



Special Event Permit Application

Mount Vernon Parks & Enrichment Services
1717 South 13th Street, Mount Vernon WA 98274
Phone: (360) 336-6215 | Fax: (360) 336-6290
mvparks@mountvernonwa.gov
www.mountvernonwa.gov

EVENT NAME: _____

START DATE: _____

EVENT ORGANIZER INFORMATION	♦Applicant/Organization:	_____
	Mailing Address:	_____
	City/State/Zip:	_____
	♦Primary Event Coordinator:	_____
	Coordinator's Phone #:	_____
	Coordinator's Email:	_____
	♦Day-Of Onsite Contact:	_____
	Onsite Contact's Cell #:	_____
	Onsite Contact's Email:	_____

EVENT DESCRIPTION	Event Dates:	_____
	Event Location(s):	_____
	Reservations Needed? <i>Rental Agreement & Reservation Fee may apply</i>	<input type="checkbox"/> City Park <input type="checkbox"/> Picnic Shelter <input type="checkbox"/> Athletic Field <input type="checkbox"/> Other _____
	Primary Purpose of Event Please also include a brief description of your event's various components, its collaborating agencies, and any information you feel would be relevant for consideration. Please attach a separate page if more space is needed.	<div style="border: 1px solid black; height: 200px; width: 100%;"></div>

EVENT DESCRIPTION
(CONTINUED)

Target Audience & Ages:

Estimated Daily Crowd Size:

Number of Staff/Volunteers supporting Event:

Is this an annual Event?

No Yes If yes, year began: _____

If applicable, describe any *substantial* changes from previous year:

Which Event Components require a fee for participation? Fee Amount?

EVENT COMPONENTS

ATTACH SEPARATE PAGE, IF MORE SPACE IS NEEDED

Event Component Name	Component Location	(Open to the Public)			Time Setup begins	Teardown Complete by
		Date	Start Time	End Time		
<i>ex: Street Fair</i>	<i>South 1st Street</i>	<i>May 16</i>	<i>8 AM</i>	<i>8 PM</i>	<i>May 15, 3 PM</i>	<i>May 17, 10 AM</i>
<i>ex: Live Music</i>	<i>Edgewater Park</i>	<i>May 16</i>	<i>11:30 AM</i>	<i>4 PM</i>	<i>May 15, 3 PM</i>	<i>May 16, 8 PM</i>
<i>ex: Food Court</i>	<i>Skagit Riverwalk Park</i>	<i>May 16</i>	<i>10 AM</i>	<i>5 PM</i>	<i>May 16, 7 AM</i>	<i>May 16, 8 PM</i>
<i>ex: 5k Run/Walk</i>	<i>Starts Lions Park</i>	<i>May 16</i>	<i>9 AM</i>	<i>11 AM</i>	<i>7 AM</i>	<i>12 PM</i>

FIREWORKS / PYROTECHNICS

Proposed Launch Location:

Fireworks Provider Name:

Fireworks Provider Phone:

Fireworks Provider Email:

❖ Firework displays require approved “Public Fireworks Display Permit” issued by the City of Mount Vernon’s Fire Marshal. Organizers must direct the Pyrotechnic Provider to contact the City Fire Marshal’s office at least 30-days in advance of launch date at (360) 336-6277 for application instructions. The Provider will also be required to provide to the City insurance documentation which meets the City’s minimum requirements.

**PARADE,
MARCH
or RALLY**

A *detailed* map indicating route, staging, and disbanding areas must be submitted with Application.

Start Location:

End Location:

Describe areas to be used for Check-in & Staging:

Time Check-in & Staging Begins:

Describe participant route for disbanding or return to staging area:

**ROAD or TRAIL
RUN / WALK /
RIDE**

A *detailed* map indicating route(s), staging & disbanding areas must be submitted with Application.

Check-in Location & Start Time:

Start Location(s):

End Location(s):

Describe participant Staging area prior to start:

Time all participants will be off roadways/trails:

Describe Setup/Equipment for start & finish lines:

Describe plan for traffic control on roadways:

**TEMPORARY
BEER GARDEN
REQUIRES
CITY COUNCIL
APPROVAL**

A *detailed* diagram of the Garden must be included with your application. The schematic must include fencing/barrier dimensions for sequestering the Garden and entrances/exits including their dimensions.

Proposed Location:

Garden will be operated by:

Event Organizer

Caterer, Name: _____

Liquor provided will include

Beer, Wine, or Cider Spirits

❖ A valid license/permit issued by the Washing State Liquor & Cannabis Board is required from the Garden's operator and must be visibly displayed to the public during the Garden's operations. The operator will also be required to provide to the City a Certificate of Liability Insurance and an Endorsement page which meets the City's minimum requirements.

**EVENT
FEATURES**

Please indicate all Features that will or may potentially be included with the Event:

- Alcohol (Beer, Wine, Spirits). Describe: _____
- Amusement Rides (i.e. Inflatables, Climbing Wall, Dunk Tanks, Carnival Rides...). Describe: _____
- Animals. (i.e. Pony Rides, Petting Zoo, Educational Demonstrations...). Describe: _____
- Filming or Videography.
- Exhibitors/Displays (No Sales).
- Food Service, No Sales (Food Vendor Permit Required).
- Sales of Food, Merchandise, or Services, (Vendor Permit Required).
- Music, Sound AMPLIFIED. Describe: _____
- Music, Sound UNAMPLIFIED. Describe: _____
- Entertainers. Describe: _____
- Open Flame. Describe: _____
- Overnight Camping.
- Raffles or Gambling. Describe: _____

Other Info/ Requests:

**SERVICES and
STRUCTURES**

Please indicate all items that will be used for the event. It is assumed all items will be provided by organizer unless otherwise indicated.

