

Town of Twisp
PO Box 278 – 118 S Glover Street
Twisp WA 98856
509-997-4081

APPLICATION FOR PUBLIC EVENT

NOTE: Applications received less than 21 days prior to an event may not be considered.

INSURANCE REQUIREMENTS: Sponsoring organization MUST provide an insurance certificate with the Town of Twisp shown as Additional Named Insured. Coverage MUST be a minimum of \$1,000,000.

Acceptance of this application by the Town Clerk's Office does NOT indicate or guarantee approval of the application or the dates requested. Each application will be reviewed by Town staff. Additional information may be requested by Town personnel for final consideration. No statement made by Town staff or elected official shall obligate the Town in any manner.

NAME OF EVENT: _____

NAME OF SPONSORING ORGANIZATION: _____

(Note: If yours is a non-profit organization, attach State or Federal documentation proving status)

AUTHORIZED REPRESENTATIVE FOR ORGANIZATION: _____ PHONE _____

NAME OF PERSON COMPLETING THIS APPLICATION: _____

EVENT COORDINATOR/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. Describe how fire lanes will be identified and kept open. _____

8. Will this event require the closure of any street? If so, list street name with date and time of closure. _____ requested

9. If any event activity or vendor requires electrical connections or other accommodation to operate, indicate location and how you anticipate meeting their needs. _____

10. How will the event area be cleaned during and after the event? _____

11. When specifying location of event activity/vendor(s), do you anticipate utilizing any area not owned or managed by the Town of Twisp? ____ 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.)*

Purpose of private property used. (Example, parking for event, lodging workers etc.) _____

Name of property owner: _____

Authorizing authority: _____ Title: _____

Address: _____ Telephone: _____

Signature of authorizing authority: _____

A. If the Town of Twisp 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?

12. If the nature of this event requires event workers to stay overnight (such as carnival or other event workers) where and how do you anticipate providing the needed lodging? If you anticipate utilizing private property(s) for lodging or other purposes, **the owner of the subject property(s) must complete #12.**

13. Please provide any other information which you believe will assist the town in the review process

If alcohol will be part of this event, please complete the following:

Name of Applicant _____ Phone _____

The appropriate license/permit must be issued from the State prior to approval of this event permit. Please check which license/permit will be obtained.

_____ **Banquet Permit (WAC 314-18):**

- *Event will be held in a public place
- *Beer and/or wine *will not* be sold
- *Event will not be open to the public

_____ **Special Occasion License (WAC 314-05):**

- *Event will be held in a public place
- *Beer and/or wine *will* be sold
- *General Public is invited to the event
- *For Non-profit organizations only. Please attach proof of non-profit status.

A \$500.00 refundable damage deposit must be paid to the Town of Twisp with this application, payable upon final approval of event.

Additional requirements are as follows:

- Permit/license must be posted on site of event.
 - Licensees must place solid barriers around areas that are classified as off-limits to minors. The barriers must clearly separate restricted areas and must be at least 42 inches high. "Minor Prohibited" signs, as required by WAC 314-11-060, must be posted at each entrance to restricted areas (WAC 314-02-025).
 - I.D. checks are required to prevent use or sale of beer and/or wine to a minor.
 - “Beer Gardens” with an expected occupancy of more than 100 people shall require additional security provided by the Town’s recognized law enforcement authority.
- The fee for added security to be paid to the Town of Twisp by the hosting organization will be at a rate of \$50.00 per hour for each officer.

***It is unlawful to attach any notice, bill, poster, sign, wire, rod or cord to any tree or scrub within any park.
All permitted signs as described above, shall be removed immediately following the completion of your event.***

I, _____(Organization name), agree to indemnify and hold harmless the Town of Twisp, its officers, employees, elected officials and agents from and against any claims, damages or lawsuits, including any attorneys’ fees incurred by the Town, on account of any personal injury or property damage that occurred to any person or entity as a result of _____(Organization name) its officers, directors, employees, agents or volunteers’ use of Town property, or property controlled by the Town, and as set forth in this Town Public Event Application.

The Town of Twisp agrees that no person shall on the grounds of race, color, national origin, or sex, be discriminated against in the programs or activities of the Town.

Signature of Authorized Representative of Organization _____ Date _____

NOTE: THIS SECTION TO BE COMPLETED BY TOWN STAFF AFTER APPLICATION IS SUBMITTED TO THE TOWN.

REVIEW AND COMMENT BY POLICE DEPARTMENT: _____

REVIEW AND COMMENT BY FIRE DEPARTMENT: _____

REVIEW AND COMMENT BY PUBLIC WORKS: _____

PERMIT ACTION:

- Response to all comments and questions above have been received and attached.
- Insurance certificate received naming the Town as additionally insured.

Date of Action: _____

Approved:

Disapproved:

If disapproved - reasons why: _____

Mayor