



## SPECIAL EVENT & APPLICATION/PERMIT NO.: \_\_\_\_

**Return to:** City of Lacey  
Parks and Recreation Department  
420 College St SE  
Lacey, WA 98503-1238

**Phone:** (360) 491-0857  
**Fax:** (360) 438-2669  
**Website:** [www.ci.lacey.wa.us](http://www.ci.lacey.wa.us)

This application must be completed, signed and forwarded to the City of Lacey at least ninety (90) days prior to the first day of the event. All events shall meet Fire, Life Safety and Occupancy requirements. Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein, may result in the immediate revocation of the permit, even during the event. Please type or print information clearly and attach additional sheets as necessary. Administrative fee of \$50.00 must be submitted with this application and is non-refundable.

**DATE SUBMITTED:** \_\_\_\_\_ (complete shaded area below and submit up to 15 months prior to event to reserve your date).

Event Name: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Day(s) of the Week: \_\_\_\_\_ Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

Facilities to be used (check):     Park             Street             Sidewalk             Private Property     Other \_\_\_\_\_

Set-Up Date/Time:            Begin:            Date: \_\_\_\_\_            Time: \_\_\_\_\_ a.m./p.m.

Take-Down Date/Time:            Dismantle:            Date: \_\_\_\_\_            Time: \_\_\_\_\_ a.m./p.m.

Alcoholic Beverage Area Date/Time:            Date: \_\_\_\_\_            Time: \_\_\_\_\_ a.m./p.m. to: \_\_\_\_\_ a.m./p.m.

Purpose of Event: \_\_\_\_\_

Event Crowd Size:    Participants \_\_\_\_\_            Spectators \_\_\_\_\_            Volunteers/Personnel \_\_\_\_\_

Has the event been produced previously?    No    Yes    If yes, what were the dates of the event? \_\_\_\_\_

Any change from your 2023 event?            No    Yes    If yes, note below or list changes on a separate sheet. If no, stop here.

**APPLICANT INFORMATION**    (Complete remainder of application and submit at least 90 days prior to event.)

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_            **Title:** \_\_\_\_\_

**Telephone Number:**            Home: \_\_\_\_\_            Work: \_\_\_\_\_

Cellular: \_\_\_\_\_            Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

Telephone Number:            Home: \_\_\_\_\_            Work: \_\_\_\_\_

Cellular: \_\_\_\_\_            Email: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Telephone Number:            Home: \_\_\_\_\_            Work: \_\_\_\_\_

Cellular: \_\_\_\_\_            Email: \_\_\_\_\_

**FEES AND PROCEEDS**

Admission Fee:  No  Yes If yes, how much? \_\_\_\_\_

Any Vending Sales:  No  Yes If yes, check all that apply:

Food  Beverage  T-Shirts/Hats  Buttons  Balloons  Other: (please specify): \_\_\_\_\_

**ENTERTAINMENT AND PROMOTIONS**

Sound System:  Acoustic  Amplified

Describe entertainment: \_\_\_\_\_  
 \_\_\_\_\_

List of entertainers or bands performing at event: \_\_\_\_\_  
 \_\_\_\_\_

Check type of promotion you plan to use to attract participants:

Television  Radio  Newspaper  Flyers  Billboards  Posters  Other (please specify): \_\_\_\_\_

Do you plan to list the City of Lacey as a Sponsor of this event or Alcoholic Beverage Area?  Yes  No

Have local neighborhood groups/businesses been advised of your event concept, if applicable?  Yes  No

If no, what steps will be taken to notify them of your event? \_\_\_\_\_  
 \_\_\_\_\_

Is this an event involving political or religious activity intended primarily for the communication or expression of ideas?  Yes  No

List community contacts and phone numbers (for verification) or attach an approval letter.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPECIAL SET-UPS REQUESTED**

Check appropriate category below and fill in details or numbers, size and type. Leave blank, if not applicable.

