



City of Port Orchard  
 216 Prospect Street, Port Orchard, WA 98366  
 (360) 876-4407 • FAX (360) 895-9029

## Public Event Application

NOTE: Acceptance of this application by the City Clerk's Office does NOT indicate or guarantee approval of the application or the dates requested. Each application will be reviewed by City staff and Council Committee. Additional information may be requested by city personnel prior to submittal of the application to the City Council for final consideration. No statement made by city staff or elected official prior to final consideration by the City Council shall obligate the City Council in any manner.

Name of Event: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Name of Person Completing This Application: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Dates of Event (Inclusive) \_\_\_\_\_

Location of Event: \_\_\_\_\_  
*(If Event Will Have Multiple Activities and Locations, List On Separate Sheet)*

Anticipated Number Of Exhibitors: \_\_\_\_\_ Time Open To Public: \_\_\_\_\_

Anticipated Number Of Visitors: \_\_\_\_\_ Time Open To Vendors: \_\_\_\_\_

Closing Time: \_\_\_\_\_

*This application form was designed for use by applicants for various types of events. Please answer all questions; you may attach additional pages if necessary.*

1. Describe type of event and how this event will benefit the community: \_\_\_\_\_  
 \_\_\_\_\_

2. What is expected traffic pattern for the event? **Attach a site map indicating location of each activity/vendor(s), fire lanes, garbage, and restroom/sani-can(s):** \_\_\_\_\_  
 \_\_\_\_\_

3. Describe how public safety, traffic and crowd control will be provided. How many police officers do you anticipate will be needed for (1) traffic control and (2) crowd control? \_\_\_\_\_  
 \_\_\_\_\_

4. Describe how sanitation control (garbage and restrooms) will be provided and maintained: \_\_\_\_\_  
 \_\_\_\_\_

5. How many participants and visitor cars are anticipated and where will parking be provided? \_\_\_\_\_  
 \_\_\_\_\_

6. How have parking impacts been coordinated with the neighbors (residential and/or business)? \_\_\_\_\_  
 \_\_\_\_\_
7. Has shuttle service/park and ride lots been coordinated with Kitsap Transit? Describe locations, frequency of service and name of contact at Kitsap Transit. Attach written verification of commitment for service from Kitsap Transit: \_\_\_\_\_  
 \_\_\_\_\_
8. Describe how fire lanes will be identified and kept open: \_\_\_\_\_  
 \_\_\_\_\_
9. Will this event require the closure of any street? If so, list street name with date and time of requested closure: \_\_\_\_\_  
 \_\_\_\_\_
10. If any event activity or vendor requires electrical connections or other accommodation to operate, indicate location and how you anticipate meeting their needs: \_\_\_\_\_  
 \_\_\_\_\_
11. Do you plan to use signage for your event?  No  Yes If Yes, indicate the location(s) on a separate site map. Indicate how they will be displayed and/or attached. Include size and design of said sign(s) as well as a sample of the sign with dimensions. No signs are allowed on public property or right-of-way.  
 \_\_\_\_\_  
 \_\_\_\_\_
12. How will the event area be cleaned before, during and after the event? \_\_\_\_\_  
 \_\_\_\_\_
13. If your event requires vehicles to be towed, your organization must accept responsibility and indemnify the City of Port Orchard and other authorizing property owner(s) by agreeing to pay tow/storage charges or damage claims which result from the vehicle being towed, if a court rules in favor of the registered owner and orders payment of such charges or damage claims. Do you accept this responsibility?  Yes  No If yes, name of person responsible for rendering payment of tow/storage charges. If no, explain why: \_\_\_\_\_  
 \_\_\_\_\_
14. When specifying location of event activity/vendor(s), do you anticipate utilizing any area not owned or managed by the City of Port Orchard?  yes  no If yes, the **owner/manager of subject property must complete and sign** the following: *(Please ask for additional forms if multiple properties are being used and have different owners.)*

Name of property owner: \_\_\_\_\_  
 Authorizing authority: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Signature of authorizing authority: \_\_\_\_\_

A. If the City of Port Orchard approves this application for public event, will your organization grant permission for the sponsoring organization to use your property on the dates specified, for the purpose and activities described in this application?  Yes  No If yes, please complete the following:

B. Are there any limitations or restrictions on use of your property?  Yes  No If yes, please describe in detail: \_\_\_\_\_  
 \_\_\_\_\_

C. Do you require the event sponsor list you as an Additional Named Insured and provide an insurance certificate to your organization prior to the event date?  Yes  No If yes, please indicate coverage limits you require for general liability, property damage and or personal injury? \_\_\_\_\_  
 \_\_\_\_\_

15. If nature of this event requires event workers to stay overnight (such as carnival or other event workers) where and how do you anticipate providing their lodging? If you anticipate utilizing private property(s) for lodging or other purposes, **the owner of the subject property(s) must complete and sign the following:**

Name of property owner: \_\_\_\_\_

Authorizing authority: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of authorizing authority: \_\_\_\_\_

- A. Are there any limitations or restrictions on use of your property?  Yes  No

If yes, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_

- B. Do you require the event sponsor list you as an Additional Named Insured and provide an insurance certificate to your organization prior to the event date?  Yes  No

If yes, please indicate coverage limits you require for general liability, property damage and or personal injury? \_\_\_\_\_  
\_\_\_\_\_

- C. How will use of your property by event workers impact neighboring property owners? Describe steps that will be taken to mitigate any adverse impact(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Please provide any other information, which you believe, will assist the city in the review process: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. **INSURANCE REQUIREMENTS:** Sponsoring organization must provide an insurance certificate, 10 days prior to the event, with the City of Port Orchard and other applicable parties shown as Additional Named Insured. Minimum coverage to be as follows:

\$1,000,000 Liability; \$1,000,000 Bodily Injury

- A. Can you provide this Insurance Certificate?

SIGNATURE OF APPLICANT: \_\_\_\_\_

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

**NOTE: This section to be completed by City staff after application is submitted to the City Clerk.**

REVIEW AND COMMENT BY POLICE DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_

REVIEW AND COMMENT BY FIRE DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_

REVIEW AND COMMENT BY PUBLIC WORKS: \_\_\_\_\_

\_\_\_\_\_

REVIEW AND COMMENT BY FINANCE DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_

REVIEW AND COMMENT BY PLANNING DEPARTMENT: \_\_\_\_\_

\_\_\_\_\_

Date Application Received: \_\_\_\_\_

Date Routed to Department: \_\_\_\_\_

Is a Master Vendor's License needed:  Yes  No

Approved By \_\_\_\_\_

City Clerk or Designee

DECISION OF CITY COUNCIL:  APPROVE  DISAPPROVE DATE OF DECISION: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_