



For Office Use Only
Permit No. _____

City of Des Moines

SPECIAL EVENT APPLICATION

Return to: City of Des Moines
21630 11th Avenue S
Des Moines WA 98198

Phone: (206) 878-4595
Fax: (206) 870-6540

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. 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 INFORMATION

Event Name:

Event Type (check as many as apply)

Concert	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>	Protest	<input type="checkbox"/>	Run	<input type="checkbox"/>
Dance	<input type="checkbox"/>	Festival	<input type="checkbox"/>	Race	<input type="checkbox"/>	Walk	<input type="checkbox"/>
Drama	<input type="checkbox"/>	Parade	<input type="checkbox"/>	Ride	<input type="checkbox"/>	Other	<input type="checkbox"/> Specify: _____

Event Date(s): _____ Day(s) of the Week: _____ Time(s): _____

Event Location:

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

Set-Up Date/Times: Begin: Date: _____ Time: _____ am/pm
Take-Down Date/Times Dismantle: Date: _____ Time: _____ am/pm

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 for this year's request: _____

APPLICANT INFORMATION

Organization Name: _____

Mailing Address and Zip Code: _____

Applicant's Name:

Title: _____

Telephone Numbers: Home: _____ Work: _____
Pager: _____ Cellular: _____
Fax: _____ E-Mail: _____

Contact Person: _____
Telephone Numbers: Home: _____ Work: _____
Pager: _____ Cellular: _____
Fax: _____ E-Mail: _____

EXEMPTION REQUEST

Are you requesting exemption from the Special Events fee? No Yes
 If Yes, state the reason for the exemption (i.e., constitutionally protected free speech, religious and political expression is accepted reasons for an exemption; non-profit status by itself is not sufficient for an exemption):

FEEES AND PROCEEDS

Admission Fee: No Yes If yes, how much? _____
 Any Vending Sales: No Yes If yes, check all that apply:
 Food Beverage T-Shirts/Hats Buttons Books Balloons
 Other (please specify): _____

ENTERTAINMENT AND PROMOTIONS

Sound System: Acoustic Amplified Entertainers or bands performing at this event:
 Describe entertainment: _____

 Check type of promotion you plan to use to attract participants:
 Television Radio Newspaper Flyers Billboards Posters
 Other (please specify): _____
 Have local neighborhood groups/ businesses approved your event concept? No Yes
 If No, what steps will be taken to notify them of your event? _____
 List community contacts and phone numbers (for verification) or attach an approval letter:
 Name: _____ Phone: _____
 Name: _____ Phone: _____

SPECIAL SET-UPS REQUESTED

Check appropriate category below and fill in details or numbers, size and type. Leave blank, if not applicable.

Alcohol: Yes <input type="checkbox"/> No <input type="checkbox"/>	Will alcohol be sold? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, by whom?	Beer/Wine garden hours (by day):
Amplified Sound: Yes <input type="checkbox"/> No <input type="checkbox"/>	Noise Variance required for amplified	Basis for request and hours of variance:
Noise Variance: Yes <input type="checkbox"/> No <input type="checkbox"/>	sound after 10:00pm	
Animals: Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many?	Species:
Booths/Vendors: Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many Booths? _____ Vendors? _____	Where:
Commercial Signs: Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many?	Size:
Electricity Source: Yes <input type="checkbox"/> No <input type="checkbox"/>	Generators? Yes <input type="checkbox"/> No <input type="checkbox"/>	How Many? _____ Size:
Fireworks/Fire Performance: Yes <input type="checkbox"/> No <input type="checkbox"/>	Ground <input type="checkbox"/> Aerial <input type="checkbox"/> N/A <input type="checkbox"/>	Pyrotechnic Company:
Inflatables: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many? _____ Size:	Type:
Portable Restrooms: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	Handicapped Accessible:
Rides: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	Type:
Staging/ Scaffolding: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	Height:
Bleachers/ Grandstands: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	Height:
Tents/Canopies: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	Size:
Vehicles: Yes <input type="checkbox"/> No <input type="checkbox"/>	How many?	Size and Gross Weight
Water: Yes <input type="checkbox"/> No <input type="checkbox"/>	Potable? Yes <input type="checkbox"/> No <input type="checkbox"/>	Non-Potable? Yes <input type="checkbox"/> No <input type="checkbox"/>

PUBLIC SAFETY

Attach a clear/legible site or route map with the following indicated:

- * North, indicated by directional arrow ↑
- * Names of surrounding streets, with one way streets marked
- * Number of placemen of barricades
- * Any other details you think are helpful

What are your plans for on-site security/monitors/route control?

What are your plans for medical assistance?

Discuss your parking plans for participants and spectators.

List any additional information which the Special Events Committee may find reasonably necessary for a fair determination of whether a permit should be issued.

INSURANCE INFORMATION

Evidence of insurance must be provided no less than 14 days prior to event. City of Des Moines at 21630 11th Avenue S, Des Moines WA 98198 must be named as "additional insured". Minimum Limits as applicable: \$2,000,000 General Aggregate, \$1,000,000 Products/Completed Operations Aggregate (Food Products Only), \$1,000,000 Personal and Advertising Injury, \$1,000,000 Each Occurrence, \$50,000 Fire Damage, \$5,000 Medical Expense. All aggregates apply separately to each event. **Special Event Permit will not be issued until insurance has been approved.**

City of Des Moines
 21630 11th Avenue S
 Des Moines WA 98198

Phone: (206) 878-4595
 Fax: (206) 870-6540

RECYCLING INFORMATION

Are you providing recycling containers? Yes No
 If Yes, please describe: _____

TRAFFIC CONTROL PLAN

Police officers may be required at signalized intersections. Flaggers may be required at non-signalized intersections. Monitors may be required at driveway entrances and other pedestrian and vehicle access points.

Please attach map/sketch of Traffic Control Plan to this Application.

	Traffic Control (List monitor, flagger, or police officer)	Location	Duties
1.			
2.			
3.			
4.			
5.			

 Print Applicant's Name

 Date

 Applicant's Signature

For City Use Only:

CLEARANCES:

Administration Contact: _____	Title: _____	Date: _____
Police Contact: _____	Title: _____	Date: _____
Parks & Recreation Contact: _____	Title: _____	Date: _____
Marina Contact: _____	Title: _____	Date: _____
Public Works Contact: _____	Title: _____	Date: _____
Building Department Contact: _____	Title: _____	Date: _____
K.C. Fire District 26 Contact : _____	Title: _____	Date: _____

SPECIAL CONDITIONS:

(Additional Conditions may be attached) _____

This Event Requires a City Council Resolution: Yes No Resolution No. _____