TOWN OF COUPEVILLE

4 NE Seventh PO Box 725

Coupeville WA 98239 Phone: 360.878.4461 FAX: 360.678.3299

www.town.coupeville.wa.us



NANCY CONARD Mayor

MALCOLM BISHOP Public Works Director

LARRY KWARSICK Town Planner

DAVID PENROD Town Marshal

JUDY THOMAS Clerk-Treasurer

SPECIAL EVENTS PERMIT APPLICATION

Na	me of Applicant/Organiza	ntion				
Co	ontact Person	Email Address:				
Bu	siness Phone	Home Phone	Home Phone Cell Phone			
Ma	ailing Address:					
City				Zip		
Ot	her Authorized Individual	S				
Business Phone		Home Phone	Cell Pho	ne		
Su	immary of proposed	event:				
a)	Type of Activity Plannec	d: (describe event):				
— b)	Date of proposed event:	200	anl			
c)						
d)						
e)	Dismantling date/time:					
f)	Number of staff/volunteers involved in event on behalf of applicant:					
g)	Estimated number of participants:					
h)						
i)	Number of vehicles, boats or other special equipment:					
j)	Number of persons expected to attend the event:					
k)	Traffic or crowd control requirements:					
1)	Street closures required:	:				
m)	Safety and security meas	ures required:				
o)	Special effects (e.g. explo	osives, pyrotechnics, aircraft	, etc.):			
n)	Animals being used:					
o)	Other features:					

p)	Safety and security m	easures provided	by the applicant:		
q)	Electric power, water and sewer requirements:				
r)					
special was successful to the contract of the	ecial event not protected mmercial general liabilities ived by the Town of Control to perior to perior to the prior to the control (24) hours prior (24	ed under the First a lity insurance per of coupeville. The Clarmit issuance. The ne event and exten- and shall contain a	shall be required in connection with the issuance of a per and Fourteenth Amendments of the U.S. Constitution: \$ coccurrence combined single limits, \$2,000.000 aggregate. Clerk-Treasurer is authorized and directed to require writte the insurance policy shall be written for a period not less a provision prohibiting cancellation of the policy, except supeville.	1,000,000 e unless en proof of than twenty- llowing the	
Pul	olic Liability Insurance Name of Company: _				
			Agent:		
	Expiration Date:		Amount:		
act wil	ivities in both the Tow I require the closure of the case, the applicant v	n Park and the High f the pathway betwill be required to	acts 1,000 or more persons to Town Park, or any event the distoric Commercial District and which attracts 100 or motive tween the Town Park and the Historic Commercial District pay the Town a supplemental permit fee to cover the towns to close the pathway during the course of the event.	ore persons, et. In any	
em der nui the of	ployees and officials, mands and judgements sance, inverse conden- result of activities or	while acting within including the attournation, personal in appliances of the ant further agrees to	ees to defend, indemnify and hold the Town of Coupevillain the scope of their duties, harmless from any and all classorney's fees and other costs of their defense, for public of injuries, property damage or death arising out of, occurring applicant, his employees or otherwise, except for the soles to comply with all provisions of pertinent laws, rules and	nims, suits, r private ng during or e negligence	
Sig	gned this	day of	, 20		
			Signature of Applicant or Agent		

TOWN ACTION
☐ Town Marshal Review
Clerk-Treasurer Review
Referred to Town Council
Copied to Central Whidbey Fire & Rescue
Copy mailed to Applicant with Special Event Permit
Copy maned to Applicant with Special Event Fernit
Approved subject to the following conditions: