

525 N 3<sup>rd</sup> Ave, Pasco, WA 99301 P: 509.543.5726 www.pasco-wa.gov | businesslicense@pasco-wa.gov

# **Special Event Application Instructions**

<u>PMC 5.35</u>

Special Event applications must be submitted no less than 30 days prior to the event, 90 days for an outdoor music festival.

#### STEP 1: Complete & Submit City Application with Required Fee

Complete the Special Event application and return with required attachments (as noted on application) to the Inspection Services office, with the appropriate fee.

### **STEP 2: City Review Process**

The application will be reviewed by the City, and you will be notified if any conditions are imposed. When all conditions are met, the Inspection Services Office will issue a Special Event Permit.

\*\*Street and Intersection Closure Review requires a non-refundable fee.

#### **Additional Information**

Noise Ordinance PMC 9.130: No person, whether or not that person is in actual possession of the noise source, shall create, continue, or cause to be created or continued, or allow to be created or continued, any public disturbance noise.

For more info contact our Community Development Department at 509) 545-3441.

Admission Tax: Those responsible for special events for which admission is charged shall file a tax return accompanied by remittance of admissions tax within 10 business days of the conclusion of the event.

For more information contact our Finance Department at 509) 543-5713.

Sales Tax: Use location code 1104 on your State of Washington Combined Excise Tax Return when reporting retail sales or use tax occurring within the City of Pasco. This does not increase your tax liability and insures that Pasco receives the local sales and use tax from your business activities within Pasco.

If you have Questions about the permit process, please call: Inspection Services 509) 543-5726

\*KEEP THESE INSTRUCTIONS FOR FUTURE REFERENCE \*

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# **Special Event Types & Fee Schedule**

PMC 3.35.050

Event Type:	Fee:	Code Section:
Athletic, competitive, or festival	\$25.00	5.35.130
Auction sales – for 3 days	\$75.00	5.35.130
Carnivals and circuses – first day fee	\$275.00	5.35.130
Each and every day after first	\$125.00	5.35.130
Concert	\$25.00	5.35.130
Dance hall – without liquor	\$75.00	5.35.130
Dance hall – with liquor	\$350.00	5.35.130
Demonstration	\$15.00	5.35.130
Outdoor music festival	\$25.00	5.35.130
Parade	\$15.00	5.35.130
Public dance	\$15.00	5.35.130
Temporary special sales event	\$40.00	5.35.130
(Maximum for event \$500.00)	for the first vendor	
Each additional vendor	\$20.00	
Street and intersection closure review fee	\$50.00	5.35.180(1)(e)
Fireworks sales and wholesale distribution		5.35.050
Fourth of July License Term:	\$100.00	<u>5.96.030</u>
(Fire safety inspection \$75.00)		
(License fee \$25.00)		

## **Application Help Text:**

Name of Location: i.e. Dance Hall Name, Name of Business, etc.

Location Address: Physical address where the event will take place.

Type of Event: Definitions can be found here: PMC 5.35.040

Date of Event: Please enter the first day of event. Events within 30 days of Application will not

be accepted.

If a line is not applicable, indicate it with: N/A



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# **Street and Intersection Closures**

