



City of Toledo

SPECIAL EVENT PERMIT APPLICATION

Applications may be submitted to 130 N. Second St., PO Box 236 Toledo, WA 98591

Fees may apply

Incomplete applications will be returned to you for further information, if a section does not apply to you put N/A

Event Producer Contact Information

Name of Applicant* _____

Name of Organization/Individual _____

Mailing Address _____

City _____ State _____ 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 _____

Event Description _____

Proposed Event Date(s) _____ Event Operating Time(s) _____

Proposed Event Set-up Time _____ Clean-up Time _____

Proposed Event Location _____

Estimated Attendance # _____ # of Event Participants _____
(vendors, racers, etc.)

of Volunteers & Event Staff _____ Admittance Fee _____

This event includes the following (check ALL that apply) – attach additional sheets if necessary
All of the items listed in this section should appear on your Site Plan

☐ Walk/Run/Bike Route

Please attach a detailed course map and written

☐ Beer Garden

of entries: _____

Anticipated capacity? _____

Location _____

☐ Portable Toilets

Number of REGULAR units: _____

Number of ADA ACCESSIBLE units*: _____

*The ADA requires at least 1 accessible unit per cluster up to 20 units or 25% of the total number of units with at least 1 per cluster. If your event will have only 1 unit, it must be ADA accessible.

☐ Animals

List of animals involved in event, including quantity:

Qty.	Animal

☐ Band/Music Performers

of Bands/Performers: _____

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)

☐ Fenced Area (such as a beer garden)

Proposed occupant load: _____

☐ Amusement Building/Fair, Carnival Rides

☐ Parade

Location of assembly and/or production area:

(please attach a detailed parade route map indicating street closures)

Location of viewing stands, if any: _____

Location of disbanding area: _____

☐ Designated Parking (list all space requests here)

* Please include a parking plan that includes the number and location of ADA accessible spaces.

☐ Vehicles

Qty.	Type

☐ Fuel-Powered Equipment/Machinery

(propane, gasoline, diesel, etc....)

Please describe equipment and fuel: _____

☐ Pyrotechnic Displays, open flames/burning, torches, candles etc...

Please describe: _____

Will you be serving liquor? ☐ No ☐ Yes

Events serving liquor are responsible for following all rules dictated by the WA State Liquor and Cannabis Board

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 _____

Number of trained security personnel _____ Name of contracted security company _____

Number 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? _____

Is there a CPR certified person onsite throughout the event? Name(s): _____

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? ☐ YES ☐ NO

For events at the Kemp Olson Memorial Park, please check all that apply:

☐ Self-haul out of park ☐ Rent 1 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:

*RCW 70.93.093 requires a recycling program must be provided at every official gathering by the vendors who sells beverages in single-use aluminum, glass, or plastic bottles or cans.

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.

_____ I understand that I am responsible for cleaning up the event area following the conclusion of this event.

_____ I understand that failure to clean up the event area, including the removal of all garbage, will result in a \$150.00 charge.

Neighborhood Notifications

Event organizers must notify neighbors within 300 ft. of the event at least two (2) weeks prior to the event. This includes businesses. Notification should be in writing (email is acceptable) and include times when traffic/parking and/or noise may be affected in the area.

☐ I certify that I will contact neighbors and/or abutting business(s) 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. 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.
- City 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.
- Liquor 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 and RMSA Members are able to purchase Commercial General Liability insurance for their event through Philadelphia Insurance.

For more information visit www.phly.com or contact the City Clerk's Office

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

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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

Approval

Clerk/Treasurer _____ Date _____

Chief of Police _____ Date _____

PW Superintendent _____ Date _____

City Council: Meeting date approved: _____

HOLD HARMLESS AGREEMENT

Whereas, _____ ("Grantee") has applied for a Special 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 claims which may arise or be claimed to arise as a result of granting this permit.

The City shall not be liable to Grantee or any other parties for any claim whatsoever arising in connection with this permit, except for negligence solely and entirely the fault of the City.

Grantee shall obtain and maintain a general liability insurance policy naming the City of Toledo as additional insured. The minimum amount of coverage in this policy shall be \$2,000,000 general aggregate, \$1,000,000 personal injury and \$1,000,000 each occurrence.

Dated this _____ day of _____, 20 _____.

Signature: _____

STATE OF WASHINGTON)

); ss

COUNTY OF LEWIS)

I certify that I know or have satisfactory evidence that

_____ (name of signer) is the person who appeared before me, and said person acknowledged that _____ (he/she signed this instrument and acknowledged it as the _____ (type of authority, e.g., officer, trustee, etc.) of _____ (name of party on behalf of whom instrument was executed) to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated: _____, 20 _____.

Signature

Title

(SEAL OR STAMP)

My appointment expires: _____