	<b>City of Union Gap</b> Application for Parade / Special Ev 107 W. Ahtanum Road Union Gap, WA 98903 RESERVATION & INFORMATION 509.248.0432	vents	CITY OF UNION GAP PO BOX 3008 107 W. AHTANUM ROAD Union Gap, WA 98903
Name of Applicant / Business:		Phone Number: (	)
Address:	City:	Zip code	:
Sponsoring Organization:		Phone Number: (	)
Address:	City:	Zip Code	:
Full Name of Person in Charge:		Phone Number: (	)
Address:	City:	Zip Code	:
Purpose of Event:			

Date(s) of Event:

Start Time:

End Time:

**Parade Application** – You will need to supply a figure for the approximate number of participants expected and indicate the number and types of units (vehicles, floats, bands, marching units, animals and a description of any sound amplification equipment to be used).

**Special Event Application** – You will need to provide a brief narrative describing what you want to do and the dimensions and plans for any structure (inkling tent or canopy) to be erected in connection with this event.

## Location / Time of Assembly and Disassembly / Proposed Route:

**Parade / Motorcades:** It shall be the responsibility of the person in charge of the parade/motorcade to see that all units have been instructed as to time and place of assembly, disassembly and their position in the procession. A representative from the sponsoring organization will be present at the assembly location to assure the event starts at the schedule time and to assure units in the event are not more than fifty (50) feet apart. All rules and regulations as specified in the Union Gap Municipal Code Chapter 4.42 will be adhered to.

**Special Event Permits:** This includes fairs, foot races, bicycle races, block parities, ect. When an application is made for a block party involving closure of street, such closure shall not be for more than one city block, nor for more than four (4) hours and will end no later than 10:00 pm. The application shall contain an agreement to such conditions by all residents of the block proposed for closure. Sponsors will provide their own barricades and these must meet M.U.T.C.D. standards. The City **does not** have these devices to rent or loan. Noise levels must conform to the City of Union Gap noise ordinance. If alcoholic beverages are to be dispensed, evidence of a permit issued by the State Liquor Control Board shall be produced.



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**Liability Insurance Requirements:** Unless excused from the liability insurance requirement, the applicant shall file with the Chief of Police, no later than three (3) weeks prior to the event, evidence of liability insurance coverage, for review by the City Attorney, with the City of Union Gap, it's officers, employees and agents named as additional insure parties and affording death, personal injury and property damage liability coverage in the amount of not less than one million (1,000,000) dollars. Additional endorsements for host liquor liability and/or products liability may be required, in the event food, beverages, and/or alcoholic beverages are to be dispensed.

The applicant shall file prior to the day of a special event involving participation of persons in games or races involving physical effort, a signed document from each participant waiving any and all liability against the City of Union Gap, its officers, agents and employees arising from the event, which agreement shall be in a language approved by the City Attorney. The Chief of Police may require additional information to provide for the safe and free flow of traffic.

**Hold Harmless Agreement:** As shown by the applicant's signature below and in consideration of the approval of this application, the applicant and the applicants' agents, heirs, marital community if any, and legal representatives hereby promises to defend, indemnify and otherwise hold harmless the City of Union Gap, its officers, employees and agents from any and all claims or liability arising from or relating to the City's grants of permission for, or the actual conduct of, the parade or special event, including but not limited to personal injury, property damage, or death.

Signature of Applicant:		Date:		
FOR OFFICE USE ONLY				
Application Approved Signature:		Date:		
	City Attorney			
Application Approved Signature:		Date:		
	Chief of Police			
Application Denied Signature:		Date:		
	City Attorney			
Application Denied Signature:		Date:		
	Chief of Police			
Reasons Application Denied:				