PMC 5.35.180

- A) Each application for a special event permit which includes a request for a closure (or partial closure) of a street or intersection shall include the following:
  - 1. <u>Indemnity</u>. The applicant shall be required to sign a statement that he or she shall defend, indemnify and otherwise hold harmless the City of Pasco, its officers, employees and agents from any and all claims or liability arising from the City's grant of permission for or the actual conduct of the special event associated with, and including, such street closure.
  - 2. <u>Insurance</u>. The applicant shall provide evidence of liability insurance coverage, for review by the City's risk manager, with the City of Pasco, its officers, employees and agents named as additional insured parties and offering death, personal injury and property damage liability in an amount not less than \$1 million.
  - 3. <u>Notice.</u> The applicant shall provide for payment of one newspaper publication and posting, at each end of the to be closed portion of the street and at all intersecting streets, of the notice of street closure (for closures of duration in excess of twelve (12) hours) pursuant to RCW 47.48.020; or for closures of less than twelve (12) hours, posting of such notice, posting only as outlined above.
  - 4. <u>Traffic Control Plan and Devices</u>. The applicant shall provide a plan and such barricades, traffic cones or signs, in conformance with the most current version of the Manual on Uniform Traffic Control Devices (MUTCD) as adopted by the State of Washington and approved by the City Engineer, as are necessary to accomplish the proposed closure. The City does not provide or lend traffic control equipment except for City-sponsored events and closures.
  - 5. <u>Review Fee</u>\*\* A review fee, which shall be in addition to any special event fee, and as set forth in Chapter 3.35 of this code, shall be required with each application for closure of a street or intersection. The fee shall be non-refundable, regardless of whether the application is approved or denied.
- B) Each street closure request contained within an application for special event shall be reviewed by a committee consisting of the City Engineer (or designee), the Police Chief (or designee) and the City Fire Chief (or designee). The committee shall determine if requested street or intersection closures will be allowed, together with any additional requirements for or traffic flow, public safety, access or public notice. Any appeal of the decision of the committee may be made to the City Manager pursuant to section 5.35.180.
- C) The committee shall approve an application for a street or intersection closure which satisfies the requirements set out in subsection A, above; together with such other requirements as the committee may impose, pursuant to subsection B, unless it finds one or more of the following conditions, in which case the application shall be denied:
  - 1. That the closure is likely to unreasonably interfere with vehicle or pedestrian traffic flow; or
  - 2. That the closure is likely to create an immitigable danger to vehicular or pedestrian traffic; or
  - 3. That the closure will cause irrevocable interference with previously approved and/or scheduled construction, maintenance, or other activities; or
  - 4. That the closure will seriously inconvenience the general public's use of public property, services or facilities; or
  - 5. That there are not sufficient public safety personnel or other necessary city staff to accommodate the closure so that it may occur in a reasonably safe manner; or
  - 6. That the closure would endanger public safety or health; or
  - 7. That the closure would likely to cause unreasonable damage to public properties or facilities; or
  - 8. That the closure is not necessary to accommodate an event or activity sponsored by a public entity or available to the general public for the period of the closure.



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# **Special Event Application**

Applicant Information:			
Applicant Name:	Organization:		Non-Profit
Mailing Address:		State:	
Phone Number:	Email:		
Event Details: (see page 2 of application packet f	or help text)		
Name of Location:	Location Addres	ss:	Pasco WA 99301
Name of Event:	Type of Event: _		
Describe in detail all activities that will take place at th	e Event:		
Date of Event: Number of Da	ays of Event:	Hours of Operation:	
Set-Up Date & Time:			
Estimated Number of Attendees:	Age of Attendees: _		_
Will you be charging Admission to this Event?	☐ Yes ☐ No	If Yes: Provide Event	Admission Cost:
Will you have Vendors?	Yes No	If Yes: Number of Ver	ndors:
Will there be any performers at your event?	Yes ☐ No	If Yes Number of Perf	ormers:
Will you use amplification equipment?	Yes No		
Did you receive the Pasco Noise Regulations?	Yes No		
Will you have a fireworks display?	☐ Yes ☐ No		
Did you receive the Fireworks P.M.C. Chapter 5.80?	☐ Yes ☐ No	□ <sub>N/A</sub>	
Did you receive & sign the Fireworks Sales Agreemer	nt?∐ Yes ∏ No	□ N/A	
Will you have a sign?	Yes No		
Will you have Alcohol Sales?	 ☐ Yes ☐ No		
Are you proposing a street or intersection closure?	Yes No		
If Yes: there will be a \$50 nonrefundable review	fee for any events tha	t are proposing a street or	intersection closure. Please
review Section 5.35.180 (1), attached to this application	on, to make sure that y	ou understand the criteria	for evaluating street or
intersection closures. A review fee, which shall be in a	-		-
code, shall be required with each application for closu	re of a street or interse	ection. The fee shall be no	n-refundable, regardless of
whether the application is approved or denied. (see page 2)	age 3 of the applicatior	n packet)	-

#### **List of Vendors & Performers**

- Please attach the list of your Vendors to this application. If you do not have it at the time of application, the final List is due 3 days before the Date of Event. Your list must include: Vendor Name, Address, Phone, and Goods/Services offered.
- Please attach the list of your Performers to this application.



