



City of Kirkland SPECIAL EVENT PERMIT APPLICATION

Office Use Only	
Rec'd:	Complete:

APPLICANT INFORMATION				
Company Name:				
Mailing Address:				
City:		State:		Zip:
Event Website:				
Organizer Name: <i>(Single point of contact for permitting and event day coordination.)</i>				
Office Phone:			Cell Phone:	
Email:				
EVENT INFORMATION <i>(Duration limited to 3 consecutive days, plus one additional day for production activities.)</i>				
Event Name:				
Venue(s): <i>(Mobile events must list all affected parks.)</i>				
Non-Profit Beneficiary:			Tax-ID/UBI:	
Public Event Hours	Open	Close	# Estimated Public Attendance	# Event Staff, Volunteers, Vendors, Performers, etc.
Date:	Time:	Time:		
Date:	Time:	Time:		
Date:	Time:	Time:		
Date:	Time:	Time:	Reserve for production activities (load-in or load-out)	
Event Category <i>(Choose one – review definitions in event guide before selecting.)</i>				
<input type="checkbox"/> Community Event	<input type="checkbox"/> Expressive	<input type="checkbox"/> Fundraising Event	<input type="checkbox"/> Major Event	
<input type="checkbox"/> Small Event	<input type="checkbox"/> Supportive Event	<input type="checkbox"/> Tourism Event		
Type of Event <i>(Select all that apply.)</i>				
<input type="checkbox"/> Boating/Rowing	<input type="checkbox"/> Concert/Show	<input type="checkbox"/> Festival/Fair	<input type="checkbox"/> Fireworks Display	
<input type="checkbox"/> March/Rally	<input type="checkbox"/> Parade	<input type="checkbox"/> Ride/Cycle	<input type="checkbox"/> Swim/SUP	
<input type="checkbox"/> Triathlon	<input type="checkbox"/> Run/Walk: Are dogs/strollers allowed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> Other:				
EVENT OPERATIONS <i>(Select all that apply.)</i>				
<input type="checkbox"/> Admission Fee/Ticket Required	<input type="checkbox"/> Generator	<input type="checkbox"/> Raffle		
<input type="checkbox"/> Animals	<input type="checkbox"/> Inflatable Bouncers/Carnival Rides	<input type="checkbox"/> Restricted Parking		
<input type="checkbox"/> Banners: <u>Street/Vertical/Park</u>	<input type="checkbox"/> Lifeguards	<input type="checkbox"/> Scaffolding		
<input type="checkbox"/> Boat Launch Closure (60+ min)	<input type="checkbox"/> Moorage: # Slips _____	<input type="checkbox"/> Security Staff		
<input type="checkbox"/> Drone Operation	<input type="checkbox"/> Music: Live/Recorded	<input type="checkbox"/> Signage: Event Day		
<input type="checkbox"/> Fire Bin/Fire Barrel/Bonfire	<input type="checkbox"/> Open Water Activities Lake Washington	<input type="checkbox"/> Stage(s): # _____		
<input type="checkbox"/> Fireworks/Pyrotechnics	<input type="checkbox"/> Pavement Marking	<input type="checkbox"/> Street/Lane Closures		
<input type="checkbox"/> Flood Lights	<input type="checkbox"/> Potable Water Access	<input type="checkbox"/> Tents/Canopies		
<input type="checkbox"/> Food/Beverages	<input type="checkbox"/> Power Access	<input type="checkbox"/> Vehicle Display		
<input type="checkbox"/> Food/Goods/Services for Sale	<input type="checkbox"/> Public Address System			
Other activities and entertainment not included above:				

