



GRANITE FALLS

Special Event Permit Application

City Date Stamp

Official Use Only

City Approvals

File No. _____
Fee Paid: \$ _____
Deposit: \$ _____
Total: \$ _____

Police: _____
Planning: _____
Public Works: _____
City Clerk: _____
** See attached conditions of approval

EVENT	CONTACT PERSON/INFORMATION
Name:	Name:
Date(s):	Address:
Time period (from/to):	City, State, Zip:
Number of attendees/participants (est.):	Phone – Business:
Sponsor:	Phone – Other:
	Email address:

Describe Event Activity *(Provide additional pages if necessary):*

Security Provider:

- City Police
- None
- Other, describe (include contact name & information):

Emergency Services Provider:

- Granite Falls Fire District No. 17
- None
- Other, describe (include contact name & information):

 **Describe how emergency access will be maintained during event:**

Traffic Control Provider:
 City Police & Public Works
 None
 Other, describe (include contact name & information):

Requested Road Closures:
Street name(s):

Date(s):
Time of day (from/to):
 None

Parking:
Location(s):

Number of vehicles (est.):
Date(s):
Time of day (from/to):

Clean-up Provider:
 Public Works
 None
 Other, describe (include who, when & how and number & location of receptacles):

Waste Disposal:
 Public Works
 None
 Other, describe (include number & location of restrooms and hand washing facilities):

Attachments (if required):
 Copy of comprehensive liability insurance naming the City of Granite Falls, its elected officials, officers, employees and agents as an additional insured
 Health Department approval
 Washington State Department of Transportation approval
 Community Transit approval
 Other:

I hereby certify that I have familiarized myself with the rules and regulations with respect to preparing this application and that the statements and information submitted herewith are in all respects true and correct to the best of my knowledge and belief.

Signature: _____ **Date:** _____