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## **Emergency Contact Person Information:**

Contact Person Date of Birth: Contact Person Gender: Female Male  Contact Person Mailing Address: City, State & Zip:  Secondary Contact Person Information:  Contact Person Date of Birth: Contact Person Gender: Female Male  Contact Person Date of Birth: Contact Person Gender: Female Male  Contact Person Mailing Address: City, State & Zip:  Person/Entity Liable for Collection and Payment of Admission Tax:  Name: Phone: Email:  Contact Person Mailing Address: City, State & Zip:  Person/Entity Liable for Collection and Payment of Retail Sales Tax:  Name: Phone: Email:  Contact Person Mailing Address: City, State & Zip:  Attachments:  City, State & Zip:  Attachments:  Copy of your Picture ID  Copy of any Brochures, Pipers, or Mailings advertising this event  Map of your event location with measurements (streets, parking, buildings, stages etc.)  Wirtten consent of Owner of Property  Copy of your Sol, Onnor-fundable fee (if applicable)  Street closures Sol, Onnor-fundable fee (if applicable)  Street closures Sol, Onnor-fundable fee (if applicable)  Certificate of Liability Insurance. Certificate Holder must be: City of Pasco, 525 N 3 <sup>rd</sup> Ave, Pasco WA 99301  Copy of WSP Retail Fireworks License (if applicable)  Copy of WSP Wholesaler License (if applicable)  INSURANCE — The City does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain bodily injury and property damages liability insurance. After reviewing this application, the City will determine whether you must obtain liability insurance on accordance with City policy, name the City as an additional insured on the policy, and be responsible for Obtaining said insurance. After reviewing this application, the City will determine whether you must obtain liability insurance.  AGREEMENT — I shall be required to defend, indemnify	Contact Person First Name:		· · · · · · · · · · · · · · · · · · ·	Contact Person Last Name:			
Contact Person First Name:			· · · · · · · · · · · · · · · · · · ·				
Contact Person Last Name:  Contact Person Date of Birth:  Contact Person Gender:  Female  Male  Contact Person Mailing Address:  City, State & Zip:  Person/Entity Liable for Collection and Payment of Admission Tax:  Name:  Phone:  Email:  Contact Person Mailing Address:  City, State & Zip:  Person/Entity Liable for Collection and Payment of Retail Sales Tax:  Name:  Phone:  Email:  Contact Person Mailing Address:  Phone:  Email:  Contact Person Mailing Address:  Phone:  Email:  Contact Person Mailing Address:  City, State & Zip:  Attachments:  Copy of your Picture ID  Copy of any Brochures, Flyers, or Mailings advertising this event  Map of your event location with measurements (streets, parking, buildings, stages etc.)  Written consent of Owner of Property  Copy of your Security Contract  Map of parade route (if applicable)  Street closures \$50, non-refundable fee (if applicable)  Vendor List (Final List dus 3 days before Event) Include Name, Address, Phone, and Goods/Services offered.  Special Event Application Fee (if applicable)  Certificate of Liablity Insurance. Certificate Holder must be: City of Pasco, 525 N 3rd Ave, Pasco WA 99301  Copy of WSP Retail Fireworks License (if applicable)  Copy of WSP Retail Fireworks License (if applicable)  Copy of WSP Wholesaler License (if applicable)  Copy of WSP Wholesaler License (if applicable)  NSURANCE — The City does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant, its members, or those attending the event. Depending on the type of eventy you are planning, and the activity and risk level of your group, you may be required to obtain bodily injury and property damages liability insurance in accordance with City policy, name the City as an additional insured on the policy, and be responsible for obtaining said insurance. After reviewing this application, the City will determine whether you must obtain liability insurance.  AGREEMENT — I shall be required to defend, indemnify and hold harm	Contact Person I	Mailing Address:	· · · · · · · · · · · · · · · · · · ·	City, State & Zip:			
Contact Person Date of Birth:	Secondary Cor	ntact Person Information:					
Contact Person Mailing Address:    Person/Entity Liable for Collection and Payment of Admission Tax:   Name:	Contact Person	First Name:		Contact Person Last Name:			
Contact Person Mailing Address:    Person/Entity Liable for Collection and Payment of Admission Tax:   Name:	Contact Person I	Date of Birth:		Contact Person Gender: Female Male			
Name:	Contact Person I	Mailing Address:					
Person/Entity Liable for Collection and Payment of Retail Sales Tax:  Name: Phone: Email:  Contact Person Mailing Address: City, State & Zip:  Attachments:  Copy of your Picture ID Copy of any Brochures, Flyers, or Mailings advertising this event Map of your event location with measurements (streets, parking, buildings, stages etc.) Written consent of Owner of Property Copy of your Security Contract Map of parade route (if applicable) Street closures \$50, non-refundable fee (if applicable) Vendor List (Final List due 3 days before Event) Include Name, Address, Phone, and Goods/Services offered. Special Event Application Fee (if applicable) Copy of WSP Retail Fireworks License (if applicable) Copy of WSP Retail Fireworks License (if applicable) Copy of WSP Wholesaler License (if applicable) The City does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain bodily injury and property damages liability insurance in accordance with City policy, name the City as an additional insured on the policy, and be responsible for obtaining said insurance. After reviewing this application, the City will determine whether you must obtain liability insurance.  AGREEMENT — I shall be required to defend, indemnify and hold harmless the City, its agents, employees and officials, the organization's employees or third parties on account of personal injuries, bodily injuries, death, or damage to property arising out of the acts or omissions of the organization, its employees or representatives, concessionaires of the event or any other person or entity, except for liability caused due to the sole negligence of the City.	Person/Entity	Liable for Collection ar	nd Payment o	f Admission Tax:			
Person/Entity Liable for Collection and Payment of Retail Sales Tax:  Name: Phone: Email:	Name:		Phone:	Email:			
Name: Phone: Email:  Contact Person Mailing Address: City, State & Zip:  Attachments:  Copy of your Picture ID Copy of any Brochures, Flyers, or Mailings advertising this event Map of your event location with measurements (streets, parking, buildings, stages etc.) Written consent of Owner of Property Copy of your Security Contract Map of parade route (if applicable) Street closures \$50, non-refundable fee (if applicable) Vendor List (Final List due 3 days before Event) Include Name, Address, Phone, and Goods/Services offered. Special Event Application Fee (if applicable) Certificate of Liability Insurance. Certificate Holder must be: City of Pasco, 525 N 3rd Ave, Pasco WA 99301 Copy of WSP Retail Fireworks License (if applicable) Copy of WSP Wholesaler License (if applicable)  Acknowledgement  INSURANCE – The City does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant, its members, or those attending the event. Depending on the type of event you are planning, and the activity and risk level of your group, you may be required to obtain bodily injury and property damages liability insurance in accordance with City policy, name the City as an additional insured on the policy, and be responsible for obtaining said insurance. After reviewing this application, the City will determine whether you must obtain liability insurance:  AGREEMENT – I shall be required to defend, indemnify and hold harmless the City, its agents, employees and officials, the organization's employees or third parties on account of personal injuries, bodily injuries, death, or damage to property arising out of the acts or omissions of the organization, its employees or representatives, concessionaires of the event or any other person or entity, except for liability caused due to the sole negligence of the City.	Contact Person I	Mailing Address:		City, State & Zip:			
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Name of Applicant (print): Title:	INSURANC use of facilit planning, ar liability insur for obtaining insurance.  AGREEMER the organiza arising out of	E – The City does not maintain ies by the applicant, its member of the activity and risk level of your ance in accordance with City pays and insurance. After reviewing the standard of the acts of omissions of the oerson or entity, except for liability.	rs, or those atten- our group, you m olicy, name the C g this application, and, indemnify and es on account of p rganization, its er	ding the event. Depending on the type of event you are ay be required to obtain bodily injury and property damages city as an additional insured on the policy, and be responsible the City will determine whether you must obtain liability.  I hold harmless the City, its agents, employees and officials, personal injuries, bodily injuries, death, or damage to property imployees or representatives, concessionaires of the event or			

