City of Chewelah Event & Vendor Application

This application is to be filled out by individuals that are requesting to use insured's facility(ies).

1. Name of Event/Vendor: _____ Date of Event: _____

   Sponsor: _____

   Address: _____

   Contact person: _____

   Email: _____

   Best phone #s: _____

Approved ☐ Denied ☐ _____

	Need	Received
Event Insurance	☐	☐
Liquor Liability Ins.	☐	☐
Liquor License	☐	☐
Liability Waiver (copy)	☐	☐
Port-a-Potties	☐ #____	☐
Trash Removal	☐	☐
Locates	☐	
Security	☐	
Notify Police (R/R)	☐	
Total Fees	$ _____	☐

Event is being held at: ☐ Civic Center *(Occupy from _____ to _____)*
☐ City Park *(mark location(s) below)* ☐ Need restrooms after 5PM

☐ Fireman's Gazebo ☐ Center Stage ☐ Children's Pavilion ☐ NE Picnic Area

☐ Vendor Site (20 x 20) in Farmer's Market Area *(Reservation fee $10.00 per day*)

2. Type of Event: ☐ Private Party (<100) **OR** ☐ Public/Community Event Advertised to Public (>100)

3. Are there any caterers, vendors, concessionaires, exhibitors, entertainers, promoters, or sponsors being utilized for event? ☐ Yes ☐ No

If yes, continue to next page. **If no**, read the following agreement, sign and date below.

AGREEMENT

The undersigned hereby agrees that he/she has the authority to enter into this agreement as an individual or an applicant representing the organization or business listed above and that the information that has been provided is correct. The undersigned agrees to:

- **Observe all rules and regulations pertaining to the use of the City Facility that is rented or reserved.**
- **Exercise due diligence in the use of the City Facility that is rented or reserved.**
- **Accept full responsibility and legal liability for the use the City Facility that is rented or reserved.**

In addition, the undersigned agrees to indemnify, defend and hold the City of Chewelah, its officers, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees arising out of or in connection with the performance of this Agreement, except for injuries and damages caused by the sole negligence of the City of Chewelah.
The undersigned agrees to be responsible for any damages incurred during the use of any City Facility and may be invoiced by the City for all damages.
The undersigned understands that the City of Chewelah reserves the right to change the general operating guidelines as stated herein without prior notice.

All fees (including rental charges, cleaning deposits, set-up charges, additional purchased time, additional rental space, etc.) are due 2 weeks prior to the date of the scheduled event. Failure to pay these rental fees by the required due date may result in forfeiture of reserved date (s).

Event Insurance may be necessary for certain rentals. Private renters may provide their own Event Insurance or apply for Event Insurance through HUB International Insurance company at least 2 weeks prior to scheduled event. Contact City Hall for rates, availability, and additional information. Corporation and non-profit rentals may provide a copy of their Commercial Liability Insurance in place of the HUB International insurance, but certification must list the "City of Chewelah as Additional Insured". If alcohol will be served the certificate must state "Liquor Liability Included."

A Non-Refundable $25 Reservation Fee per site / $10 Vendor Reservation per day must accompany this agreement.

I agree to the above and received a copy of the Rules and Regulations pertaining to the space I have rented / reserved.

Sign: _____ Date: _____

If yes, provide their names, mailing addresses, and types of service for your event.
(*Types of service = caterer, vendor, concessionaire, exhibitor, entertainer, promoter, or sponsor*)

Type of service:_____ Sells or serves alcoholic beverages? ☐ Yes ☐ No

Name: _____ Phone: _____

Address: _____

Type of service:_____ Sells or serves alcoholic beverages? ☐ Yes ☐ No

Name: _____ Phone: _____

Address: _____

4. List each date the event will be held, expected attendance, and event duration each day. Include event set up and take down days. Indicate if alcoholic beverages are sold or served for each day. Attach a separate page, if necessary. If the time goes past midnight, be sure to include the new day and the hours.

Date	Event Hours		Attendance	*Alcoholic Beverages		Hours when alcohol will be served or sold	
	Start	End	(Expected)	Served	Sold	Start	End
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		
				☐ Yes ☐ No	☐ Yes ☐ No		

***If liquor will be served and/or sold at your event, please complete the following questions. Otherwise, proceed to question 6.**

Type of alcoholic beverages to be served or sold: (*Check all that apply*)
☐ Beer ☐ Wine or champagne ☐ Mixed drinks ☐ Full bar

Do you have a caterer or vendor to serve or sell the alcoholic beverages? ☐ Yes ☐ No

If yes, have you received a certificate of insurance from the caterer or vendor showing it has liquor liability insurance? ☐ Yes *(Please provide a copy)*

Do you have a liquor license for your event? ☐ Yes *(Please provide a copy)*

How many different locations at the event will be serving or selling alcohol? _____

The following management practices are required for all events that include the service of alcohol:
- Alcoholic beverages must be purchased and consumed in a confined area where persons below the legal drinking age are not permitted.
- Everyone must show identification to receive an alcoholic beverage.
- Individuals over the legal drinking age receive a wristband or other form of identification.
- There is a limit of two servings provided to any one individual, per visit to the concession.
- Serving staff monitors consumption and is instructed not to serve anyone who appears intoxicated.
- The concession or bar is closed at least one hour prior to the end of the event.

5. Will the event have security? ☐ Yes ☐ No

If yes, please specify type and number of security personnel below.

Type of Security	Number	Type of Security	Number
Police or sheriff		Employees of event holder	
Private security company		Parent chaperones	
Volunteers		Other	

6. Will food be cooked or served at the event? ☐ Yes ☐ No
(*A Food & Beverage worker permit may be required. Contact the local Health District*)

7. If event has Inflatable/Amusements, check with the City about where these may be located.

8. *****Does your event include any athletic or recreational activities? ☐ Yes ☐ No

Give brief description: _____

9. Explain your procedure for collecting and keeping waivers and release of liability forms, which have been signed by all participants. *(Provide a copy of the waiver and release of liability, which will be signed by all participants.)*

_____

_____

10. Will your event have music? ☐ Yes ☐ No Genre: _____

If yes, how will the music be provided? ☐ Live music ☐ Disc jockey ☐ Other: _____

Is there a designated dance floor or area? ☐ Yes ☐ No

11. Does the event include any of the following:
☐ Yes ☐ No Circus and carnivals
☐ Yes ☐ No Mechanical amusement devices
☐ Yes ☐ No Boxing, wrestling, or contact karate events
☐ Yes ☐ No Pyrotechnical uses
☐ Yes ☐ No Veterinary legal liability/Animals
☐ Yes ☐ No **Youth athletics

****All youth athletic events must fulfill compliance for concussions****
Please see last page for Compliance Statement for HB 1824, Youth Sports-Head Injury Policies and SB 5083, Sudden Cardiac Arrest Awareness.

12. Have you held this event, or a similar event, in past years? ☐ Yes ☐ No

If yes, Please list any claims arising during the past five years from the event: _____

_____

13. Do you require that any vendors (food or other), or event service providers, provide certificates of insurance naming facility user as additional insured? ☐ Yes ☐ No

If yes, provide a copy of the certificate of insurance from the vendors or service providers from whom you have received certificates and additional insured endorsements.

14. Will there be medical personnel present at the event? ☐ Yes ☐ No

If yes: What number of:
_____ Doctors _____ Nurses _____ Other
_____ Paramedics _____ EMT / EMS

15. Will there be an ambulance on site? ☐ Yes ☐ No

Thank you for filling out this form in it's entirety.

Please return to page 1 to read the Agreement and sign and date.