City of Molalla - **Administration** 117 N. Molalla Ave. | PO Box 248 Molalla, OR 97038



E: adminassistant@cityofmolalla.com

City of Molalla SPECIAL EVENT PERMIT

Permit must be submitted at least 45 days prior to the event

SUBMISSION OF APPLICATION

Per Molalla Municipal Code, Chapter 5.20, Special Event Licenses

A Special Event Permit must be completed if the event involves a large group of people (compared to the usual occupancy of the site), and includes one or more of the following:

- (1) gatherings/events that involve large groups of people impacting the right-of-way or City Park;
- (2) gatherings/events advertised to the public;
- (3) gatherings/events that cause impact to City streets or a State Highway (including curb or parking lane), sidewalks, and or public rights-of-way; or
- (4) gatherings/events that impact to a Public Parking Lot.

Examples of Special Events include but are not limited to; a carnival, fair or festival, concert, rodeo, sporting event, parade, public demonstration, and/or other events desiring to be located within the City.

| | EVENT DATE, TIME & LOCATION |
|----------------------|--|
| Event Name: | |
| Event Date: | |
| Type of Event: | |
| | |
| | |
| | CONTACT INFORMATION (all fields required) |
| Applicant Name: | |
| | |
| | |
| | Alternate Phone: |
| Email: | |
| | ORGANIZATION INFORMATION (all fields required) |
| Organization Name: | |
| Mailing Address: | |
| City/State/Zip Code: | |
| | Alternate Phone: |
| Email: | |



 $\frac{www.cityofmolalla.com}{\rlap{\cong}} 503-829-6855$

♣ Fax: 503-829-3676

| | DAY OF EVENT CONTACT INFORMATION | | | |
|--|--|---|---|--|
| Name: | | Telephone: | | |
| Name: | | Telephone: | | |
| Name: | | Telephone: | | |
| Par | EV ticipant types and numbers (estim | YENT ATTENDANCE nated) | | |
| Participants: _ | Vendors: | Staff/Volunteers: | Bikes: | |
| Vehicles: | | | | |
| | EV | ENT PARKING | 1 | |
| Locations: a. | | Number | of Cars: | |
| | | | of Cars: | |
| | | N | of Cars: | |
| | | 3.7 1 | of Cars: | |
| Yes No | Sponsor is site Owner (If Spons) Does Event also occur outside city 211, Hwy 213, etc.? (ODOT PERMIT RI Restrooms on Site? Number: Park Use Application (required if City Traffic Control Plan (required if alters) City Property Used (Other than right-c) Is Food being served and/or prepared a Is alcohol being served? OLCC Permit I | ☐ Yes ☐ No Portable Restronant Park is used for the Event) Is public streets, sidewalks, curb-lane parking of-way)? Describe: In the your event? Food handler's license from Clause Required — Copy must be furnished to the City | ner Approval Form) State Highway system ie: Hwy soms? Number: ng, or uses traffic/parking signs) | |
| POLICE DEPARTMENT ASSISTANCE | | | | |
| ☐ Yes ☐ No Requested? If yes, what type of assistance is requested (fees may apply): | | | | |
| STREET MAINTENANCE ASSISTANCE | | | | |
| □Yes □1 | No Requested? If yes, what t | ype of assistance is requested (fee. | s may apply): | |

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APPLICANT RESPONSIBILITY

Applicant is responsible for obtaining all additional permits, licenses, and insurance certificates required upon the issuance of this Event Permit. Please fulfill all the obligations listed below before submitting this application. Once all obligations are complete you must place your initials in all of the designated areas marked with parentheses

(1) CLEAN UP:

Applicant agrees to promptly clean up all paper or debris caused by applicant's use of the area and understands that if such cleanup is not promptly undertaken the City reserves the right to do the cleaning itself and to charge the applicant for the actual time and expense incurred.

 \Box () CITY CODES/PERMITS:

Applicant agrees to obtain all City permits and licenses that may be required, and shall comply with all other City laws and other conditions that the City Manager deems necessary.

