

City of Brewster
PO Box 340 – 105 S 3rd Street
Brewster, WA 98812
509-689-3464

APPLICATION FOR PUBLIC EVENT

NOTE: Applications received less than 14 days prior to an event may not be considered. Acceptance of this application by the City Clerk's Office does NOT indicate or guarantee approval of the application or the dates requested. Each application will be reviewed by City staff. Additional information may be requested by City personnel for final consideration. No statement made by City staff or elected official shall obligate the City in any manner.

NAME OF EVENT: _____

NAME OF SPONSORING ORGANIZATION: _____

NAME OF PERSON COMPLETING THIS APPLICATION: _____

EVENT COORDINATOR/POINT OF CONTACT: _____ TELEPHONE #: _____

CITY COORDINATOR/POINT OF CONTACT: LEE WEBSTER, PUBLIC WORKS DIRECTOR

ADDRESS: _____
Street City State Zip Code

DATES OF EVENT (INCLUSIVE) _____

LOCATION OF EVENT: _____
(If event will have multiple activities and locations, list on separate sheet)

ANTICIPATED NUMBER OF EXHIBITORS: _____ TIME OPEN TO PUBLIC: _____
ANTICIPATED NUMBER OF VISITORS: _____ TIME OPEN TO VENDORS: _____
CLOSING TIME: _____

This application form was designed for use by applicants for various types of events. Please answer all questions; you may attach additional pages if necessary.

1. Describe type of event and how this event will benefit the community. _____

2. What is expected traffic pattern for the event? **Attach a site map indicating location of each activity/vendor(s), fire lanes, garbage, and restroom/sani-can(s).** _____

3. Describe how public safety, traffic and crowd control will be provided. How many police officers do you anticipate will be needed for (1) traffic control and (2) crowd control?

4. Describe how sanitation control (garbage and restrooms) will be provided and maintained.

5. How many participants and visitor cars are anticipated and where will parking be provided?

6. How have parking impacts been coordinated with the neighbors (residential and/or business)? _____

7. Describe how fire lanes will be identified and kept open. _____

8. Will this event require the closure of any street? If so, list street name with date and time of requested closure. _____

9. If any event activity or vendor requires electrical connections or other accommodation to operate, indicate location and how you anticipate meeting their needs.

10. How will the event area be cleaned during and after the event? _____

11. If your event requires vehicles to be towed, your organization must accept responsibility and indemnify the City of Brewster and other authorizing property owner(s) by agreeing to pay tow/storage charges or damage claims which result from the vehicle being towed, if a court rules in favor of the registered owner and orders payment of such charges or damage claims. Do you accept this responsibility? ____ Yes ____ No If yes, name of person responsible for rendering payment of tow/storage charges. If No explain why.

12. When specifying location of event activity/vendor(s), do you anticipate utilizing any area not owned? or managed by the City of Brewster? ____ Yes ____ No If yes, the **owner/manager of subject property must complete and sign** the following: *(Please ask for additional forms if multiple properties are being used and have different owners.)*

Name of property owner: _____

Authorizing authority: _____ Title: _____

Address: _____ Telephone #: _____

Signature of authorizing authority: _____

A. If the City of Brewster approves this application for public event, will your organization grant permission for the sponsoring organization to use your property on the dates specified, for the purpose and activities described in this application?
____ Yes ____ No If yes, please complete the following:

B. Are there any limitations or restrictions on use of your property? ____ Yes ____ No
If yes, please describe in detail _____

C. Do you require the Event Sponsor list you as an Additional Named Insured and provide an insurance certificate to your organization prior to the event date? ___ Yes ___ No
If yes, please indicate coverage limits you require for general liability, property damage and or personal injury? _____

13. If nature of this event requires event workers to stay overnight (such as carnival or other event workers) where and how do you anticipate providing their lodging? If you anticipate utilizing private property(s) for lodging or other purposes, **the owner of the subject property(s) must complete and sign the following:**

Name of property owner: _____

Authorizing authority: _____ Title: _____

Address: _____ Telephone: _____

Signature of authorizing authority: _____

A. Are there any limitations or restrictions on use of your property? ___ Yes ___ No
If yes, please describe in detail _____

B. Do you require the event sponsor list you as an Additional Named Insured and provide an insurance certificate to your organization prior to the event date? _____ Yes
_____ No

If yes, please indicate coverage limits you require for general liability, property damage and or personel injury? _____

C. How will use of your property by event workers impact neighboring property owners? Describe steps that will be taken to mitigate any adverse impact(s). _____

14. Please provide any other information which you believe will assist the city in the review process

SIGNATURE OF APPLICANT: _____

Date: _____

NOTE: This section to be completed by City staff after application is submitted to the City.

REVIEW AND COMMENT BY POLICE DEPARTMENT: _____

REVIEW AND COMMENT BY FIRE DEPARTMENT: _____

REVIEW AND COMMENT BY PUBLIC WORKS: _____

REVIEW AND COMMENT BY MAYOR: _____

INSURANCE REQUIREMENTS: Sponsoring organization MUST provide an insurance certificate with the City of Brewster shown as Additional Named Insured. Coverage MUST be a minimum of \$1,000,000.

FOR OFFICE USE ONLY

Date: _____

Approved: _____

Disapproved/Reasons Why: _____