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## **Inspection Services Division | Finance Department**

525 N 3rd Ave, Pasco, WA 99301 P: 509.543.5713 www.pasco-wa.gov

# CITY OF PASCO Admission Tax Return

Name of Business	s:			Period Endin	g:	20
Type of Business:				Owner or Manager:		
Address:				Event Held:		
Tax on admission separately.	ons of eleven cent	s or more (2.5%	% of Admissio	on charge). Er	iter each adm	ission price
Date	Gross Sales	Price Per Admission	Number Sold	Tax Per Admission	Total Tax Due	(Do Not Use)
_						
The undersigned	taxpayer declares th	nat he/she has re	ead the forego	ing return and c	ertifies it to be	correct.
Dated this	day of	, 20				
FOR CITY'S USI Receipt No Date		Individual	's or Firms Na	me (printed)		

Signature of owner or authorized representative

# Pasco Pasco

#### **Inspection Services Division | Business Licensing**

525 N 3rd Ave, Pasco, WA 99301 P: 509.543.5726 www.pasco-wa.gov | businesslicense@pasco-wa.gov

# **Map of Event**

## Draw to show the following:

- All streets and driveways
- Event Layout and Measurements
- Portion of the property to be used by the applicant
- Portion of property used for parking
- Location of existing buildings/structures and their uses
- Floor Plan (if applicable) exits, stages, seating etc.
- Traffic Control (if applicable) Proposed street and intersection closures require a traffic control plan which must be submitted at least 2 weeks before the event. Plans must include all locations/routes/intersections for which closure is proposed