



CITY OF ASTORIA

1095 Duane Street |
 Astoria OR | 97103
 Ph (503) 325-5824 |
 Fax (503)325-2017

PART 1: APPLICANT fills out and submits application for review.

APPLICATION - SPECIAL EVENT

Application
Date:

Applicant

Name of Organization:

Type of Organization: Public agency Non-profit Business Individual

Contact Name: E-Mail:

Mailing Address: City, State

Phone: Alt. Phone:

Event

Proposed Event Name: Attendee Estimate:

Event Date: From: To: Exclusions:
Including Set-up / Take-Down

Times: From: To: Exclusions:
Including Set-up / Take-Down

TYPE OF EVENT (check all boxes that apply):

Athletic Walk / Race	Block Party	Reunion
Concert	Fair	Vigil / Protest
Garage / Yard Sale	Parade	Wedding
Film / Photo Shoot	Market	Reception
Festival / Carnival	Educational	Other - identify:

Location(s) of Event (use additional sheet of paper if necessary):

Ownership of Event Location(s) Private property Public property (parks, schools, etc.) Right-of-way (sidewalks, streets)
 (check all boxes that apply):

On- Site Contact

Name:

Phone Number: E-Mail:

ADDITIONAL ACTIVITIES (add any additional activities not listed):

CHECK ONE		ACTIVITY	
Y	N	Food on site:	Pre-packaged Prepared on Site
Y	N	Beverages (Non-alcoholic) - describe serving container(s):	
Y	N	Beverages (Alcoholic ¹) - describe serving container(s):	
Y	N	Carnival-type rides - describe:	
Y	N	Dancing	
Y	N	Music ² :	Live Recorded
Y	N	Amplified sound (i.e., PA system) or other noise generator	
Y	N	Tents and / or Canopies	
Y	N	Temporary electrical power - list source:	
Y	N	Street / road closures ³	
Y	N	Traffic control	
Y	N	Activities on streets and / or sidewalks ⁴	
Y	N	Open flames including barbecues and propane fueled equipment	
Y	N	Portable restroom facilities - proposed location:	
Y	N	Fireworks ⁵	
Y	N	Other	

Description of Event (Include additional paper if necessary)

Have you applied for a Special Events Permit for this event before?	YES	NO
Have you attached a Site Plan of your event to your application? (If you need help creating a site plan please visit our guide).	YES	NO

Permission is hereby requested to hold an event described hereto. It is understood that this application is limited to the event described herein and that event organizers shall comply with the provisions of this application and all other applicable rules, regulations and standards of the City, County and State. The permittee assumes full responsibility for said compliance and for repair or replacement of any existing improvement damaged as a result of this event. In addition, event organizers shall comply with all items checked in Part 2 below, and with the terms of any other City permits issued.

I CERTIFY THE ABOVE INFORMATION IS CORRECT	Applicant's Signature:
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If opening pdf in Adobe please click to submit completed form.
 If opening pdf in web browser, please save pdf to computer, and email completed form to rquigley@astoria.gov

PART 2: CITY STAFF reviews application for completeness and lets applicant know if any additional documents are required.

In addition to this application, the following is a list of items the City may request of applicant. Once the application is reviewed by City staff, they will check off those items below that are applicable and must be submitted by applicant to make the application complete:

Required Provided	Certificate of liability insurance in the amount of \$2,000,000 liability coverage to reach occurrence/ \$4,000,000 aggregate naming the City of Astoria, its officers, agents and employees as additional insured
	Site Plan/Map
	Signed indemnification agreement
	City of Astoria Police Department approval
	City of Astoria Fire Department approval
	City of Astoria Parks and Recreation Approval
	City of Astoria Facility Use form
	Noise and Sound Amplifier Permit
	Temporary Street Use Permit/ Traffic Control Plan
	Parking Plan
	City of Astoria Occupational Tax Form
	Clatsop County Public Health - Temporary Event Food Service License(s)
	Sanitation/Waste Removal Plan
	OLCC license, plan or permit
	Other _____ Other _____

OFFICE USE ONLY

Packet Complete:	Yes	No	Expiration Date:	Fee Amount	Permit No.:
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Issued by: _____ Date: _____

PART 3: Once application is determined to be complete, applicant signs indicating that they will abide by all conditions of the application and City staff issues a permit.

APPLICANT: I AGREE TO COMPLY WITH THE PERMIT AND ALL ABOVE-REFERENCED CONDITIONS

Applicant's Signature: _____ Date: _____