

CITY OF PRIEST RIVER
 P.O. Box 415
 552 High Street Priest River, ID 83856
 (208) 448-2123
 Fax (208) 448-2232



SPECIAL EVENT APPLICATION

Event Name: _____

Event Location: _____ Date(s) of Event: _____

Name of Sponsoring Person or Organization: _____

Address: _____ Phone Number: _____

Contact Person: _____ Phone Number: _____

Description of Event:

Will it be necessary to block streets: No Yes: _____

Please check the anticipated number of attendees:

	1-100	\$25.00	1 Portable Restroom	1 Waste Receptacle
	101-250	\$50.00	2 Portable Restrooms	3 Waste Receptacles
	251-500	\$100.00	4 Portable Restrooms	6 Waste Receptacles
	501 +	\$150.00	7 Portable Restrooms	12 Waste Receptacles

- The applicant or organization obtaining the permit shall hold the City and its employees, agents, and officers harmless and shall indemnify the City from any liability or claim whatsoever arising from the use of the park. The City shall be named as an additional insured party in any liability policy held by or issued to the permit holder. Proof of such liability insurance shall be filed with the City Clerk with injury and property damage coverage of not less than \$1,000,000.00. Such liability insurance requirement can be waived by the City Council only for events deemed to be low risk.
- The applicant agrees that they are responsible for providing adequate portable restrooms and waste receptacles to serve the size of the planned event. Failure to do so will disqualify the applicant from obtaining Special Event Permits in the future.

Applicant Signature: _____ Date: _____

Approved Not Approved; Reason: _____

Chief of Police: _____ Date: _____

City Clerk: _____ Date: _____