City of Lakewood Special Use Application 2016

Applicant Information	
Applicant Name:	
Applicant/Organization Mailing Address:	Street:_____ City: _____ State: _____ Zip: _____
Phone Number:	
Email:	
Event Operations	
Official name of event/activity:	
Is the event open and/or advertised to the public?	☐ Yes ☐ No
Anticipated maximum attendance	Participants: _____ Spectators:_____
Event Time Frame	
Date /Dates of Event	Day 1: ____ / ____ / ____ Day 2: ____ / ____ / ____ (If Applicable) Day 3: ____ / ____ / ____ (If Applicable) Day 4: ____ / ____ / ____ (If Applicable)
Time Frame of Event	Day 1: _____ to _____ Day 2: _____ to _____ (If Applicable) Day 3: _____ to _____ (If Applicable) Day 4: _____ to _____ (If Applicable)

Park Location Requested	☐ Fort Steilacoom Park ☐ American Lake Park ☐ Harry Todd Park ☐ Active Park ☐ Springbrook Park ☐ Wards Lake Park ☐ Washington Park ☐ Other Location
Event Type	☐ Private Event (wedding/picnic etc.) or Public Event ☐ Run/Walk Event ☐ Concert/Live Music ☐ Cycling Event ☐ Boat Race ☐ Filming/Photography ☐ Theatrical Performance ☐ Rally/Protest ☐ Festival/Fundraiser ☐ Sporting Event Soccer Baseball Other ☐ Provide Field Dimensions – Prep Needs ☐ Other: ☐ *Non-Profit Org. Beer/Wine Garden **(*Added Fees/Requirements)**
Event Components	☐ Vendor Booths Quantity:_____ ☐ Stage Quantity:_____ ☐ Tents/Canopies Quantity:_____ Size:_____ ☐ Inflatable/Bouncy Quantity:_____ ☐ Generator ☐ Electricity ☐ Water (not available at all sites) ☐ Public Address System ☐ Exhibits/Displays ☐ Heating Device ☐ Merchandise/Services ☐ Commercial Advertising ☐ Registration Fee/Admission Fee ☐ Cooking – Catering ☐ Portable Toilets ☐ Garbage Dumpsters ☐ Parking Plan ☐ Security ☐ Beer/Wine Garden – Added Event Fees/Requirements

Site Plan Requirements

You MUST attach a clear and legible site plan or map with the following indicated:

- Name of the park facility to be used
- The overall event area (include proposed parking area)
- The location of all physical equipment being placed, including, but not limited to stage(s), vendor booths, tents, signs, barricades, portable toilets, garbage cans, generators, etc.

Event Description	
Detailed Description of Event	

Insurance Requirements

You may be **REQUIRED** to have liability insurance for your event. The City of Lakewood is to be named as the additionally insured party in any and all policies in the amount of $1,000,000 (one million dollars). If your insurer is not able to provide event insurance and submit a Certificate of Liability to the City to verify the event's coverage, the City of Lakewood can provide information to you regarding event insurance providers

Event Staff Contact

Return completed applications to (via mail, FAX or E-mail):

City of Lakewood
Parks, Recreation and Community Services
6000 Main Street SW
Lakewood, WA 98499

City of Lakewood Phone: 253-983-7827
E-Mail: cfairfield@cityoflakewood.us
Fax: 253-983-7895

Payment Information

☐ **Credit Card**	Credit Card #	
☐ **Cash**	Exp Date:	Security Code:
☐ **Check**	Name on Card:	

Applicant Signature

The undersigned, as an authorized representative, hereby applies to the City of Lakewood for use of the above facilities and certifies the information is correct and, furthermore, agrees to abide by all ordinances, policies and rules and regulations which may apply. The applicant shall indemnify, defend and hold harmless the City of Lakewood, its elected and appointed officials its employees, volunteers and agents from and against any and all claims, demands, suits, actions, payments and judgments as a result of injury or death of any person or property damage sustained by applicant or any other persons which arise from and in any manner grow out of any act or mission on or about said facility by applicant, its agents, guests or employees in the execution of this rental agreement including any and all expenses, legal or otherwise incurred by the City or its representatives in the defense of any suit or claim. Such indemnity shall not include claims arising as result of the sole negligence of the city of Lakewood, its elected and appointed officials, its employees and agents. This application will be processed in the order received and is subject to approval following the City's guidelines.

I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT AND AGREE TO COMPLY WITH THE CONDITIONS SET FORTH ON BEHALF OF MYSELF AND THE GROUP I REPRESENT. I AGREE THAT AS A CONDITION OF USE OF THE PUBLICLY OWNED FACILITY, I WILL NOT DISCRIMINATE ON THE BASIS OF GENDER AND ANY OTHER BASIS PROTECTED BY FEDERAL OR STATE LAW.

Signature:_____ **Date:**____/____/____