



Dept. of Community Development
152 West Cedar Street
Sequim WA 98382
360-683-4908
www.sequimwa.gov

**Special Event Permit Application
(SMC 8.38)**

Special Event Permits regulate temporary activities that impact the delivery of governmental services or affect public property, facilities or operations in a manner that exceeds the ordinary and normal use by the general public. Sequim Municipal Code (SMC) Chapter 8.38 describes the type of events that require this Permit and the general conditions that may be imposed. Fees are found at SMC 3.68 (Rates and Fees). Special Events may require other permits or licenses in addition to this Special Event Permit.

Applicant Information (Please print legibly if not using fillable form)

Applicant Name(s): _____

Organization/Entity/Agency (if any): _____

Email Address: _____

Mailing Address: _____

City/State/ZIP: _____

Phone No.: _____

[If Different] Name and Contact Information of Responsible Person On Site at Event:

Date of Application: _____

Applications should be submitted to the City at least 60 days prior to the proposed date of Event.

By signing below, Applicant(s) agree to comply fully with the conditions and requirements of this Special Event Permit and represent and warrant under penalty of perjury under the laws of the State of Washington that Applicant(s) have all necessary authority and approvals to execute this Permit.

Any deviation from the final Permit conditions may result in termination of the Permit, even during the Event.

Signature
Printed Name: _____
City/State Where Signed: _____

Signature
Printed Name: _____
City/State Where Signed: _____

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Event Details (Leave no blanks; may use "N/A")

Name of Event (if any): _____

Date(s) of Event: _____ Start Time _____ .M End Time _____ .M (include setup/takedown)

Location(s) of Event: _____

Brief description of Event: _____

Has this Event been produced in Sequim previously? Yes No. If yes, what year? _____

If yes, are you now making any changes to the Event? Yes No

Describe changes: _____

Will Event be open to the public? _____

Will admission/entrance fee be charged? Yes No. If yes, how much? \$ _____

Expected number of attendees/participants/spectators: _____

Will Event occur on private property public property both

-If Event is occurring on public property, describe: _____

Use of City property may require a Facility Rental Application in addition to this Permit.

-If Event is occurring on private property, written permission from the property owner must be provided to City as part of this Application.

Have local neighborhood groups/businesses approved your Event concept? Yes No

If no, what steps will be taken to notify them of your Event? _____

If yes, attach written proof of their approval or provide community contact information below:

Describe your Event promotion activities, such as TV/radio ads, posters, billboards, etc.:

Will your Event involve vendors? Yes No

If yes, how many vendors will there be, and list all items that may be sold or distributed:

#Vendors _____ Items: _____

If food or alcoholic beverages will be sold, you and/or your vendors will be required to obtain additional permits, licenses, and insurance coverage.

Will Event attendees register for or pay an entrance fee to participate in an athletic activity, including but not limited to biking, running, walking, or engaging in any sport? Yes No

If yes, you are required to carry insurance for your Event that covers *athletic participation*.

Will your Event involve entertainment? Yes No

Describe in detail, including performer names if available: _____

Entertainment must comply with all local, state and federal laws, including noise regulation.

Will your Event involve fireworks or other pyrotechnics? Yes No

If yes, you must comply with SMC 8.20.130-.140 and Revised Code of Washington (RCW) 70.77. All steps below are necessary before Application will be approved.

- Fire Official report and recommendation is attached.
- Pyrotechnician contact information, proof of licensure, and insurance coverage is attached.
- Complete description of proposed display is attached.

Will your Event involve portable structures or buildings, including without limitation staging, scaffolding, tents, canopies, signs, inflatables, and portable restrooms? Yes No

- Portable restrooms. How many? _____ How many handicapped accessible? _____
- Booths. How many? _____ Approximate size range: _____
- Tents/Canopies. How many? _____ Approx. size range: _____
- Stages. How many? _____ Approximate size range: _____
- Scaffolding. How many? _____ Approx. size/height: _____
- Signs. How many? _____ Type and size range: _____

NOTE: Signs are regulated by SMC 18.58.

- Inflatable structures (e.g. "bouncy houses"). How many? _____

Inflatable structures are prohibited on City-owned property.

Inflatable structures on non-City-owned property require licensure from the State Dept. of Labor & Industries. A copy of such license must be available to the City upon request.

- Other. Describe _____

Will your Event involve rides (e.g., ferris wheel, bumper cars)? Yes No

If yes, rides must meet all licensure and safety requirements of local, state and federal law and Applicant must have current documentation available for each ride to present to City upon request. Number of rides: _____

Description of rides: _____

Will your Event involve animals? Yes No

If yes, describe number and species of animals: _____

Will your Event involve vehicles? Yes No

If yes, describe number and type of vehicles, including size and gross weight: _____

Will you use generators for electricity? Yes No If yes, how many? _____

Traffic and Parking Plan:

- Attach a site plan or map, if applicable.
- Attach a route plan or map, if applicable (include walk/run routes as well as vehicular).
- Attach a parking plan for participants and spectators.
- All plans and maps must be clear, legible, and reasonably to scale, with North indicated by directional arrow. Include surrounding street names and mark if one-way. Indicate fire lanes. Include the number and placement of barricades you believe will be necessary. It is

recommended that you obtain advance approval of your routes and plans from neighboring businesses or residents that may be affected by your Event.

Describe your plans for on-site security, monitors, route control, and medical assistance:

LIABILITY INSURANCE

Liability insurance is required for all Special Events permitted by the City under SMC 8.38. **Proof of liability insurance coverage *must* be presented to the City for review by the Sequim City Attorney within 10 business days of submission of this Application.** Documentation must include a Certificate of Liability *and* appropriate Endorsements naming “City of Sequim” as an Additional Insured or covering the City through a blanket additional insured endorsement.

Applicant may use any insurance provider licensed to do business in the State of Washington with a current A.M. Best rating of not less than A:VII. Event coverage may be available through the City’s risk pool, Washington Cities Insurance Authority (WCIA). Visit www.wciapool.org/insurances/tulip or call 1-800-507-8414 (OneBeacon Customer Service).

General Liability policies must name or cover the City of Sequim as an additional insured using ISO form CG 20 11 or coverage at least as broad.

The minimum coverage amount and type of insurance required by the City may vary depending on specific Event features.

DENIALS AND APPEALS

Applicant may appeal denial of a Special Event Permit or imposition of a permit condition or fee. The appeal procedure is found at SMC 8.38.100.

City Use Only	
Application Reviewed on: _____	APPROVED <input type="checkbox"/>
By: _____	DENIED <input type="checkbox"/>
Title: _____	
Comments and Notes:	