

CITY OF DES MOINES
21630 11th Avenue South
Des Moines, WA 98198
206-878-4595
206-870-6540 FAX

Received: _____

NOTIFICATION OF SPECIAL EVENT

Name: _____

Address: _____

Day Time Telephone: _____

Event Planned: _____

Date of Event: _____ Time: _____

Location: _____

Nature of Event: _____

Estimated Attendance: _____

Will City right-of-way be used? YES _____ NO _____

If yes, explain details below:

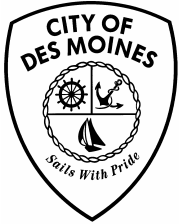
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FOR DEPARTMENT USE ONLY: Please contact applicant directly with any questions or concerns. Initial and return to the City Clerk's office.

Admin. _____ Police _____ Fire _____ Engineering _____

Marina _____ Park/Rec. _____ Public Works _____ Other _____

Any special requirements/conditions: _____



CITY OF DES MOINES
21630 11th Avenue South #A
Des Moines, WA 98198
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Fax 206-870-6540

SPECIAL EVENT PERMIT Use of City-Owned Property

Name of Organization: _____

Name of Event: _____

Date of Event: _____ Time of Event: From _____ To _____

Specific Location: _____

Nature of Event: _____

Estimated Attendance: _____ Estimated Age of Attendees: _____

Will Rights-of-way be used: YES _____ NO _____ If yes, explain details on back of permit.

Insurance certificate naming City of Des Moines as additional insured *must* be attached to this permit.

I, the undersigned, am the authorized representative of the above organization and agree to obey all rules, policies, and ordinances governing the City of Des Moines.

Permittee agrees to protect and hold harmless the City of Des Moines and its agents, from all claims, actions, or damages that may occur to or be suffered by a person or property resulting from any act or omission of the Permittee or its agent while on City property.

Name: _____ Title: _____

Address: _____
Street, City, State & Zip Code

Day Time Phone #: _____ Evening Phone #: _____

Signature: _____ Date: _____

FOR DEPARTMENTAL USE ONLY

Clearances:

Admin: _____ Police: _____ Fire: _____ Parks: _____

Marina: _____ Sr. Center: _____ Public Works: _____

SPECIAL CONDITIONS (if any): _____

Special Event Insurance Application

Facility Owner: City of Des Moines

1.	Event Sponsor:			
2.	Contact Name:			
3.	Address:			
4.	City:	State:	Zip:	Phone:
5.	Complete Description of Event:			
6.	Date of Event:	Hours of Event		
7.	Location of Event:			
8.	Estimated Attendance/Participants:			
9.	Average Age of Attendees/Participants:			
10.	Describe Security Protection:			

11. Number of Grandstands, if any: _____ Permanent Temporary

12. Seating Capacity: _____ Construction of Grandstands: _____

13. Will Concessions Will be Sold? NO YES

14. Will Alcoholic Beverages be Served? NO YES

15. Will Alcoholic Beverages be Sold? NO YES Est. Receipts: \$ _____

16.	Describe in detail any losses occurring from special events that you sponsored in the previous three years:
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I hereby warrant and confirm that the above information, to the best of my knowledge, is true and correct, and further certify that I have read all of the questions and answers on this application.

I understand this application is a requirement for coverage, a part of the contract and evidence of my acceptance of this insurance, and any falsification or misrepresentation will be deemed a breach of contract, voiding all insurance coverage.

It is understood and agreed that the completion of this application shall not be binding either to the proposed insured or to the company until accepted by the company or companies in writing.

SIGNATURE OF APPLICANT

DATE

Send or FAX this form to Rick Kempf FAX: 916-773-1490 Phone: 800-434-110
Allied-Knollwood Agency - 2200 Professional Drive #210 - Roseville, CA 95661