

## FAIR GROUNDS SPECIAL EVENT PERMIT APPLICATION – (\$110)

Name of Applicant/Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Email address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

On Site Person in Charge Contact \_\_\_\_\_

Other Authorized Individuals \_\_\_\_\_

### Summary of proposed event:

a) Type of activity planned (describe event)

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

b) Date of event: \_\_\_\_\_ Hours of operation \_\_\_\_\_

c) Set up Date/time: \_\_\_\_\_

d) Dismantling date/time: \_\_\_\_\_

e) Number of Staff/Volunteers on behalf of applicant: \_\_\_\_\_

f) Estimated number of participants: \_\_\_\_\_ Estimated number of guests: \_\_\_\_\_

g) Number of vehicles or other special equipment: \_\_\_\_\_

h) Parking contained within Fair Grounds: YES NO (circle one) If No, provide parking plan:

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

i) Traffic or crowd control requirements:

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

j) Street closures required: YES NO (circle one) Location: \_\_\_\_\_

k) Will participants pay a fee or make donations: YES NO (circle one)

l) Alcoholic Beverages being served: YES NO (circle one) If yes, Banquet Permit required from the Department of Health. Is this done: YES NO

m) Amplified music YES NO (circle one)

n) Safety and security measured required: \_\_\_\_\_

o) Safety and security provided by applicant: \_\_\_\_\_

p) Special effects (e.g. explosives, pyrotechnics, aircraft, etc.) \_\_\_\_\_

q) Animals being used: \_\_\_\_\_

r) Other features or structure required: \_\_\_\_\_

s) Electric power, water, garbage and sewer requirements: \_\_\_\_\_

t) Portable restrooms provided by applicant: YES NO If yes, where will they be placed and is there written permission from the Port of South Whidbey? \_\_\_\_\_

u) Any special equipment to be used that constitutes a hazard due to fuel, noise or movement? YES NO (circle one) If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**Insurance:** The following insurance shall be required in connection with the insurance of a permit for a special event not protected under the First and Fourth Amendments of the U.S. Constitution: \$1,000,000 commercial general liability insurance per occurrence combined single limits, \$2,000,000 aggregate unless waived by the City of Langley. The Clerk-Treasurer is authorized and directed to require written proof of such insurance prior to permit issuance. The insurance policy shall be written for a period of not less than twenty-four (24) hours following the completion of the event, and shall contain a provision prohibiting cancellation of the policy, except upon thirty (30) days written notice to the City of Langley.

Public Liability Insurance Company: \_\_\_\_\_  
Policy number: \_\_\_\_\_ Agent: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**PARTICIPANTS:** Any event that attracts 1,000 or more persons shall:

**HOLD HARMLESS:** The applicant agrees to defend, indemnify and hold the City of Langley, its agents, employees and officials, while acting within the scope of their duties, harmless from any and all claims, suits, demands and judgements including the attorney's fees and other costs of their defense, for public or private nuisance, inverse condemnation, personal injuries, property damage or death arising out of, occurring during or a result of activities or appliances of the applicant, his employees or otherwise, except for the sole negligence of the City. The applicant further agrees with all provisions of pertinent laws, City Ordinances, rule and regulations. This permit may be revoked at any time.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant or Agent

Approved Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

The proposed event request has been reviewed by the Port of South Whidbey and recommends the permit be issued.

Approved Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

The Building Official must approve all occupancies.

Approved Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_