BUSINESS LICENSE MAY BE REQUIRED. |
| <input type="checkbox"/> | <input type="checkbox"/> | DOES THIS EVENT INVOLVE A MOVING ROUTE OF ANY KIND ALONG STREETS, SIDEWALKS OR HIGHWAYS? IF YES, ATTACH A DETAILED MAP OF YOUR PROPOSED ROUTE, INDICATE DIRECTION OF TRAVEL, AND PROVIDE A WRITTEN NARRATIVE TO EXPLAIN YOUR ROUTE. |
| <input type="checkbox"/> | <input type="checkbox"/> | DOES THIS EVENT INVOLVE A FIXED VENUE SITE? IF YES, ATTACH A DETAILED SITE MAP SHOWING ALL STREETS IMPACTED BY THE EVENT. |

IN ADDITION TO THE ROUTE MAP REQUIRED ABOVE, PLEASE ATTACH A DIAGRAM SHOWING THE OVERALL LAYOUT AND SET-UP LOCATIONS FOR THE FOLLOWING ITEMS: (CHECK ITEMS USING)

- ALCOHOLIC CONCESSION AND/OR BEER GARDEN AREAS (Must have LCB License)
- 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 _____)
 (A Spokane Regional Health District food handlers permit may be needed)
- CATERED BY AN ESTABLISHMENT (Please specify how many: _____)
- PORTABLE AND/OR PERMANENT TOILET FACILITIES
- FIRST AID FACILITIES AND AMBULANCE LOCATIONS
- TABLES AND CHAIRS
- FENCING, BARRIERS AND/OR BARRICADES
- GENERATOR LOCATIONS AND/OR SOURCE OF ELECTRICITY (Please note an electrical inspection may be needed)
- 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

PLEASE DESCRIBE YOUR PROCEDURES FOR BOTH CROWD CONTROL AND INTERNAL SECURITY:

PLEASE DESCRIBE YOUR FIRST-AID/MEDICAL PLAN. HOW MANY FIRST-AID STATIONS AND WHERE ARE THEY LOCATED ALONG THE ROUTE? HOW WILL THEY BE STAFFED?:

PLEASE DESCRIBE YOUR ACCESSIBILITY PLAN FOR ACCESS AT YOUR EVENT FOR INDIVIDUALS WITH DISABILITIES:

NO YES

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

SECURITY ORGANIZATION: _____

PHONE#: _____

ADDRESS: _____

SECURITY DIRECTOR NAME: _____

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

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO YES

WILL ADMISSION BE CHARGED?

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.

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

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

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

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

NOTICE REGARDING EVENTS IN CITY OF SPOKANE PARKS

ANY SPECIAL EVENTS IN CITY PARKS INVOLVING COMMERCIAL ACTIVITIES, VENDORS, FUND RAISING, EXCEPTIONS TO PARK RULES AND POLICIES (SUCH AS LIQUOR USE, WHICH IS GENERALLY PROHIBITED IN PARKS EVEN WITH LCB PERMIT), SPECIAL SUPPORT FROM THE PARK DEPARTMENT, OR OTHER UNUSUAL CIRCUMSTANCES REQUIRE PARK BOARD APPROVAL.

THE SPOKANE PARK BOARD MEETS ONLY ONCE PER MONTH. SPECIAL EVENT PERMIT APPLICATIONS REQUIRING PARK BOARD REVIEW AND APPROVAL COULD TAKE THIRTY (30) DAYS OR LONGER TO GET ON A MEETING AGENDA AND BE PROCESSED. PLEASE PLAN ACCORDINGLY.

DEPOSIT FOR CITY PARKS: (Returnable, in whole or in part, after damage assessment and additional fee review)
\$250.00 deposit for over 200 people total attendance
\$350.00 deposit for sporting tournaments
Deposit due upon verbal approval of event, payable to CITY OF SPOKANE.

INSURANCE REQUIREMENTS

IN MOST CASES, EVIDENCE OF INSURANCE WILL BE REQUIRED BEFORE FINAL PERMIT APPROVAL. PLEASE PROVIDE A CERTIFICATE OF INSURANCE WHICH SHOWS **\$1 MILLION** IN COMMERCIAL GENERAL LIABILITY INSURANCE AND A POLICY ENDORSEMENT WHICH NAMES THE CITY OF SPOKANE AS ADDITIONAL INSURED. SOME EVENTS MAY REQUIRE A HIGHER LIMIT OF INSURANCE. EACH EVENT IS EVALUATED ON ITS RISK EXPOSURE. FOR MORE INFORMATION CONTACT RISK MANAGEMENT 625-6845.

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: _____
(print)

SIGNATURE: _____ DATE: _____

ONLY RETURN EVENT INFORMATION PAGES 1-4 ALONG WITH THE PERMIT APPLICATION FEE AND PROOF OF INSURANCE WHEN APPLYING FOR PERMIT.