



Park Special Event Application

(\$500 Damage Deposit Required for all Special Events)

Contact Person: _____ Organization: _____

Address: _____ City/Zip: _____

Phone: _____ Secondary Phone: _____ E-mail: _____

Event Name: _____ Event Date: _____ 2nd choice _____

Park Name: _____

Park Location: Shelter 1 & Amphitheater The Point (sites 4, 5, 6) Other _____

Anticipated Arrival Time: _____ Anticipated Departure Time: _____

***9:00 am to 8:00 pm is required reservation duration for special events

Expected Attendance: _____ # of Vehicles Parking: _____ (does not guarantee parking space)

Do you intend to have an inflatable or amusement ride? Yes No

If an inflatable or amusement ride is used during the event, a certificate of insurance naming the City of Maple Valley as additionally insured and listing the City of Maple Valley as a Certificate Holder will be required if approved. Minimum amount of General Liability is \$1,000,000 per occurrence, \$2,000,000 aggregate.

Will the event require electric hook up (Shelter 1 only)? Yes No

Describe Activity/Event: (Is this event open to the public? Include details, tents, canopies, booths, cookhouses, stages, tables, chairs, signs, etc.)

Amplified Sound: Describe any amplified music or announcements that will take place. NOTE: Use of amplified sound must comply with City Codes and Park Ordinances.

Trash: All garbage must be removed from park after event. Describe trash/recycling removal plan.

Portable Toilets: Number of toilets: _____ Locations in park: _____

Company making delivery: _____

Food: A King County Health Department permit may be required if food is served and/or sold at an event. It is the applicant's responsibility to obtain such permit.

Will food be served? Yes No

Will food be sold? Yes No

Describe details of food service planned:

Security/Monitors: Describe your plan for monitors/security at the event.

Street Closure? Please describe any potential impacts to streets or street closures.

Medical Plan: Please describe Medical/Emergency Services Plan.

Selling of Goods/Services: A permit may be required to sell goods and/or services within the City of Maple Valley. Please contact Maple Valley City Hall 425-413-4282 for more information.

Will you be selling any goods or services? Yes No

Please describe:

Event Time Line: Please attach a detailed timeline of your event/activity. If your event is on multiple dates, please clarify what activity is occurring on each date of your requested reservation.

Event Admission: Are you charging for admission and/or parking for the event? Yes No

Please describe.

Event Website: _____

Vendors: How many vendors/booths will be at your event? Please describe.

Site diagram: Please attach a site diagram showing your event layout.

Parking: Describe your parking plan.

Mitigation of Impact: How will you notify the local residents? Attach a draft notice that you propose to distribute prior to your event?

Hold Harmless Statement

I, the Applicant, confirm that the information contained in this application is complete and accurate. I understand that this is only an application and not a guarantee that a permit will be issued.

I agree to assume the defense of the indemnify and save harmless the City, its officers, agents, employees and volunteers from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, cause by, arising out of or as a consequence of such temporary street closure and the activities permitted in connection therewith. The City requires, as a condition of issuance of a permit, that the applicant obtains insurance to serve this end, in such an amount and with such terms as the City determines to be appropriate under the circumstances. This shall be a continuing release and shall remain in effect until revoked in writing.

Signature: _____ **Print name:** _____ **Date:** _____

For Staff Use Only

Is this a City co-sponsored event? Yes No

If yes, do they need vehicle access into the park? Yes No

Location within park for vehicle access: _____

APPROVED DENIED

Conditions of approval (enter into Notes Section of Contract):

Maple Valley Parks and Recreation

22500 SE 248th Street

Maple Valley, WA 98038

parksrec@maplevalleywa.gov

425-432-9953

Date Received: _____

Received By: _____