


<p><b>Received Stamp</b></p>		<p><b>City of Roslyn</b>  <b>Planning Department</b>          201 S 1<sup>st</sup> St          PO Box 451          Roslyn, WA 98941          509-649-3105          FAX 509-649-3174          roslynplanning@inlandnet.com</p>
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**Special Event Permit Application Checklist**

Paper Copy	Digital Copy	Paid	The following is a list of materials which are required for a complete application. Consult with the Planning Department if you have any questions. The applicant shall file one (1) legible paper copy and one (1) digital copy of the following:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Special Event Permit Application
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Special Event Permit Fee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Facility Rental Application (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Facility Rental Fee (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Refundable Damage Deposit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Insurance Certificate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Indemnification Agreement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Written authorization from the owner of the property on which the special event is located.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Schedule of Events from setup through tear down.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Site Map of property with all structures, property lines, right-of-ways, and amenities



# CITY OF ROSLYN

National Historic District and Preserve America Community

## SPECIAL EVENT APPLICATION

Return To:  
Roslyn City Hall  
PO Box 451  
201 S 1<sup>st</sup> St  
Roslyn, WA 98941

Phone: (509) 649-3105  
Fax: (509) 649-3174

This application must be completed, signed, and returned to the City of Roslyn along with the application/filing and deposit and costs. **Minor Event Fee - \$50.00, Moderate event -\$100 Major Event Fee - \$250.00**

Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein, may result in the immediate revocation of the permit.

Please type or print information clearly and attach additional sheets as necessary.

### EVENT

**Event Name:** \_\_\_\_\_

**Event Date(s):** \_\_\_\_\_ **Day(s) of the Week** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

Facilities to be used (check): Park  Street  Sidewalk  Private Property

Set-up Date/Times: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Take-Down Date/Times: Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Purpose of Event: \_\_\_\_\_

Event Crowd Size: Participants \_\_\_\_\_ Spectators \_\_\_\_\_ Volunteers/Personnel \_\_\_\_\_

Has event been produced previously? No  Yes  If yes, what were the dates of the event? \_\_\_\_\_

Any change from previous events? No  Yes  If yes, please list changes on a separate sheet.

*Please attach a separate sheet listing the schedule & location of events as well as a site map, (site map shall include items such as the location of garbage receptacles, stages, seating, vendors, etc.)*

### APPLICANT INFORMATION

**Organization Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **During Event:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Fax: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**FEES & PROCEEDS**

Will you charge an admission fee? No  Yes  If yes, how much? \_\_\_\_\_

Any vending Sales? No  Yes  If yes, check all that apply: Food  T-shirts/Hats  Buttons   
Books  Balloons  Other:  (Please specify): \_\_\_\_\_

Will alcohol be served or available? No  Yes

Will alcohol be sold? No  Yes\*  If yes, by whom? \_\_\_\_\_

\*Applicant is responsible for obtaining all required permits from the State of Washington regarding alcohol & must provide proof to the City of Roslyn prior to the Special Event Permit being issued.

**ENTERTAINMENT & PROMOTIONS**

Sound System: Acoustic  Amplified

Describe Entertainment: \_\_\_\_\_

List of entertainers or bands performing at event: \_\_\_\_\_

Check type of promotion you plan to use to attract participants:

Television  Radio  Newspaper  Flyers  Posters  Other  Please specify \_\_\_\_\_

**SPECIAL REQUESTS**

Are streets requested to be closed for this event? No  Yes\*

\*List streets requested to be closed and attach map, highlighting streets.

**INSURANCE INFORMATION**

Evidence of insurance must be provided no less than ten (10) days prior to the event. "City of Roslyn" at 201 S 1<sup>st</sup> St, Roslyn WA, 98941 must be named "additional insured" to all coverage. Special Event Permit will *not* be issued until insurance has been approved.

Please see Roslyn Municipal Code Chapter 5.20 for additional information.

**ADDITIONAL INFORMATION**

Traffic Control & Security – some activities may require traffic control & security. Please attach a separate sheet of paper giving detailed information as to how your organization will deal with these issues.

Indemnification Agreement – is required, see attached form.

Filing Fee must accompany this application.