- Barricades, **organizer-provided**
- Barricades, City-owned. Quantity requested: _____
- Bleachers. Quantity requested: _____
- Canopies (without sidewalls) or canopy groupings <700sqft
- Canopies (without sidewalls) or canopy groupings ≥700sqft
- Tents (with 1 or more sidewalls) or tent groupings <400sqft
- Tents (with 1 or more sidewalls) or tent groupings ≥400sqft
- Cones, **organizer-provided**
- Cones, City-owned. Quantity requested: _____
- Fencing or scaffolding. Explain: _____
- First Aid Station. Location: _____
- Generator. Make/Model: _____
- LPG/Propane Tank. Size/Gallons: _____
- Portable Restroom Units (coordinated by the City).
 ADA # _____ Standard # _____ Handwash # _____ Extra Cleanings # _____
- Tables and/or Chairs, Approximate Quantity: _____
- Security Officer(s). Company: _____
- Stage, Approximate Size: _____
- Waste or Recycle Rollaway. Location: _____

Other Info or Requests:

STREET CLOSURE REQUEST (City Council Approval Required) *will not be accepted without a map

ATTACH TO YOUR APPLICATION AND A DETAILED MAP OUTLINING THE INFORMATION BELOW

Street to be closed	From Street/Intersection	To Street/Intersection	Closure Date	Close by what time	Reopen at what time

REQUEST TO CLOSE CITY-OWNED PUBLIC PARKING AREA

Name or Location of Parking Area	Closure Date	Close by what time	Reopen at what time

Other Info:

PLEASE NOTE:

- To name additional Street/Parking Area closure requests, attach an 8.5x11 sheet of paper to this application listing the additional information in the format used above.
- If closure request is approved, it is your responsibility as the Event Organizer to directly notify ALL neighboring residents, businesses, and agencies that will be affected by the closure at least 7 days prior to the closure:
 - Neighboring residents and businesses
 - Mount Vernon Downtown Association (360) 336-3801
 - 9-1-1 Emergency Services (360) 428-3200
 - S.K.A.T (360) 757-4433
 - Mount Vernon School District (360) 428-6110
 - Burlington Northern Santa Fe Railroad North Operations (817) 352-2992
BNSF Headquarters: (800) 795-2673

EVENT LAYOUT MAP

A detailed layout for the event **MUST** be submitted with your permit application which describes **at minimum** your proposed locations for:

- Emergency access route which maintains a minimum 20' driving lane
- Event headquarters
- First aid station(s)
- Portable restrooms/hand-wash stations and waste/recycle rollaways
- Structures erected for your event (i.e. bleachers, stage, canopies/tents...)
- ❖ Your layout must also include sufficient access for extra sanitation services that may be needed during your event.
- Activities (i.e. activity/information booths, inflatables, amusement rides...)
- Food vendors/food court location
- Beer Garden (including exit/entrance and fenced boundaries)
- Exhibitor & Concessionaire booth locations
- Propane/LPG tanks, generators, open flame or spark producing equipment (other than those associated with food vendors)
- ❖ Be sure that your event layout provides sufficient services for the disabled.

AGREEMENT and INDEMNIFICATION

The undersigned hereby makes Application to the City of Mount Vernon for use of the City facilities described within and certifies that the information given in the application is correct and complete. The undersigned further states that they have the authority to make this Application on behalf of the Event Organizer and agrees to observe the rules/regulations and policies/procedures set forth in the Guidelines for Special Event Organizers and by the City of Mount Vernon. The Applicant/Authorized Officer agrees that they will not exclude anyone from participation in, deny anyone the benefit of, or otherwise subject anyone to discrimination because of the person's race, color, national origin, age, handicap, or other protected class status during the use of City's facilities and for the duration of the Special Event. The Applicant/Authorized Officer agrees to reimburse the City for any costs incurred by the City in repairing damage to City property resulting from the Special Event. Moreover, the Applicant shall defend, indemnify and hold harmless the City of Mount Vernon, its Elected Officials, Appointed Officers, Employees, Volunteers, and Agents from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the use of City premises or from any activity, work, or thing done, permitted or suffered by the Applicant in or about the premises or roadways, except only such injury or damage as shall have been occasioned by the sole negligence of the City of Mount Vernon.

Applicant / Authorized Agent: _____ Today's Date: _____

APPLICATION SUBMITTAL INSTRUCTIONS

Special Event Permit Application and its required supporting documentation must be received by Mount Vernon Parks & Enrichment Services a minimum of 60-days prior to the event start date. While occasional exceptions can be made depending on the scope of the event, late submission may result in permit denial.

Submitted application packet must include at minimum:

1. Completed & signed Special Event Application listing event details known to-date
2. Comprehensive maps detailing event layout, street closure requests, beer/wine garden layout, and/or route maps
3. Application Fee

Submit to: Mount Vernon Parks & Enrichment Services or mvparks@mountvernonwa.gov
1717 South 13th Street
Mount Vernon, WA 98273

❖ **Applications are not considered approved until a written Permit has been issued to Applicant, acknowledged by signature of the Director of City of Mount Vernon Parks & Enrichment Services.**

FOR CITY USE

Date Application Received: _____ Received by: _____

Application Fee Paid: Date: _____ Receipt # _____

Amount: _____ Payment Type: _____

Application Fee Waived: Reason: _____

Describe additional info
needed before routing for
departmental review:

Date routed for review: _____ Routed by: _____

ADDITIONAL REMARKS: