CITY OF FERNADE
SPECIAL EVENT APPLICATION

NAME OF EVENT:

Event Date(s): __________________________ Day(s) of Week: __________________________
Event Location(s): ________________________________________________________________
Start Time: _______ End Time: _______ Approximate Crowd Size: _______ Ages: _______
Number of Vendors: _______________ Event Sponsor/Organization: _______________________
Person Responsible: __________________________
Address: ______________________________________________________________
City/State/Zip: ___________________ E-mail Address: __________________________________
Day Phone #: __________________________ Cell Phone #: __________________________

Location - Attach a map showing the locations of planned facilities, street closures and events.

EVENT HOURS OF OPERATION – Specify start time to end time, a.m. and p.m.
*Other permits & Licenses requirements as noted – Attach proof of compliance

<table>
<thead>
<tr>
<th>HOURS FROM / TO</th>
<th>ACTIVITY</th>
<th>*OTHER PERMITS LICENSES REQUIRED</th>
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<th>ACTIVITY</th>
<th>*OTHER PERMITS LICENSES REQUIRED</th>
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</thead>
<tbody>
<tr>
<td>/</td>
<td>Live Music / Dancing</td>
<td>/</td>
<td>Liquor Sales</td>
<td>State Liquor Board SEE DOCUMENTATION REQUIREMENT BELOW</td>
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<td>/</td>
<td>Amplification Equipment</td>
<td>/</td>
<td>Liquor Service</td>
<td>State Liquor Board SEE DOCUMENTATION REQUIREMENT BELOW</td>
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<tr>
<td>/</td>
<td>Amusement Rides, Inflatable's, Rock Climbing Walls, etc.</td>
<td>Dept. of Labor &amp; Ind.</td>
<td>/</td>
<td>Food Service</td>
<td>Department of Health</td>
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<td>/</td>
<td>Gambling (Specify):</td>
<td>State Gaming Comm.</td>
<td>/</td>
<td>Stage</td>
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<td>/</td>
<td>Demonstrations</td>
<td>/</td>
<td>Tents</td>
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<td>/</td>
<td>Marine Events</td>
<td>/</td>
<td>Other Vendors</td>
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— Liquor Sales Documentation Requirement: Events with liquor sales and service must attach proof of valid permits from the Washington State Liquor Control Board.
— Proof of Insurance Company Name (attach):
— Parade - Start Location and Time:
— Parade - End Location and Time:
— Parade Route/Location Description (attach map):

— Requested Services - Attach explanation of needs
_________ Fire
_________ Police
_________ Public Works
_________ WC Sheriff
_________ State Patrol
_________ Other

Sanitation Facilities To Be Provided ("port-a-potty" “hand-washing station”): If the City and/or applicant determines that such service is necessary, it must be provided and paid for by applicant, and promptly removed after the event. Contact Sanitary Service Company at 398-2025 for facility options and current rental prices.
AFFIDAVIT OF APPLICANT

I, ________________________________, do hereby certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I also certify that I have read and understand the rules and regulations governing the proposed activity, and that this application is made subject to the rules and regulations established by the City Council, the mayor or his designee, or the risk manager.

____________________________________________
Signature of Applicant

INDEMNIFICATION AGREEMENT

The sponsor/permittee agrees to defend, indemnify and hold the city of Ferndale, its appointed and elected officials, employees and agents from and against any and all liability, loss, costs, damage and expense, including costs and attorney fees in defense thereof because of actions, claims, or lawsuits for damages resulting from personal or bodily injury, including death at any time resulting therefrom, sustained or alleged to have been sustained by any person or persons on account of damage to property, arising or alleged to have arisen directly or indirectly out of or in consequence of the permitted event.

Dated this ______ day of ______________________ , 20____ .

Name of Sponsor/Permittee (print) _______________________________________________________

Name of Authorized Representative (print): _______________________________________________

Signature of Authorized Representative: ________________________________________________

FOR OFFICIAL USE ONLY - CITY STAFF ROUTING:

POLICE:     _____ Approved     _____ Denied
Signature:_________________________________ Conditions: ______________________________

PUBLIC WORKS: _____ Approved _____ Denied
Signature:______________________________ Conditions: ______________________________

ADMINISTRATOR: _____ Approved _____ Denied
Signature:______________________________ Conditions: ______________________________

PARKS & REC:     _____ Approved     _____ Denied
Signature:_________________________________ Conditions: ______________________________

NOTIFICATIONS: ________ Whatcom Transit        _________ County Sheriff