ALCOHOL (A minimum of two Kirkland police officers are required on-site at all times during public garden hours.)			
Will alcohol be consumed on-site? <input type="checkbox"/> YES <input type="checkbox"/> NO Will alcohol be sold for off-site consumption? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Type of alcohol to be served: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Signature Cocktail _____			
Garden Public Hours		Open	
Date:	Time:	Time:	Time:
Date:	Time:	Time:	Time:
Date:	Time:	Time:	Time:
FIRST AID/MEDICAL (Identify the level of support to be provided. Event staff is required to call 9-1-1 for emergency transportation. For-hire ambulance services may not be used for emergency transportation. However, Aid Stations may be staffed by a licensed professional of your choice.)			
Level of Support to be provided at the event site:			
<input type="checkbox"/> Basic First Aid: First Aid Kit, First Aid/CPR certified personnel, 9-1-1 access			
<input type="checkbox"/> First Aid Station: First Aid Supplies, Defibrillator, First Aid/CPR/AED certified personnel, 9-1-1 access			
<input type="checkbox"/> Dedicated Aid Car: Basic or Advanced Life Support			
Will a Mobile Medical Team be available at the event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Would you like to hire the Kirkland Fire Department to provide medical support at your event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
FOOD VENDORS			
Will food be hot held, cold held, or cooked on-site? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Type of fuel source(s) to be used: <input type="checkbox"/> Propane <input type="checkbox"/> Charcoal <input type="checkbox"/> Other _____			
How many portable food sinks will be provided?		Are units self-contained? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you like to request: F.O.G. barrels <input type="checkbox"/> YES <input type="checkbox"/> NO		Safe-T Manhole Covers <input type="checkbox"/> YES <input type="checkbox"/> NO	
NOISE/LIGHT VARIANCE (Amplified sound is not allowed Monday - Friday from 8pm to 7am or Saturday, Sunday, and some holidays from 6pm to 9am. Security lighting may be allowed after 10pm, with restrictions.)			
Requested Variance	Type of Variance	Start	End
Date:	<input type="checkbox"/> Noise <input type="checkbox"/> Light	Time:	Time:
Date:	<input type="checkbox"/> Noise <input type="checkbox"/> Light	Time:	Time:
Date:	<input type="checkbox"/> Noise <input type="checkbox"/> Light	Time:	Time:
RECYCLE/TRASH (Events are required to maintain all waste receptacles, including City receptacles and restrooms, throughout the event.)			
How many receptacles will be provided for each? Trash: Recycling: Compost: Dumpsters:			
Would you like to hire City staff to maintain City receptacles during your event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RESTROOM FACILITIES (Events are required to provide supplies and maintain both temporary and City facilities throughout the event.)			
How many portable toilets will be provided? Standard Units:		ADA Accessible Units:	
How many portable hand washing stations will be provided?		Are units self-contained? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you like to hire City staff to maintain City facilities during your event? <input type="checkbox"/> YES <input type="checkbox"/> NO			
SECURITY STAFFING (When a safety plan calls for security staffing, services may be provided by the company of your choice. Off-duty Kirkland police officers are available for hire upon request.)			
Would you like to hire City staff to provide security services? <input type="checkbox"/> YES <input type="checkbox"/> NO			
TRAFFIC CONTROL (Barricades, traffic cones, directional signage, etc. are required elements of a Traffic Control Plan. Traffic control devices are obtained and positioned by the applicant. The city of Kirkland does not provide or lend equipment.)			
Will the event require street, lane, parking lot closures? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you requesting to impose restrictions on public parking spaces? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Will the event cause the re-routing of Metro bus routes? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EVENT INSURANCE (Additional coverage will be required for events with alcohol or drones. See Event Guide for full description.)			
Applicant shall provide a Certificate of Insurance evidencing:			
1. General Liability Insurance covering the program, participants, products-completed operations and contractual liability with limits of no less than \$1 million each occurrence and \$2 million general aggregate.			
2. An Additional Insured Endorsement, listing City of Kirkland as additional insured, is to be provided on form CG 20 12 or CG 20 26 or equivalent or it will not be accepted.			
ALL EVENTS: Can you obtain sufficient insurance coverage to satisfy requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RUN/WALK EVENTS ONLY: Is there a policy exclusion for participants with dogs or strollers? <input type="checkbox"/> YES <input type="checkbox"/> NO			

CONSTITUTIONALLY PROTECTED EVENT

Expressive Activity includes conduct the sole or principal object of which is the expression, dissemination, or communication by verbal, visual, literary, or auditory means of political or religious opinion, views, or ideas and for which no fee or donation is charged or required as a condition of participation in or attendance at such activity. Expressive Activity does not include fairs, festivals, concerts, performances, parades, athletic events, fundraising events, or events the principal purpose of which is entertainment.

