

City of Toledo

SPECIAL EVENT PERMIT APPLICATION

Applications may be submitted at 130 N. Second St. Toledo, WA 98591 **Fees may apply**

Event Producer Contact Information				
Name of Applicant*				
Name of Organization/Individual				-
Mailing Address				
City			_ Zip Code	
Phone #	Cell Phone	#		
Email Address			Fax #	
Onsite Contact Name		Contact #		
Emergency Contact(s)		Contact #		
Insurance Provider		Policy #		
Insurance Agent Name		Phone #		
Tax ID or Business License #				
Who is the beneficiary(s) of this event, if any?				

*If applicant is working on behalf of, or for the organization, and is not an employee of the organization, please provide a letter from the sponsoring organization that shows authorization for the individual applicant to work on behalf of the organization, certifying that the applicant will be financially responsible for any costs or fees that may be imposed for the special event, and a copy of the tax exemption letter from the IRS if the applicant claims to be a tax-exempt nonprofit organization.

Special Event Information		
Event Name		
Proposed Event Date(s)		
Proposed Event Operating Time(s)		
Proposed Event Location		
Proposed Event Set-up Time	Proposed clean-up Time	
Estimated Attendance #	Admittance Fee	
Purpose of Event		

This event includes the following (check ALL that apply):				
Walk/Run/Bike Route Please attach a detailed course map and written narrative traffic control plan indicating street closures and flagger locations.	☐ Parade Location of assembly and/or production area:			
Beer Garden Anticipated capacity? Location	Location of reviewing stands, if any: Location of disbanding area:			
Portable Toilets Number of REGULAR units: location Number of ADA ACCESSIBLE units*: location	Designated Parking (list all space requests here) * Please include a parking plan that includes the number and of ADA accessible spaces.			
*The ADA requires at leas I accessible unit per cluster up to 20 units or 25% of the total number of units with at least I per cluster. If your event will have only I unit, it must be ADA accessible.	imals List of animals involved in event, including quantity:			
☐ ∨ehicles	☐ Band/Music Performers			
Type of vehicles involved:	Number of Bands/Performers:			
Number of vehicles involved:	Names: Type of music to be played:			
Police and Fire Information:				
Tent(s) — with or without side walls, greater than 400 sq. ft. (single tents larger than 20'x20' or multiple tents less than 12' apart)	Fuel-Powered Equipment/Machinery (propane, gasoline, diesel, etc) please describe equipment and fuel:			
Fenced Area (such as a beer garden) Proposed occupant load:				
Amusement Building/Fair, Carnival Rides				

Site Plan

Please provide a detailed site map that includes the locations of any tents, staging, fencing, emergency exits, banners, portable toilets, and/or any other event infrastructures.

*If you are holding your event on private property (such as in a parking lot) please provide a letter from the property owner indicating permission for you to hold the event at that location.

Security Plan				
Your security plan should be what you plan to do in the case of an emergency at your event. If your event is fenced, or has a fenced area (such as a beer garden) additional information is needed regarding emergency exits, security guards, alcohol monitors, etc				
Please identify the following:				
Location and number of First-Aid Kits				
umber of trained security personnel Name of contracted security company umber of security volunteers Number of alcohol monitors (beer garden events)				
Emergency evacuation plan for fenced events and events with a fenced area (beer garden)				
Who calls 911 in case of an emergency?				
Garbage/Recycling Plan				
Do you plan to sell or provide food and/or beverages at your event? YES NO				
If "YES" will you be using disposable plates and/or cups?				
For events at the Kemp Olson Memorial Park, please check all that apply:				
Self-haul out of park Rent I dumpster Rent 2 dumpsters				
For all other events, please describe your plan for disposing of garbage and recycling generated by or disposed of at your event:				
Dumpsters are available for a fee from City Sanitary Company. City Sanitary may also be able to provide additional recycling containers. To arrange for extra dumpsters from City Sanitary, please call: (360) 736-4769. ***State law requires that vendors selling beverages in single use aluminum, glass or plastic bottles or cans provide recycling.				
Neighborhood Notifications				
Event organizers must notify neighbors within 300 ft. of the event at least two (2) weeks prior to the event. This in businesses. Notification should be in writing (email is acceptable) and include times when traffic/parking and/or noise m affected in the area.				
I certify that I will contact neighbors and/or abutting businesses of my event and have attached a copy of my notification to them.				

