



Whatcom County Parks & Recreation Special Event Permit

This application must be completed, signed and submitted to Whatcom County Parks & Recreation at least (90) days prior to the first day of the event. Applications received within 90 days of the event **will not** be permitted.

1. Event Information						
Event Name:						
Event Location:						
	Event Dates <small>Dates open to attendees</small>		Hours: Open to Close Each Day <small>Times open to attendees</small>		Expected Daily Attendance	Staff, Volunteers
Day 1	Day:	Date:	Start Time:	End Time:		
Day 2	Day:	Date:	Start Time:	End Time:		
Day 3	Day:	Date:	Start Time:	End Time:		
Day 4	Day:	Date:	Start Time:	End Time:		
Day 5	Day:	Date:	Start Time:	End Time:		
Event Setup Starts:				Event Take Down Complete:		
2. Applicant Information						
Sponsoring Organization:						
Mailing Address:		Street Address:				
		City:	State:	Zip:		
Applicant Contact:		Name:		Email:	Alt. Phone:	
		Title:		Cell:		
On-Site Event Contact:		Name:		Email:	Alt. Phone:	
		Title:		Cell:		
Organization/Event Website:						
3. Event Details						
Has this event been done before?		Is this an annual event?		How many years?	Previous Name(s) of Event?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Are there any changes from previous years?		Describe Changes:				
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Event Type	<p>Choose all event types below that pertain to your event. Select all that apply.</p> <p><input type="checkbox"/> Open to the Public <input type="checkbox"/> Run/Walk <input type="checkbox"/> Cycling <input type="checkbox"/> Other Sports Event</p> <p><input type="checkbox"/> Festival <input type="checkbox"/> Private <input type="checkbox"/> Other</p>
Admission Fees	<p>Does your event require a paid fee for participants and/or spectators?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Amount? \$ _____</p>
Event Purpose	<p>Please give an overview of the event purpose.</p>
Event Set-Up	<p>Please give an overview of event set up.</p>
Event Security	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Volunteer Contact Name: _____ Company: _____</p> <p>Phone Number: _____ Contact: _____</p> <p>Phone Number: _____</p>
4. Map Diagram	
Map Required	<p>Map diagrams are required for the overall event layout as well as any separately fenced areas. As a general rule, diagrams must include: Fencing/barriers, bleachers, booths, canopies/tents, cooking areas, porta-potty locations, generators, vehicles, entrances/exits, start/finish lines, routes with direction arrows, aid station locations, security locations, etc.</p> <p>Alcohol Service or Beer Garden: requires an individual detailed schematic/layout of any intended beer/wine/liquor garden areas that depicts fencing, entrances, exits, their dimensions and maximum intended capacities.</p> <p>Please use Whatcom County Park maps located at: http://whatcomcounty.us/2649/Locations for your diagram.</p>
Equipment/Set-Up	<p>Select all that apply. Show all equipment on your attached map and describe in detail in supplemental documents.</p> <p><input type="checkbox"/> Staging/Scaffolding <input type="checkbox"/> Amplified Sound <input type="checkbox"/> Animals <input type="checkbox"/> Handwashing Stations</p> <p><input type="checkbox"/> Inflatables <input type="checkbox"/> Generators <input type="checkbox"/> Portable Restrooms</p> <p><input type="checkbox"/> Tents (indicate size) _____ feet x _____ feet</p>

5. Vendors

Commercial Vendors	Does your event have vendors selling or promoting products or services?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<i>All Vendors must provide Certificate of Insurance with minimum coverage of Product Liability 1,000,000 CSL and Property Damage 3,000,000 CLS and Name Whatcom County Parks as Additional insured.</i>				
	List Vendors Below:				
		Name	Food/Beverage	Merchandise	Service

*Please include additional sheet if needed for additional vendors

6. Alcohol

The sale, service and consumption of alcoholic beverages are subject to Washington State Liquor & Cannabis Board (WSLCB) regulations, licensing, and permit requirements. Please visit the WSLCB website, <https://lcb.wa.gov> for additional information.

Will alcohol be sold or consumed? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many individual alcohol service areas?		
Name of alcohol service provider:			
Alcohol Service Area or Beer Garden Days, Dates & Hours			
Day:	Date:	Start Time:	End Time:
Day:	Date:	Start Time:	End Time:
Day:	Date:	Start Time:	End Time:

7. Food

If you are planning to sell food or have food vendors at your event Whatcom County temporary food permits may be required. Please visit <http://www.whatcomcounty.us/871/Temporary-Food> for more information.

8. Amplified Sound/Music

Does your event have any amplified sound? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will the sound include music/entertainment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe what sound will be amplified: (announcements, background music, etc.):	
Describe what equipment will be used and at what locations:	
On-site event organizer personnel with authority to control sound issues:	
Name:	Company:
Title:	Cell Number:

9. Recycling, Compostables & Trash

Whatcom County Parks & Recreations requires vendors and organizers to remove all trash.

Washington State law requires vendors and organizers for festivals and special events to provide recycling collection containers for cans and bottles. See RCW 70.93.093.

Will you be hiring a vendor to assist in the collection:

Yes No

Vendor/Company Name:

Detail your plan for waste management within the event area:

10. Insurance

Evidence of insurance must be submitted no later than thirty (30) days prior to the commencement of the event. A Special Event Agreement will not be issued until all insurance requirements have been received, verified and approved.

Whatcom County must be listed as additional insured. The Certificate of Additional Insured must be accompanied by the policy change endorsement forms CG 20 26, CG 24 04, CG 20 01 covering permitted activity, or it will not be accepted.

Additional coverages are required for alcohol service, inflatables, animals and other items.

11. Fees

Special Event Fees are assessed according to the Unified Fee Schedule and are based on park use, impact to the park and staff time.

All Special Event Applications are subject to a \$50 application fee. Your application is not complete until this fee is received. Is your application fee enclosed?

Yes No

12. Special Event Checklist

Does your application include:

- Application Fee
- Complete Application submitted at least 90 days prior to event
- Map Diagram
- Plan of Operation
- Additional Vendor Page (if applicable)
- Alcohol/Beer Garden schematic (if applicable)

13. Signature

I certify that I am the authorized agent for this event/organization. The information I have provided on this application is true and accurate to the best of my knowledge. If the event plans change, I will submit a revised application or additional information accordingly.

All information contained in this application is subject to public disclosure.

The application is not valid without a signature.

Applicant Signature:

Title:

Cell Phone:

Date:

Return To: Whatcom County Parks & Recreation
Christ Thomson
3373 Mount Baker Highway
Bellingham, WA 98226

Email: WCPREvents@co.whatcom.wa.us
Phone: 360-778-5850