Alcohol: (complete Alcoholic Beverage Area section of Application on page 6)	Will alcohol be served or available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will alcohol be sold? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? <input type="checkbox"/> Applicant <input type="checkbox"/> Vendor
Amplified Sound: Noise Variance:	Noise Variance required for amplified sound after 10 p.m.	Basis for request and hours of variance:
Animals: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Species:
Booths/Vendors: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many booths? How many vendors?	Where:
Signage: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Size?
Electricity Source: <input type="checkbox"/> Yes <input type="checkbox"/> No	Generators:	How many? Size:
Fireworks/Fire Performance: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ground <input type="checkbox"/> Aerial <input type="checkbox"/> N/A	Pyrotechnic Company:
Portable Restrooms: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Handicapped Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Rides: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Type:
Staging/Scaffolding: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Height:
Tents/Canopies: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Size:
Vehicles: <input type="checkbox"/> Yes <input type="checkbox"/> No	How many?	Size and Gross Weight



**SOLID WASTE COLLECTION INFORMATION**

Have you contacted Waste Management concerning garbage collection?  Yes  No

Please describe your arrangements: \_\_\_\_\_

\_\_\_\_\_

Are you providing recycling containers:  Yes  No If you are selling food and/or beverage State Law requires that recycling containers be provided.

If Yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TRAFFIC CONTROL PLAN**

Police officers may be required at signalized intersections. Flaggers may be required at non-signalized intersections. Monitors may be required at driveway entrances and other pedestrian and vehicle access points. *Please attach map/sketch.*

<b>TRAFFIC CONTROL</b> (List monitor, flagger, or police officer)	<b>Location</b>	<b>Duties</b>

## SECURITY AND DAMAGE DEPOSIT/BOND INFORMATION

Applicant shall provide a deposit or bond (in the form of an irrevocable letter of credit, certified or cashier's check made payable to the City of Lacey, or cash) to cover the costs of restoration, rehabilitation and cleanup of the area, public safety and police law enforcement coverage, and any other extraneous costs resulting from the special event. The City of Lacey Public Works Department will determine the appropriate amount, but in any event, the minimum amount of deposit or bond will be five hundred dollars (\$500) per day for the duration of the event. Bond costs may increase, depending on the size and scope of the event. The bond must be furnished to the City of Lacey at least forty-five (45) days in advance of the opening date of the event.

Applicant may request a walk through of the event site no later than a week prior to the event to allow time for any corrections that may or may not be needed. If applicant declines to do a walk through they are accepting the event site "as is".

All monies received will be deposited within three business days of receipt. A damage assessment will be made immediately following the close of the event. Accounting of charges incurred as a result of the event will be completed by the City within one business day following the close of the event. Any costs accruing to the City will be itemized and deducted from the deposit or bond. A check for the balance remaining will be returned to the applicant, or if necessary, a bill for collection for costs exceeding the bond amount will be issued to the applicant. In the case of an irrevocable letter of credit, accountable charges will be billed within thirty days, and a release issued. Also at this time, an itemized accounting of charges will be sent to the applicant. Applicant may request an estimate of charges for public safety and law enforcement coverage prior to the event.

Cleanup: The Applicant shall be responsible for maintenance of the Property during the event period. The Applicant shall remove all trash and debris accumulated during the event period from the Property and shall return the Property to the City in the same condition as received. If the Property is not returned in the same condition, Applicant agrees to pay actual costs of cleanup.

## INSURANCE REQUIREMENTS AND LIABILITY

The City of Lacey does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant, its members, or those attending the event. Evidence of insurance must be provided no less than 45 days prior to the event. "City of Lacey" at 420 College St SE, Lacey, WA 98503 must be named as an **additional insured** on the policy. Surplus line policies must be issued and stamped in the State of Washington. Minimum Limits as applicable: \$2,000,000 per occurrence, \$3,000,000 general aggregate Commercial General Liability, Liquor Liability, \$1,000,000 Auto Liability. Coverage must be written on an occurrence form by an "A" rated company licensed to conduct business in the State of Washington. Coverage must include liquor liability – including alcohol sales and serving. All limits and coverage may be adjusted to meet exposure as determined by City Risk Manager. The coverage shall contain a provision that the City shall receive in writing, at least 30 days' notice of cancellation of the insurance policy. Special Event Permit will **not** be issued until insurance has been approved.