- Food Handler's License Clackamas County (503) 742-5300 or online here
- Oregon Liquor Control Commission (OLCC) (503) 872-5000 or online here
- Oregon Department of Transportation (ODOT) (503) 653-3086 or online here
- Clackamas County Department of Transportation (503) 742-4400 or online here

| \Box (|) CONDUCT/NUISANCES: |
|----------|----------------------|
|----------|----------------------|

Applicant understands that if the outdoor activity is conducted in such a way as to create a nuisance for any business or resident of the area, future permits may be denied for that reason alone. Applicant will be notified as soon as practical that the activity engaged in created a nuisance and may ask for a review of such determination.

| | SITE | MAP: |
|--|------|------|
| | | |

This application will not be processed unless a site map is included. Site map must indicate location of tents, stages, portable restrooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc.

☐ () TRAFFIC CONTROL PLAN MAP:

If applicable, this application will not be processed unless a traffic control plan map is included. Indicate where streets will be blocked and how they will be blocked including fencing, barricades, stages, tents, etc.

☐ () CERTIFICATE OF INSURANCE - REQUIRED

Applicant agrees to provide a policy of liability insurance. This insurance shall provide coverage for not less than \$2,000,000 covering all claims per occurrence; \$1,000,000 for personal injury to each person, \$1,000.000 for each occurrence involving property damage. The limits of the insurance shall be subject to statutory changes as to maximum limits of liability imposed on municipalities of the State of Oregon. This insurance shall be without prejudice to coverage otherwise existing and shall name as additional insured the City of Molalla and its officers, agents, and employees. The sponsor agrees to maintain continuous coverage for the duration of the permit. City to receive 30 days' notice of cancelation or material modification. If alcohol is to be sold, liquor liability coverage is also required. (The City reserves the right to increase coverage minimum if event presents extraordinary risk).

SPECIAL EVENT FEES

Road Barriers - \$50 fee for drop-off/pick-up and \$50 deposit per barrier

*If all barriers are returned in proper working order and without damage, deposit will be refunded.

Event Fee - \$1,000 per day for events over 1,000 people

| OFFICE USE | | | | | |
|--|-------|------------|--|--|--|
| Number of Barriers Rented: Total Deposit Returned: | Date: | | Deposit Received On: Number of Barriers Damaged: | | |
| Special Event Fee – Date Received: | | _ Staff In | itial: | | |

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RELEASE & INDEMNITY AGREEMENT

The undersigned Sponsor, by signature below, shall defend, indemnify, and hold the City, its officers, agents and employees, harmless against all liability, loss, or expenses, including attorney's fees, and against all claims, actions or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission of an act sustained in any way in connections with the performance of this event or by conditions created thereby, or based upon violation of any statute, ordinance, or regulation. This contractual indemnity provision does not abrogate common law or statutory liability and indemnification to the City, but is in addition to such common law or statutory provisions.

APPLICANT'S/SPONSOR'S SIGNATURE

I do affirm that the foregoing statements and representations are binding upon me, or if executed on behalf of a Sponsoring Entity are binding upon the Sponsor and are executed pursuant to authority. The information submitted is true to the best knowledge of the undersigned, and the undersigned shall notify City in writing at any time as additional information is known or the plans for the event are revised which would alter the information and statements given. Signature of Person Signing:

Name of Person Signing (PRINTED):

Title of Office:

PLEASE SUBMIT THIS PERMIT TO THE CITY OF MOLALLA - EXECUTIVE ADMINISTRATIVE ASSISTANT NO LATER THAN 45 DAYS PRIOR TO THE EVENT

All information must be provided to process the Permit. An incomplete permit will slow approval time.

A copy of this permit will be sent to the applicant upon approval.

| For Office Use Only | | | |
|---|-------|--|--|
| Police Department: Reviewed by: | Date: | | |
| Public Works/ Street Department: Reviewed by: □ Approved □ Denied Conditions of approval: | Date: | | |
| Fire Department/ Emergency Management: Reviewed by: □ Approved □ Denied Conditions of approval: | Date: | | |
| City Administration Approval: Reviewed by: □ Approved □ Denied Conditions of approval: | Date: | | |