



**City of Buckley**  
P.O. Box 1960 ♦ Buckley, WA 98321 ♦ (360) 829-1921 ext. 200

### City Event Application

<b>City Use Only</b>	Event Name:	_____
	Date Application Received:	_____
	Fee Received (See #12):	\$ _____
	Date Fee Received:	_____
	Treasurer's Receipt Number:	_____
	Routed to Departments:	_____
	Decision:	<input type="checkbox"/> <b>Approved</b>
	By Comm. Svcs Director or designee (Initials): _____	<input type="checkbox"/> <b>Approved with conditions</b>
	Date: _____	<input type="checkbox"/> <b>Denied</b>
	Is a Master Vendor's License needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**This application must be completed and submitted a maximum of 60 days and no later than 30 days before the proposed event unless otherwise approved by the City.**

*NOTES: Acceptance of this application by the Community Services' Office does NOT indicate or guarantee approval of the application or the dates requested. Each application will be reviewed by City staff and Council Committee.*

*Additional information may be requested by City personnel prior to submittal of the application to the City Council for final consideration. No statement made by City staff or elected official prior to final consideration by the City Council shall obligate the City Council in any manner.*

*Please apply for your sign permit well in advance of your event or before you order your sign. If your event is in the Historic Commercial zone, any sign permit must be reviewed by the design committee.*

**Name of Event:** \_\_\_\_\_

**Name of Sponsoring Organization:** \_\_\_\_\_

**Name of Person Completing this Application:** \_\_\_\_\_

**Point of Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Dates of Event:  
(Inclusive):** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

*(If Event will have multiple activities and locations, list on a separate sheet)*

<b>Anticipated Number of Exhibitors:</b>		<b>Time Open To The Public:</b>	
<b>Anticipated Number of Visitors:</b>		<b>Time Open to Vendors:</b>	
	<b>Closing Time:</b>		

*This application form was designed for applicants for various types of events. Please answer all questions; you may attach additional pages if necessary.*

1. Describe the type of event and how this event will benefit the community:

\_\_\_\_\_  
\_\_\_\_\_

2. What is the expected traffic pattern for the event? Attach a site map indicating location of each activity/vendor(s), fire lanes, garbage, and restroom/Sani-can(s):

\_\_\_\_\_  
\_\_\_\_\_

3. Describe how public safety, traffic and crowd control will be provided. How many police officers do you anticipate will be needed for (A) traffic control and (B) crowd control?

\_\_\_\_\_  
\_\_\_\_\_

4. Describe how sanitation control (garbage and restrooms) will be provided and maintained:

\_\_\_\_\_  
\_\_\_\_\_

5. How many participant and visitor cars are anticipated, and where will parking be provided?

\_\_\_\_\_  
\_\_\_\_\_

6. Will this event require the closure of any street? If so, list street name with date and time of requested closure:

\_\_\_\_\_  
\_\_\_\_\_

7. If any event activity or vendor requires electrical connections or other accommodation to operate, indicate location and how you anticipate meeting their needs:

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8. How will the event area be cleaned before, during and after the event?

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9. When specifying location of event activity/vendor(s) do you anticipate utilizing any area not owned or managed by the City of Buckley?

Yes  No

If yes, the owner/manager of subject property must complete and sign the following: (Please ask for additional forms or attach an additional page if multiple properties are being used and have different owners.)

Name of property owner:

Name and title of authorizing authority:

Address:

Parcel Number, if known:

Telephone:

E-mail address:

Signature of authorizing authority:

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10. Please provide any other information that you believe will assist the City in the review process:

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*If there is an issue with Department Heads(s), you will be contacted.*

11. Will there be liquor sales or consumption?

Yes  No

If yes, do you have approval from the State Liquor Control Board?

Yes  No

If yes, give license number, license holder, and describe location and activity, including hours of operation:

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12. BUSINESS LICENSE REQUIREMENTS:

Seasonal and Temporary business (6.04.070 and most recent fee resolution):

A. <u>Special Event License (3 day)</u>	<u>\$50.00</u>
B. <u>0-15 Vendors</u>	<u>\$100.00</u>
C. <u>16-30 Vendors</u>	<u>\$150.00</u>
D. <u>31 Vendors and Above</u>	<u>\$250.00</u>
E. <u>Saturday Plateau Market License (Summer Season)</u>	<u>\$25.00</u>

**13. INSURANCE REQUIREMENTS:** Sponsoring organization may be required to provide an insurance certificate, prior to the event with the City of Buckley and/or other applicable parties shown as Additional Named Insured. If required minimum coverage is normally to be as follows:

\$1,000,000 Bodily Injury.

Can you provide this Insurance Certificate?

Yes    No

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: This section to be completed by City of Buckley staff after application is submitted to the City Clerk***

REVIEW AND COMMENT BY THE **MAYOR**: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEW AND COMMENT BY THE **CITY ADMINISTRATOR**: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEW AND COMMENT BY **POLICE DEPARTMENT**: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEW AND COMMENT BY **FIRE DEPARTMENT**: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEW AND COMMENT BY **PUBLIC WORKS**: \_\_\_\_\_ Date: \_\_\_\_\_

REVIEW AND COMMENT BY **CITY CLERK**: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved By:**

\_\_\_\_\_  
**Kevin Caviezel, Community Services Director or Designee**