Indemnification and Hold Harmless: The Applicant shall defend, indemnify and hold harmless the City of Lacey, its agents, employees, volunteers and officials, while acting within the scope of their duties, from all causes of action, demands and claims, including the cost of their defense, arising in favor of the applicant/organization, the applicant's/organization's employees or third parties on account of personal injuries, bodily injuries, death, or damage to property arising out of the acts or omissions of the applicant/organization, its employees or representatives, concessionaires of the event or any other person or entity, except for liability caused due to the sole negligence of the City of Lacey.

Personal Property: All personal property placed at the Property by the Applicant shall be at the risk of the Applicant and the City shall not be liable for any loss or damage to the Applicant's personal property located thereon for any reason whatsoever. The Applicant agrees and understands that the City does not and shall not carry liability, theft or fire insurance on said property to cover the Applicant interest therein.

Survival of Terms: The hold harmless and indemnifications provided in this Agreement shall survive termination of the event.

Release: The Applicant shall additionally hold harmless and release the City Manager or designee from any claims for damages, including but not limited to economic, consequential or other monetary damages suffered by the Applicant, in the event that the City Manager or designee revokes the Permit or otherwise stops the event due to the Applicant's violations of any conditions of the Permit, applicable laws or City regulations.

**ALCOHOLIC BEVERAGE AREA**

**FEE: \$250 PER DAY**

**FACILITY:**  Huntamer Park  Woodland Creek Community Park  the Regional Athletic Complex  
Refer to 'CITY OF LACEY ALCOHOLIC BEVERAGE AREA SALES AND CONSUMPTION POLICIES AND PROCEDURE'

Alcoholic Beverage to be served and/or Sold:  Beer  Wine  Cider

Hours of Operation, if different than event: \_\_\_\_\_  
(The hours of operation of the Alcoholic Beverage Area may not be longer than 10:00 a.m. – 10:00 p.m.)

Alcoholic Beverage Area Size: \_\_\_\_\_ Estimated Capacity: \_\_\_\_\_

Type of Barrier:  6 foot Chain link  42 inch wood picket  42 inch Orange/white Mesh

Type of security and control to be provided: (describe) \_\_\_\_\_

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

Who will be serving and dispensing the alcoholic beverage? \_\_\_\_\_

\_\_\_\_\_

Describe the training and experience of the servers. \_\_\_\_\_

\_\_\_\_\_

Attach verification of completion of Washington State Liquor Control Board Training.

Type of container the alcoholic beverage will be served in? \_\_\_\_\_

For what charitable or public purpose will the proceeds from the sale be used?

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

Attach a copy of the Washington State Liquor Control Board Special Occasion Permit

The applicant and/or party represents and warrants that all necessary approvals for this agreement have been obtained, and the persons whose signatures appear below have the authority necessary to execute this agreement on behalf of the party/organization indicated.

The applicant agrees to comply with all federal, state and local laws, rules and regulations with respect to the conduct and operations on the premises.

Any misrepresentation in this application or deviation from the final agreed upon method of operation described herein may result in the immediate revocation of the permit.

\_\_\_\_\_  
Applicant's Name (Printed) \_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Signed)

**(FOR OFFICIAL USE ONLY)**

APPROVED BY: \_\_\_\_\_ Community Development Dept. (Building Official/Fire Marshal)  
\_\_\_\_\_ Public Works Dept.  
\_\_\_\_\_ Parks & Recreation Dept.  
\_\_\_\_\_ Police Dept.  
\_\_\_\_\_ Public Affairs Dept.  
\_\_\_\_\_ Risk Manager  
\_\_\_\_\_ Legal Dept.  
\_\_\_\_\_ Finance Dept.  
\_\_\_\_\_ Other

PERMIT DENIED FOR THE FOLLOWING REASONS:

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

RECOMMENDED APPROVAL WITH THE FOLLOWING CONDITIONS:

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

	FEE	INITIAL	DATE	RECEIPT #
Application Fee:	_____	_____	_____	
Damage Deposit:	_____	_____	_____	
Additional Costs:	_____	_____	_____	
TOTAL PAID:	_____	_____	_____	
TOTAL REFUNDED:	_____	_____	_____	
PROOF OF INSURANCE? YES / NO				
BOND REQUIRED? YES / NO				
Amount: \$	_____			