



Return to:

Jefferson County Administrator  
1820 Jefferson Street  
P.O. Box 1220  
Port Townsend, WA 98368

Phone: 360-385-9100  
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### Jefferson County Special Event Application

This application must be completed, signed, and forwarded to the Jefferson County Administrator at least ninety (90) days prior to the first day of the event. Any misrepresentation in this application, or deviation from the final agreed upon route and/or method of operation described herein, may result in the immediate revocation of the permit. Please type or print information clearly and attach additional sheets as necessary.

#### 1. Event

Event Name: \_\_\_\_\_

Event Type: Exhibition (EX) \_\_\_\_\_ Race (RA) \_\_\_\_\_ Ride (RI) \_\_\_\_\_ Musical Event (ME) \_\_\_\_\_  
(check one) Parade (PA) \_\_\_\_\_ Walk (WA) \_\_\_\_\_ Festival (FE) \_\_\_\_\_ Run (RU) \_\_\_\_\_  
Dance (DA) \_\_\_\_\_ Drama (DR) \_\_\_\_\_ Other (OT): Specify \_\_\_\_\_

Event date(s) \_\_\_\_\_ Day(s) of the Week \_\_\_\_\_ Time(s) \_\_\_\_\_

Event Location \_\_\_\_\_

Facilities to be used (check): Park \_\_\_\_\_ Street \_\_\_\_\_ Sidewalk \_\_\_\_\_ Private Property \_\_\_\_\_

Set up times: Begin: \_\_\_\_\_ am/pm Dismantle: \_\_\_\_\_ am/pm

Purpose of Event: \_\_\_\_\_

Event Crowd Size: Participants \_\_\_\_\_ Spectators \_\_\_\_\_ Volunteers/Personnel \_\_\_\_\_

Has this event been produced previously? No \_\_\_ Yes \_\_\_ If yes, what were the dates \_\_\_\_\_

Any change from previous events? No \_\_\_ Yes \_\_\_

If yes, list changes for this year's request: \_\_\_\_\_

#### 2. Applicant Information

Organization Name: \_\_\_\_\_

Mailing Address and Zip Code: \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Title \_\_\_\_\_

Phones #(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phones #(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cellular: \_\_\_\_\_ Fax: \_\_\_\_\_

Event Name: \_\_\_\_\_

### 3. Exemption Request

Are you requesting exemption from the special event fees? Yes \_\_\_\_\_ No \_\_\_\_\_  
State the reason for the exemption (e.g. constitutionally protected, etc.) \_\_\_\_\_

### 4. Fees and Proceeds

Admission Fee: (Check one) No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Any vending or sales: No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, check all that apply:  
Food \_\_\_\_\_ Beverage \_\_\_\_\_ T-shirts/Hats \_\_\_\_\_ Buttons \_\_\_\_\_  
Books \_\_\_\_\_ Balloons \_\_\_\_\_ Other: Specify \_\_\_\_\_

### 5. Entertainment and Promotions

Sound System: Acoustic \_\_\_\_\_ Amplified \_\_\_\_\_

Describe entertainment:  
\_\_\_\_\_  
\_\_\_\_\_

List of entertainers or bands performing at event:  
\_\_\_\_\_  
\_\_\_\_\_

Check type of promotion you plan to use to attract participants:  
TV \_\_\_\_\_ Radio \_\_\_\_\_ Newspaper \_\_\_\_\_ Billboards \_\_\_\_\_ Posters \_\_\_\_\_  
Flyers \_\_\_\_\_ Other: Specify \_\_\_\_\_

Have local neighborhood groups or businesses approved your event concept? Yes \_\_\_\_\_ No \_\_\_\_\_  
If no, what steps will be taken to notify them of your event \_\_\_\_\_

List community contacts and phone numbers (for verification) or attach an approval letter:  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### 6. Special Set-Ups Requested

Check appropriate category below and fill in details on numbers, size and type. Leave blank if not applicable.

- a. Animals \_\_\_\_\_ How many \_\_\_\_\_ Species \_\_\_\_\_
- b. Booths \_\_\_\_\_ How many \_\_\_\_\_ Where \_\_\_\_\_
- c. Commercial Signs \_\_\_\_\_ How many \_\_\_\_\_ Size \_\_\_\_\_
- d. Electricity Source \_\_\_\_\_ Generators \_\_\_\_\_ How many \_\_\_\_\_
- e. Fireworks \_\_\_\_\_ Ground \_\_\_\_\_ Aerial \_\_\_\_\_ Fireworks Company \_\_\_\_\_
- f. Portable Restrooms \_\_\_\_\_ How many \_\_\_\_\_ Handicapped accessible \_\_\_\_\_
- g. Rides \_\_\_\_\_ How many \_\_\_\_\_ Type \_\_\_\_\_
- h. Staging/Scaffolding \_\_\_\_\_ How many \_\_\_\_\_ Height \_\_\_\_\_
- i. Tents/Canopies \_\_\_\_\_ How many \_\_\_\_\_ Size \_\_\_\_\_
- j. Vehicles \_\_\_\_\_ How many \_\_\_\_\_ Type \_\_\_\_\_
- k. Water \_\_\_\_\_ Potable \_\_\_\_\_ Non -Potable \_\_\_\_\_
- l. Noise Variance \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, \$100 permit fee required.  
Basis for variance request and hours \_\_\_\_\_

Event Name: \_\_\_\_\_

**7. Public Safety**

a. Attach a clear, legible site and/or route map with the following indicated:

- North, indicated by directional arrow
- Names of streets with one-way streets marked
- Number and placement of barricades
- Any other details you think will be helpful

b. What are your plans for on-site security, monitors, and route control?

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

c. What are your plans for medical assistance?

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

d. Discuss your parking plans for participants and spectators.

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

e. List any additional information which the Special Event Committee may find reasonably necessary for a fair determination of whether a permit should be issued.

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

**8. Insurance Information**

Name of Insurance Agent \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Will liquor be served at this event? Yes \_\_\_\_\_ No \_\_\_\_\_

Event Name: \_\_\_\_\_

**9. Garbage and Recycling**

Are you providing garbage and recycling containers? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe:

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

**10. Traffic Control Plan**

Police officers are required at all signalized intersections. Flaggers are required at all non-signalized intersections. Monitors may be required at driveway entrances and other pedestrian and vehicle access points.

	<u>Traffic Control</u> Specify if Monitor, Flagger, or Police Officer	<u>Location</u>	<u>Duties</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

\_\_\_\_\_

Print Applicant's Name

\_\_\_\_\_

Today's Date

\_\_\_\_\_

Applicant's Signature