



For Office Use Only
Permit No. _____

City of Des Moines
SPECIAL EVENT APPLICATION

Return to: City of Des Moines Events Office
ATTN: Ashley Young
Events and Facilities
22307 Dock Ave South
Des Moines WA 98198
ayoung@desmoineswa.gov

Phone: (206) 870-9370
Fax: (206) 870-6587

This application must be completed, signed and forwarded to the City of Des Moines at least ninety (90) days prior to the first day of the event (unless authorized by the City Manager). Applications submitted less than 90 days prior to the event may be denied or subject to additional review fees. 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. Submittal of this application in no way constitutes City of Des Moines approval of the event. Permits are issued at the discretion of the City of Des Moines upon thorough application review. The City of Des Moines reserves the right to reject any Special Event Permit application request for any reason. Please type or print information clearly and attach additional sheets as necessary.

1. EVENT INFORMATION						
to promote your event go to www.destinationdesmoineswa.org for more information						
Event Name:						
Event Type:	<input type="checkbox"/> Festival/Fair <input type="checkbox"/> Block Party <input type="checkbox"/> Sporting Event <input type="checkbox"/> Bicycling <input type="checkbox"/> Outdoor Market <input type="checkbox"/> Photo Shoot/Film <input type="checkbox"/> Public Address/PA Systems	<input type="checkbox"/> Concert/Amplified <input type="checkbox"/> Boating/Rowing <input type="checkbox"/> Swim/Wind Surf <input type="checkbox"/> Rally/Protest <input type="checkbox"/> Run/Walk <input type="checkbox"/> Religious <input type="checkbox"/> MaST Facility Use	<input type="checkbox"/> Private Event <input type="checkbox"/> Car/Boat Show <input type="checkbox"/> Commercial Event <input type="checkbox"/> Wedding/Reception <input type="checkbox"/> Triathlon <input type="checkbox"/> Fireworks <input type="checkbox"/> Parade	<input type="checkbox"/> Music/Theatrical <input type="checkbox"/> Exhibits/Displays <input type="checkbox"/> Food Beverage Vendors <input type="checkbox"/> Merchandise/Services Vendors <input type="checkbox"/> Other (describe) _____		
Event Date(s): Indicate Dates/Times OPEN to Attendees	Start Day (of week): Date:	End Day (of week): Date:	Hours: Open until closing Each Day	Start Time (example 12:00pm):	End Time (example 12:00pm):	
Setup/Take Down Dates:	Start Day: Date:	End Day: Date:	Setup/Take Down Hours Daily:	Start Time (example 12:00pm):	End Time (example 12:00pm):	
Event Location:	Describe in detail and attach black and white maps and layouts:					
Event Size:	# of Participants:	# of Spectators:	# of Staff/Volunteers:	TOTAL Attendance Expected: (Add all 3 columns)		
Has this event been produced before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an Annual Event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Previous Names(s) of Event:		How Many Years?		
Are there any changes from previous years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe Changes:					
Is this event public? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this event private? <input type="checkbox"/> Yes <input type="checkbox"/> No	If open to the public, please check all advertisement methods: <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Internet <input type="checkbox"/> Posters <input type="checkbox"/> A-Board* <input type="checkbox"/> Banners* <input type="checkbox"/> Inflatable Display					
Briefly describe your event here. Attach additional documents if necessary. *The use of Temporary Special Event Signage (A-Boards, Banners) requires a Sign Special Use Permit. Contact Planning, Building and Public Works at 206-870-7576 to obtain permit.						

2. APPLICANT INFORMATION					
Sponsoring/Producing Organization Name:					
Mailing Address:		Street Address:			
		City, State, Zip:			
Applicant Contact:		Name:		Secondary Contact: Name:	
		Title:		Title:	
Phone:			Fax:	Phone:	
Email:			Email:		
Organization/Event Website: http://www.					

3. PARK, RECREATION & MARINA FACILITIES					
<p>Events held at Des Moines Parks and Recreation facilities require a Park Use Permit, with separate fees. Please familiarize yourself with the Park and Recreation Use Permit Application to understand the conditions, limitations and fees for events on Parks Property. For more information regarding facility rentals please contact the Parks and Recreation Office at 206-870-6527 or recreation@desmoineswa.gov.</p> <p>Events held at Des Moines Marina facilities require a Marina Use Permit, with separate fees. Conditions, fees and limitations for events are in the Marina Tariffs. For more information regarding Marina rentals please contact the Harbormaster's Office at 206-870-6724 or marina@desmoineswa.gov.</p>					
Is your event partially or fully held at a City of Des Moines Park or Marina? <input type="checkbox"/> Yes <input type="checkbox"/> No		Park Facility(ies) requested: Marina Facility(ies) requested:		Have you completed a Park Use or Marina Use Application <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recreation Facility Requested: <input type="checkbox"/> Activity Center <input type="checkbox"/> Field House <input type="checkbox"/> Founder's Lodge		Picnic Shelter Requested: <input type="checkbox"/> Midway <input type="checkbox"/> Field House Park <input type="checkbox"/> Wooton Park		Have you completed a Facility Use Application <input type="checkbox"/> Yes <input type="checkbox"/> No	

Disclaimer: The City of Des Moines does not endorse any products, programs or services that are presented. Each individual is responsible for making informed decisions regarding these services, programs or products. Submittal of this application in no way constitutes City of Des Moines approval of the event. Permits are issued at the discretion of the City of Des Moines upon thorough application review. The City of Des Moines reserves the right to reject any Special Event Permit application request for any reason.

