



## CITY OF FERNDALE SPECIAL EVENT APPLICATION

Special Events are subject to the provisions of Chapter 12.28 of the Ferndale Municipal Code. Completed applications must be submitted **at least 45 days prior** to the event. Proof of insurance must be included.

**NAME OF EVENT:**

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**DESCRIPTION OF EVENT:**

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Event date(s): \_\_\_\_\_ Day(s) of Week: \_\_\_\_\_

Event Location(s): \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Number of Vendors: \_\_\_\_ Event Sponsor/Organization: \_\_\_\_\_

Person Responsible \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**LOCATION – Attach a map showing the locations of planned facilities, street closures and events.**

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Hours From/To	Activity	*Other permits/ Licenses Required
	Live Music/Dancing	
	Amplification Equipment	
	Amusement Rides, Inflatable devices, Rock Climbing Walls, etc.	Department of Labor & Industries
	Gambling (Specify):	State Gambling Commission
	Liquor Sales/Liquor Service	State Liquor Board
	Food Service	Department of Health

Parade Start Time and Location: \_\_\_\_\_

Parade End Time and Location: \_\_\_\_\_

Parade Route/Description: (attach map) \_\_\_\_\_

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**NOTE: Private events requiring unlocking/locking of park gates and/or restrooms outside of normal operating hours (Monday – Friday, 7:30 a.m. – 3:00 p.m.) are subject to a public works call-out fee.**

Will you need any of the following services? – Circle Answer

1. Fire: Yes/No    2. Police: Yes/No    3. Public Works: Yes/No    4. Other: Yes/No

If Yes to any of the above, please describe the services, equipment or assistance you need. If picnic tables are required, please indicate how many and their preferred location:

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**Note: There is no guarantee that City services or equipment will be available, and if available, there may be a charge.**

If the City or applicant determine that sanitation facilities must be provided (“Port-a-potty” or hand-washing station), it must be arranged and paid for by applicant, and promptly removed after the event. Contact Sanitary Service Company at 360-398-2025 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/her 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 therefore, 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 or Authorized Representative (print) \_\_\_\_\_

Signature of Sponsor/Permittee or Authorized Representative \_\_\_\_\_