Check the box if this event is constitutionally protected:

SIGNATURE

The undersigned hereby makes application to the city of Kirkland for use of public right-of-way and certifies the information provided in this application and supporting material is true and accurate. The undersigned further states that he/she has the authority to make this application for the Applicant and agrees the Applicant will observe all ordinances and regulations of the city of Kirkland.

Read and check each statement below:

- I have read, understand, and accept all rules and requirements outlined in the Event Guide.
- I understand no new elements may be added to the event proposal once this application is submitted.
- I am aware all information contained herein is subject to public disclosure in accordance with the Washington State Public Disclosure Act.
- By checking this box as an electronic signature, I agree to all the terms and conditions that may apply to the permitting process.

Name:	Signature:
Title:	Date:

REQUIRED ATTACHMENTS - KEEP COPIES OF ALL PAPERWORK FOR YOUR RECORDS	
LOGISTICS/PRODUCTION TIMELINE <i>(Required for all events.)</i>	
Describe, by day and hour, the logistics/production timeline beginning with arrival on site for load-in and ending with the completion of load-out. To ensure there are no conflicts with city services or community activities, be as thorough as possible.	
SITE MAP <i>(Required for all events.)</i>	
Attach a detailed site map - including legend, on a single sheet of paper, showing the following information: <ol style="list-style-type: none"> 1. Name and date(s) of event – multiple day events should include separate maps for each day IF the layout changes 2. Outline of the entire event venue 3. Names of park, facility, streets 4. 20' emergency lane - access to structures and fire protection systems must be maintained at all times 5. First Aid facilities 6. Command Center 7. Equipment including, but not limited to: beer gardens, bicycle parking racks, bleachers, canopies, cooking areas, dumpsters, emergency exits, fencing, generators, grandstands, inflatables, performance stages, platforms, portable toilets, power sources, scaffolding, signs, staging areas, tents, vehicle displays, etc. 8. Road closures (i.e. restricted parking, road closed barricades, traffic cones, directional signage, etc.) 9. Include a legend and dimensions of all temporary structures 	
BEER/WINE GARDEN INTERIOR MAP <i>(Required as needed.)</i>	
Attach a detailed garden map - including legend, on a single sheet of paper, showing the following information: <ol style="list-style-type: none"> 1. Name of event, date(s), time(s) open to public 2. 20' emergency lane - access to structures and fire protection systems must be maintained at all times 3. Garden dimensions - gardens must be separately fenced with 6' high chain link fencing where security will not be present at all times, where security will be present at all times 42" high picket fencing may be used. 4. Entrances and exits (i.e. public, staff, emergency) 5. Equipment including, but not limited to: bicycle parking racks, bleachers, canopies, chairs/tables (size & total #), cooking areas, dumpsters, emergency exits, fencing, generators, grandstands, inflatables, performance stages, platforms, portable toilets, power sources, scaffolding, signs, staging areas, tents, vehicle displays, etc. 6. Include a legend and dimensions of all temporary structures 	
ROUTE MAP <i>(Required for mobile events.)</i>	
Attach a detailed route map – including legend, on a single sheet of paper, showing the following information: <ol style="list-style-type: none"> 1. Name & date of event 2. Start/Finish lines 3. Route(s) 4. Arrows indicating which direction the participants travel and on which side of the street - on a separate sheet of paper, provide a written description of the path of travel 5. Route Monitor Posts 6. Support Stations (aid/water) 7. Mile Markers 	
RETURN COMPLETED APPLICATION, REQUIRED ATTACHMENTS, AND \$50.00 APPLICATION FEE TO:	QUESTIONS
City of Kirkland Attn: Sudie Elkayssi 123 Fifth Avenue Kirkland, WA 98033	Sudie Elkayssi, Special Projects Coordinator (425) 587-3347 selkayssi@kirklandwa.gov www.kirklandwa.gov/specialevents