4. FEES & PROCEEDS		Admission Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount? \$	Will you have vendors selling goods or services on park property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Items to be sold:		<input type="checkbox"/> Food	<input type="checkbox"/> Beverages	<input type="checkbox"/> Merchandise	<input type="checkbox"/> Services <input type="checkbox"/> Other
15% of gross commercial sales (food beverages, admissions, souvenirs, goods, and services) on Parks property must be remitted to Des Moines Parks and Recreation Department within 10 days following the event.					

5. VENDORS		Does your event have vendors selling food, beverages, merchandise or services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please contact Planning, Building and Public Works at 206-870-7576 or visit www.desmoineswa.gov for Business License information and requirements.					

6. ALCOHOL		The sale, service and consumption of alcoholic beverages are subject to Washington State Liquor Control Board (WLSLCB) regulations, licensing and permit requirements. Special Occasion licenses are issued only to non-profit societies or organizations holding a special event at which spirits, beer or wine is sold by the drink. The City's liquor liability limits apply to events in which alcohol is sold. Non profit organizations must apply for a Special Occasion License 45 days prior to the event. Your event may require a different type of permit. Please visit the WSLCB website, www.liq.wa.gov for additional information.			
Will alcohol be sold or consumed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is a non-profit organization providing the alcohol service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate name of non-profit organization: _____ If No, indicate alcohol service provider: _____			
Beer/Wine Garden Days & Dates:			Hours:		
Describe intended or requested sale and/or consumption of alcoholic beverages at your event:					

7. FOOD	If you plan to sell food or have food vendors at your event, Public Health Seattle & King County Temporary Food Service permits may be required for each food vendor or sales/serving location. The Temporary Food Service application and fee are due at least 14 days prior to the event. Additional requirements are listed on the application available at www.kingcounty.gov/health or contact Renton Public health at 206-296-4700.		
Do you plan to sell food at your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many food vendors will you have at your event?	Will food be hot/cold held or cooked onsite? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Potentially hazardous food must be kept hot at 140F or more or cold at 41F or less.</i>	
Only limited food preparation is allowed onsite at an event. A commercial kitchen is required for most food preparation. Handling unpackaged food requires a barrier such as gloves, tissue or tongs and a hand-wash station available INSIDE the food booth (an insulated container with 5 gallons of gravity flow hot water, soap and paper towels). Food vendors are required to be within 200 feet of a restroom with a hand sink that has hot and cold running water for food workers.			
Please describe the food service at your event:			
8. NEIGHBORHOOD COMMUNICATION	Please provide a community outreach and notification plan with your application for events such as parades, road races, festivals, neighborhood block parties with details regarding how residents and businesses will be notified in the neighborhood where your event takes place, and if there will be street closures, impact to parking areas, traffic delays or amplified sound:		
9. AMPLIFIED SOUND/MUSIC	Special review is required if your event has Amplified sound (PA system) or music after 10:00pm or during early morning hours before 7:00am on weekdays and 9:00am on weekends.		
Does your event have amplified sound? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your event have amplified music and entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	
What times are you requesting amplified sound? Please list dates and start and end times below:			
Date: Start: End:	Date: Start: End:	Date: Start: End:	Date: Start: End:
10. EQUIPMENT SET/UP	Please check all boxes that apply: <input type="checkbox"/> Requesting Electricity		
<input type="checkbox"/> Commercial Signage	<input type="checkbox"/> Generators	<input type="checkbox"/> Tents/Canopies #	<input type="checkbox"/> Fireworks <input type="checkbox"/> Portable Restrooms
<input type="checkbox"/> Inflatable's/Bouncy Toys	<input type="checkbox"/> Hand washing Stations	<input type="checkbox"/> Staging/Scaffolding	
Please contact the Department of Planning Building and Public Works at 206-870-7576 if you have special electrical needs or if you will have tents/canopies at your event to determine if a separate permit is required.			
Please list the outside company/vendor that you are using for any of the checked boxes above:			
11. RECYCLE & TRASH	Washington State law requires vendors and organizers for festivals, sports facilities, special events and official gatherings to provide recycling containers at events where beverages in cans and/or bottles are sold. See RCW 70.93.093 for complete language.		
Will beverages in cans or bottles be sold at your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you providing recycling containers at your event? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many recycling containers will you have at your event?	
How many large trash dumpsters will you have onsite at your event? What size?	How many large recycling dumpsters will you have onsite at your event? What size?		
How many waste containers will you have at your event?	Will you be managing your own waste and recycling? Will you be hiring an outside vendor?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> No
If you are hiring an outside vendor, please identify the company you are working with and include onsite, weekend or emergency numbers for them.			
Name _____			
Telephone _____		Email _____	
Please describe your waste and recycling plan.			