Park Reservation Request – please fill out a park reservation form if you will be using the park.

If you have any questions please feel free to contact our office at (509) 649-3105.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Date)



# CITY OF ROSLYN

National Historic District and Preserve America Community

## FACILITY RENTAL APPLICATION

**Please return to: City of Roslyn  
PO Box 451 ♦ 201 S 1<sup>st</sup> St ♦ Roslyn, WA 98941  
Phone: (509) 649-3105 ♦ Fax: (509) 649-3174**

Date requested: \_\_\_\_\_

Name of Group: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Number of person(s) attending: \_\_\_\_\_

Responsible party name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

### USE FEES:

Ball fields/gazebo .....	\$200.00*
Kitchen.....	\$100.00*
Events that charge admission.....	\$50.00*
Ball tournaments/per team.....	\$20.00*

\*If you are a non-profit group (501c3) these fees are half price if you provide your 501c3 documentation.

Total due for your event .....\$ \_\_\_\_\_

I understand that alcohol is not permitted in any City of Roslyn Facility without a Washington State Liquor Board Banquet permit. I understand that the \$200 deposit will be returned once an approved inspection is requested and received. I also understand that I am expected to submit a Special Event Application along with this application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Printed Name)



# CITY OF ROSLYN

National Historic District and Preserve America Community

## INDEMNIFICATION AGREEMENT

Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, between the City of Roslyn, County of Kittitas, State of Washington, referred to as INDEMNITEE, and \_\_\_\_\_ of \_\_\_\_\_, County of \_\_\_\_\_, State of Washington, referred to as INDEMNITOR. For good and valuable consideration, receipt of which is acknowledged, it is hereby agreed:

### Section 1

Indemnitor undertakes to indemnify Indemnitee from any and all liability, loss or damage Indemnitee may suffer as a result of claims, demands, costs or judgments against it, arising out of the acts, failure to act, or activities that Indemnitor conducts under the City's license or permit, except for loss or damage that is caused by, or arises out of, the sole negligence of Indemnitee or its officers, agents, employees or representatives.

### Section 2

This agreement shall commence on the date that the City issues its license and/or permit to Indemnitor and shall continue in full force until the permit and license expire. Renewal of the permit and associated licenses (if any) automatically renew this agreement. The duty to indemnify the City for claims, demands, costs or judgments against it that arise during the agreement survives the expiration of the agreement.

### Section 3

Indemnitee agrees to notify Indemnitor in writing, within 30 days, by registered mail, at Indemnitor's address, as stated in this agreement, of any claim made against Indemnitee on the obligations indemnified against.

### Section 4

Indemnitor agrees to defend against any claims brought or actions filed against Indemnitee with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. In case a claim should be brought or an action filed with respect to the Subject of indemnity herein, Indemnitor agrees that Indemnitee may employ attorneys of its own selection to appear and defend the claim or action on behalf of Indemnitee, at the expense of Indemnitor. Indemnitee, at its option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromises or settlement of any claims or against Indemnitee.

### Section 5

Vouchers, or other similar, proper evidence showing payment by Indemnitee of any loss, damage, or expense covered under this agreement shall be conclusive evidence (except for fraud) against Indemnitor of the fact and amount of Indemnitor's liability hereunder.

### Section 6

Indemnitor covenants that he/she will never institute any action or suit at law or in equity against Indemnitee, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause of action for damages, costs, loss of services, expenses, or compensation on account of any damage, loss or injury either to person or property, or both whether developed or undeveloped, resulting to or to result, known or unknown, past, present, or future, arising out of activities that Indemnitor conducts under a license/permit issued to Indemnitor by Indemnitee.

### Section 7

This instrument reflects the entire covenant between Indemnitor and Indemnitee on this subject, and no statements, promises, or inducements made by Indemnitee or any agent of Indemnitee on this subject that are not contained herein shall be valid or binding.

IN WITNESS WHEREOF, the parties have executed this agreement at Roslyn, Washington the year and the day first written above.

\_\_\_\_\_  
City of Roslyn, City Clerk

\_\_\_\_\_  
Indemnitor

100 E. Pennsylvania Ave., PO Box 451, Roslyn, WA 98941, PH 509-649-3105, FAX 509-649-3174