



APPLICATION FOR SPECIAL USE PERMIT

CITY OF COLUMBIA FALLS

Name of Event

Organization Sponsoring Event

Organization Officer/Authorized Representative

Mailing Address

City

State

Zip

Daytime Phone Number

Email

Date Requested: _____ **Facility Requested:** _____

Time of Use: _____ **Anticipated Attendance:** _____

What contingency plan will be in place if attendance substantially exceeds estimates? _____

Description of Event and Activity in Detail: _____

Do you plan to sell, serve, consume or possess beer, wine or other alcoholic beverages? _____
If yes; Must complete an Alcohol Addendum & include a \$75.00 fee.

Do you plan to use a bounce house or similar inflatable device? _____
If yes; Must complete an Inflatable Device Addendum

Describe any recording equipment, sound amplification equipment, banners, party tents, signs, or other attention-getting devices to be used in connection with the event:

13. OTHER CONDITIONS: _____

TERMS AND CONDITIONS

As an agent and acting on behalf of the requesting agency or organization, I hereby certify that the information above is complete and correct.

WAIVER OF LIABILITY

I hereby certify that I have read and understand the policies and procedures regarding the use of City facilities. I further agree to hold the City of Columbia Falls, its Governing Body, the individual members thereof, and all officers, agents and employees free and harmless of any loss, damage, liability, cost or expense that may arise during or be caused in any way by such use or occupancy of City property.

APPLICANT'S SIGNATURE _____ DATE _____

City Representative: _____

*****OFFICE USE ONLY*****

Use/Admin. Fee: \$ _____ Cash _____ Check # _____

Alcohol Fee: \$ _____ Cash _____ Check # _____

CANCELLATION

Must be canceled within 48 hours of the scheduled event

Refund Received by: _____

Cleaning Deposit: \$ _____ Cash _____ Check # _____

Use/Admin. Fee: \$ _____ Cash _____ Check # _____

SPECIAL USE FEES: - Single Day Use Fees:

<u>Group Size</u>	<u>In City</u>	<u>Out of City</u>
UP TO 50	\$35.00	\$44.00
51 - 75	\$60.00	\$75.00
76 - 100	\$85.00	\$106.00
100 or more	Requires Special Agreement	
Fees will be calculated by City Finance Director.		

SEASONAL USE FEES FOR COURTS/FIELDS:

\$50/WEEK

DON LAWRENCE AMPHITHEATER USE FEES.

Time Period	Use Fee
Up to 4 hours	\$50.00
Full Day (over 4 hours)	\$100.00

Additional fees may apply if risers and/or PA system are used.

ALCOHOL ADDENDUM:

An administrative fee of \$75.00 will be assessed to process each Alcohol Addendum Form.

Inflatable Device Addendum

Indemnification:

Vendor shall agree to indemnify, protect, defend, save and hold harmless the City, its officers, employees, agents, and volunteers from and against any and all liability, claims, suits, and causes of action for death or injury to persons, or damage to property, resulting from intentional or negligent acts, errors, or omissions of Vendor arising out of the setup, use or operation of the whole or in part, by the willful misconduct, negligent acts, or omissions of Vendor, which occurs related to the setup, use or operation of the Inflatable Structure. The Vendor further agrees to waive all claims against the City on account of any loss, damage, or injury from whatever cause which may occur to it and its property in the use and occupancy of said described premises, **the giving of this waiver is one of the considerations upon which this Agreement is granted.**

Insurance Requirements:

The Vendor agrees to furnish the city a CERTIFICATE OF LIABILITY INSURANCE from their entity providing liability insurance coverage that **also identified the CITY as an ADDITIONAL INSURED on the CERTIFICATE OF LIABILITY INSURANCE and that the policy is primary and non-contributory.** The CERTIFICATE OF LIABILITY INSURANCE coverage limits at a minimum shall provide liability insurance coverage in accordance with Montana State Statute, Section 2-9-108 MCA of \$750,000 for each claim and \$1.5 million for each occurrence. The CERTIFICATE OF INSURANCE shall also provide that the insurance coverage shall not be amended, altered, canceled, or reduced without providing at least ten (10) days advance written notice to both the insured as well as to the City.

Applicant/Vendor

Date

ALCOHOL ADDENDUM

If it is the request of the applicant to sell, serve, consume or possess beer, wine, or other alcoholic beverages at a special event held on City owned or maintained property, the following information and documentation must be provided:

Name of Event

Organization Sponsoring Event

Non-Profit Organization: Yes / No

If yes, please provide Non-Profit ID Number:

Organization Officer/Authorized Representative

Mailing Address

City

State

Zip

Daytime Phone Number

Email

Name and contact information of licensed Brewers, Distillers, Caterer, if applicable:

Provide a copy of the State license and a copy of the City Liquor Licenses:_____

ALCOHOL ADDENDUM (Continued)

Provide a detailed plan that ensures that underage persons will not obtain alcoholic beverages served at the event, and the precautions proposed, such as fencing barriers to create separation, use of ID bracelets, and manned security to adequately secure and supervise the area and the participants during the events:

Please describe any alcohol restricted areas planned for the event and how they will be bounded:

_____ **Check that you have provided proof of liquor liability insurance coverage for the event.
(Attach a copy)**

_____ **Check that you have provided proof of compliance with Department of Revenue requirements for the event. A completed application with fees and approvals must be received by the Department of Revenue three (3) days prior to the event. Please contact the Department of Revenue @ (406) 444-2511.**

****Office Use Only****

Applicant Age Verification: Employee Initials _____

Approved:

_____ Initials	_____ City Manager	_____ Date
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_____ Initials	_____ Police Chief	_____ Date
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_____ Initials	_____ Fire Chief	_____ Date
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_____ Initials	_____ Public Works Director	_____ Date
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ALCOHOL ADDENDUM (Continued)

ACKNOWLEDGMENT OF LEGAL RESPONSIBILITIES

- **The holder of this special event permit is solely responsible for all actions of his/her group, and for the welfare of the public at the event, for all property belonging to the group and to the City, and for adhering to the Columbia Falls Municipal Code and the laws of the State of Montana.**
- **Applicant understands that a trained volunteer or employee in one of the preapproved MDOR training courses must be present at all points of sale and service.**
- **Applicant understands that it must pay all fees and deposits as required.**
- **Applicant understands that its permit can be revoked at any time for just cause, that its deposit may not be returned, and it may not be able to obtain a new permit in the future for violations of the law such as providing alcohol to a minor (MCA 16-6-305), providing alcohol to an intoxicated person (MCA 16-36-304), drinking if not of legal drinking age (MCA 45-5-624), or driving while intoxicated (MCA 61-8-401).**
- **Applicant understands that all beer and/or wine containers will be properly disposed of.**
- **Applicant will ensure that all participants comply with all laws and ordinances regulating the consumption of alcohol.**
- **Applicant represents, covenants, and affirms that no underage person will be allowed to consume alcohol at the event.**
- **Applicant represents, warrants, and covenants that anyone who appears legally intoxicated will be refused further alcohol and will be immediately escorted from the premises of the event.**
- **Applicant will protect, hold harmless, and indemnify the City, its governing board, the individual members thereof and all of its officers, agents, and employees from any liability resulting from the breach of this agreement or from the consumption of alcohol on City property during the event.**
- **I, as an agent and acting on behalf of the Applicant, have read and understand all of the policies and regulations contained in the permit, those regarding the use of public facilities within the City, and those regarding the consumption of alcohol.**

Signature of Applicant

Date

Print Name