Please include information regarding collection of recyclables including cans, bottles, cardboard, paper, food and other compostable items if applicable.

12. STREET USE & METRO Events that require the use or closure of public streets are required to submit a detailed description of the intended usage and/or closure and detailed maps to support the request. A right of way permit may be requested/required.

Barricades, traffic cones, "No Parking" signs, etc., may be required by Des Moines Planning, Building and Public Works Department as part of the Traffic Control Plan and are at the expense of the permit holder and are not included in the Special Event Permit Fee.

Does your event require any street closures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to use street parking spaces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If your event requires either of these, or affects any streets, please attach a detailed map and description of the areas affected.
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What times are you requesting to close the streets? Start Time: End Time:	Do you anticipate affecting or re-routing any Metro bus routes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list routes and note route locations on your street use map.
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Please describe your street use:

13. FIRE City special events may require fire permits. The cost of these permits may not be included in the Special Event Permit Fee. Fire permits may be required for carnivals and fairs, tents/canopies, places of assembly, open flame cooking (with propane, charcoal or wood), fireworks and other uses. Contact South King County Fire and Rescue at prevention.web@southkingfire.org Size of Tents:

14. MEDICAL Does your event require onsite medical assistance or first response providers standing by:
 Yes No

15. POLICE & TRAFFIC Special events may require the use of police officers for crowd and traffic control or other purposes. These needs will be determined at your event review.

16. CITY OR PUBLIC SERVICES REQUESTED

Police Department: Crowd Control, Security or Traffic Control:

City Staff Presence:

Barricades, Street Closures or Detours

Special Park Maintenance or Set Up

Street Sweeping/Clean Up

Assistance with Banner or Sign Placement

	First Aid Onsite
	Electrical Hookup to City venue power source

17. INSURANCE	Evidence of insurance must be provided to the Des Moines Parks, Recreation & Senior Services office no later than thirty (30) days prior to the commencement of the event. A Special Event Permit will not be issued until all insurance requirements have been received, verified and approved.
	The City of Des Moines must be listed as an additional insured. The Certificate of Additional Insured must be accompanied by the policy endorsement forms CG20 12 or CG 20 26 or equivalent or it will not be accepted. Please fax or e-mail your proof of insurance to the Special Events Office, Attn: Ashley Young. Contact information on page 1 of this form.

18. EXEMPTION REQUEST	Are you requesting an exemption from the Special Event Permit Fee? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, state the reason for the exemption (i.e., constitutionally protected free speech, religious and political expression are accepted reasons for an exemption; non profit status by itself is not sufficient for exemption). Fee exemptions apply only to the Special Event Permit Fee and do not apply to other department's permit fees.

19. SIGNATURE	I certify that the information that I have provided in this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly.	
	All documents received by the Special Events Office are public documents and subject to public disclosure in accordance with the State Public Disclosure Act.	
	_____	_____
	Print Applicant's Name	Date
_____	_____	
Applicant's Signature (see below for electronic signature)	Date	

Date: _____

By checking this box as an electronic signature, I agree to all the terms and conditions that may apply to the Special Event permitting process and agree that all information contained in this application is true and correct to my knowledge.

20. CITY CLEARANCES & SPECIAL CONDITIONS (City Use Only)	Police Department Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Special Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Department Contact:		
	Conditions or Comments:		
	Estimated Cost	\$	
	Building Division Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Special Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Building Permit Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Department Contact:		
	Conditions or Comments:		
	Estimated Cost	\$	
	Transportation Engineering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Conditions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ROW Permit Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Department Contact:			
Conditions or Comments:			
Estimated Cost	\$		

Marina Approval Special Conditions Department Contact: Conditions or Comments: Estimated Cost \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parks & Recreation Approval Special Conditions Special Event Sign Permit? Facility Use Application? Department Contact: Conditions or Comments: Estimated Cost \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Superintendent Approval Special Conditions Department Contact: Conditions or Comments: Estimated Cost \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Surface Water Management Approval Special Conditions Department Contact: Conditions or Comments: Estimated Cost \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
SK Fire & Rescue Approval Special Conditions Department Contact: Conditions or Comments: South King Fire Permit Required? Estimated Cost \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
City Manager/Administration Approval Special Conditions Contract Required? City Council Resolution Required? Business License Required? Department Contact: Conditions or Comments: Estimated Cost \$	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Resolution No: _____ License No: _____
Total City Cost: \$ _____ Special Event Permit Fee: \$ _____ TOTAL CHARGE: \$ _____		