Insurance Requirements

A CERTIFICATE OF INSURANCE must be submitted with permit application under the following conditions. Unless otherwise stated and agreed to, insured will be responsible for any damage to existing site property and/or facilities and/or in-place equipment.

The wording on the Certificate of Liability Insurance should include: "The certificate holder is afforded coverage as an Additional insured but only with respects to claims arising out of the negligence of the named insured." The certificate holder must be named in the designated box as: "City of Toledo, PO Box 236, Toledo, WA 98591."

The City of Toledo requires event insurance prior to issuance of a permit. Commercial General Liability Insurance — this needs to be written on ISO form CG 00 01 01 096, or its equivalent. The limits and aggregates are as follows:

- ➤ Per Occurrence Limit = \$1 million
- ➤ General Aggregate Limit = \$2 million
- > Products-Completed Operations Aggregate Limit = \$1 million

Other requirements include the following:

- Coverage Trigger The insurance must be written on an "occurrence" basis. This must be indicated on the certificate. Claims made policies will not be acceptable.
- Eity as Additional Insured the City of Toledo must be named as an additional insured on the commercial general liability policy, and must be shown on the certificate as an additional insured, not just as a certificate holder. In addition, endorsement CG 20 12, or its equivalent, must be attached to the certificate.
- Eliquor liability or fireworks insurance are required for events involving the serving of alcohol beverages or the use/demonstration of fireworks. Liquor liability coverage shall be per occurrence limit of \$1 million.

Event holders are able to purchase Commercial General Liability insurance for their event through a policy administered by the City of Toledo insurer. Because of this master policy, event holders are able to purchase insurance at reduced costs not otherwise available in the marketplace.

For more information contact the City Clerk's Office at 360.864.4564

Proof of Other Permits Obtained

IF your event required a permit from a jurisdiction outside the City of Toledo, please provide proof that you have obtained such permit(s).

For example, you will need a WA State Liquor License if you are having a beer garden, you may need to contact the Lewis County Health Department if your event is cooking and/or serving food, etc....

Lewis County Health Department: 360.740.1223

www.lewiscountywa.gov

Washington State Liquor Control Board: 360.664.1600 http://liq.wa.gov/licensing/special license permits.aspx

Mail your application to: City of Toledo PO Box 236 Toledo, WA 98591 Submit your application in person: City of Toledo 130 N. Second Street Toledo, WA 98591

HOLD HARMESS AGREEMENT

Whereas,	("Grantee") has applied for a S	pecial Event Permit under Toledo		
Municipal Code TMC 6.10.2				
NOW, therefore, Grantee on behalf of itself, its agents, heirs and assigns, and in consideration of the grant of the Special Event Permit, and other good and adequate consideration, the receipt of which is hereby acknowledged, agrees to indemnify, hold harmless and defend the City of Toledo, its appointed and elected officers, employees, agents and assigns from any and all claim which may arise or be claimed to arise as a result of granting this permit.				
The City shall not be liable to Grantee or except for negligence solely and entirely t	r any other parties for any claim whatsoever arising the fault of the City.	in connection with this permit,		
<u> </u>	eral liability insurance policy naming the City of Tolecticy shall be \$2,000,000 general aggregate, \$1,000,00			
Dated this day of				
Signature:				
STATE OF WASHINGTON)): ss COUNTY OF LEWIS)				
I certify that I know or have satisfactory				
	ared before me, and said person acknowledged that _ wledged it as the			
authority, e.g., officer, trustee, etc.) of		(name of party on		
behalf of whom instrument was executed) the instrument.	to be the free and voluntary act of such party for	the uses and purposes mentioned in		
	Dated:	, 20		
Signature	Ti	tle		
/CEAL OD CTAMD\	My appointment againer			
(SEAL OR STAMP)	My appointment expires:			