SPECIAL EVENT APPLICATION FORM

CITY OF BLACK DIAMOND
Community Development Dept.
24301 Roberts Drive / PO Box 599
Black Diamond, WA 98010
(360) 851-4447

Please submit applications a minimum of 90 days prior to the event

Private events may require a deposit and fee depending on the type of event and location. Depending on the event the application may need to be approved by the Mayor and City Council.

EVENT INFORMATION

Event Name: _____

Event Location: _____
(If structures will be erected and/or street ROW is used, please attach three drawings noting locations and dimensions).

Event Type: ☐ Exhibition ☐ Protest ☐ Run/ Walk ☐ Dance ☐ Festival ☐ Concert ☐ Party
(Check all that apply) ☐ Wedding ☐ Drama ☐ Parade ☐ Other: _____

Date of Event: _____ Hours: _____

Purpose of Event: _____

_____

Estimate Attendance: Participants: _____ Spectators: _____ Volunteers/Personnel: _____

UBI#: _____ *(Participating commercial vendors will also require a City license).*

Parking Plans: _____
(Please provide a drawing unless you are using an existing parking lot with sufficient stalls).

Facilities to be Used: ☐ City Park ☐ Lake Sawyer ☐ Sidewalk ☐ Street ☐ Private Property
(If using private property, you must provide proof that you have permission unless you are the owner).

City Assistance Required: ☐ Police ☐ Fire ☐ Public Works ☐ Other: _____
(Police and Fire services require a written service agreement that must be submitted with the event application).

Insurance Company: _____
(Proof of insurance required naming City of Black Diamond as co-insured if event is taking place on City property).

Food to be served: ☐ Yes ☐ No If yes, provide copy of Health Dept. approval/ license.
Sound System: ☐ Yes ☐ No
(If liquor and music are provided a Cabaret license may be required.)

Sanitation Plans (Sani-cans, hand washing stations, etc.): _____

Products or services to be sold: ☐ Yes ☐ No If yes, what? _____

Admission Fee: ☐ Yes ☐ No If yes, how much? _____

Has the event been previously produced? ☐ Yes ☐ No Previous Date: _____

Any changes from previous event? ☐ Yes ☐ No If yes, list changes: _____

_____

APPLICANT INFORMATION

Name: _____ Organization: _____

Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

_____ _____

Signature of Applicant Date

Additional information or requirements may be requested. Please allow 3 – 4 weeks for processing.