

Mayor  
Scott Korthuis

# CITY OF LYNDEN



Council Members:  
Gary Bode  
Dave Burns  
Ron De Valois  
Tobey Gelder  
Gerald Kuiken  
Nick H. Laninga  
Brent Lenssen

300 4th Street  
Lynden, Washington 98264  
www.lyndenwa.org

City Administrator  
Bill Verwolf

## SPECIAL EVENT OR PARADE PERMIT NO. \_\_\_\_\_

**60 DAYS PRIOR TO EVENT** - application must be submitted to City Hall, Court Clerks Office  
**30 DAYS PRIOR TO EVENT** - requirements must be met and the application returned to City Hall, Court Clerks Office

The name and address of the person/organization that will be present at the event and responsible for its conduct.

Note - If applying on behalf of a person or organization, applicant must provide a letter in writing from the person proposing to hold the event, authorizing the applicant to apply for the permit on his or her behalf.

	<u>Organization Information, if applicable</u>	<u>Person/Chair in Charge of event</u>
Name		
Address		
Phone No.		

What is the date(s) of the event/parade?
The hours of duration? Start: _____ Finish: _____
Detailed description of event/parade:
Location to be held or the route to be traveled; the starting point and the termination point:
Specify whether the event will occupy all or only a portion of the width of any streets to be used:
Anticipated number of persons: _____ Number of animals: _____ Type: _____
Number of vehicles: _____ Type: _____
The location, by streets, of any assembly areas for event, and the time such assembly will begin:
Will alcohol be served and/or sold at this event? <input type="checkbox"/> Yes <input type="checkbox"/> No
The required insurance must be obtained and attached to application before permit can be issued.

**DEPARTMENT HEAD APPROVAL/CONDITIONS**

1) _____ <b>Police Chief Signature</b>	_____ Date signed
Police chief's comments or special condition/requirements _____ _____ _____	
2) _____ <b>Fire Chief Signature</b>	_____ Date signed
Fire Chief's comments or special condition/requirements _____ _____ _____	
3) <b>Other Dept:</b> _____	Signature of Director: _____
	Date signed: _____
Comments or special condition/requirements _____ _____ _____	

**ANNUAL PERMITS** In order to obtain a reoccurring/annual permit, the applicant must notify the City Administrator in writing no less than sixty days prior to the event. In addition to providing the current date upon which the event will be held, the applicant must inform the City Administrator, on an annual basis, of any changes between the previous year and the current year.

Is this event/parade a:     One –time occurrence             Annual Permit

**INSURANCE** Vendor agrees to maintain, at their own expense, for the benefit of the City of Lynden, as additional insured, insurance against liability for damage or loss and against liability for personal injury or death, arising from acts or omissions of vendor, its agents and employees. Such policy or policies shall contain a provision whereby the City of Lynden must received at least thirty (30) days prior written notice of any cancellation of Vendor's insurance coverage. Prior to the commencement of the Agreement, Vendor shall deliver to the City of Lynden certificates or binders evidencing the existence of the insurance required herein indicating the City as an additional insured. Failure to provide proof of the insurance at any time to the satisfaction of the City of Lynden shall be grounds for termination of this Agreement.

Vendor shall provide insurance coverage in amounts not less than the following:

- (a) Combined single limit of One Million Dollars; or
- (b) One Million Dollars per occurrence/two million dollars aggregate.

**REQUIREMENTS MET - DEPARTMENT HEAD APPROVAL**

1) \_\_\_\_\_  
**Police Chief** Signature Date signed

POLICE CHIEF'S REQUIREMENTS MET:  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
**Fire Chief** Signature Date signed

FIRE CHIEF'S REQUIREMENTS MET:  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) **Other Dept:** \_\_\_\_\_ Signature of Director: \_\_\_\_\_  
Date signed: \_\_\_\_\_

REQUIREMENTS MET:  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICIAL USE**

Insurance requirements met and attached?  Yes  No  
All Department Head requirements met?  Yes  No

Approved by City Administrator \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_