



CITY OF HAYDEN LAKE

SPECIAL EVENT PERMIT APPLICATION

(May be submitted up to one year in advance)
**INCOMPLETE APPLICATIONS WILL NOT BE
ACCEPTED**

PLEASE SUBMIT TO:
deputyclerk@cityofhaydenlake.gov
9393 North Strahorn Road
Hayden Lake, ID 83835
208 772-2161

SUBMITTALS

An application for approval of a Special Event permit is made by submitting the following information to the City Clerk's Office:

- The completed attached forms and checklist;
- Copy of all documents required by the city including an accurate site plan drawing of the event showing:
a) all existing locations, driveways, pathways, and parking areas, b) the location of the proposed event,
c) the location of all signage in the city limits.
- A description of any signage and scale drawing of signs showing size, height and width of the sign area and the support structure as defined in the sign regulations of the city. Type and location of any intended illumination must also be show on the drawing.
- The permit is valid only for the dates specified in the application. The Applicant may apply in writing to the City Clerk for an extension of the permit, and for good cause appearing, the City Clerk's Office.

DEADLINE FOR SUBMITTALS

The completed forms and site plan must be submitted to the City Clerk's Office not later than sixty (60) days prior to the date that the activity is expected to begin. The completed application shall be deemed accepted for the sixty (60) day processing period as of the date when all plans and information have been filed, checked and accepted as complete by the City Clerk's Office, as noted below.

REQUIRED DOCUMENTS (MUST BE SUBMITTED WITH APPLICATION):

- ☐ **INSURANCE** - Please provide a Certificate of Insurance in an amount of not less than \$500,000 naming the City of Hayden Lake as additional insured.
- ☐ **MAP (site plan)** - A complete map must be included, indicating start location, entire route, road closures, restrooms, parking, signage, location of vendors, and finish area.
- ☐ **NEIGHBOR NOTIFICATION – (see attached)** needs to be signed by the property owner/tenant and submitted if a road closure affects access to properties.
- ☐ **TRAFFIC CONTROL PLAN-** A detailed and dated TCP indicating certified flagger locations, detours, routes, road closures and signage.
- ☐ **MASTER PLAN (Including Event Schedule)-** Master Plan should include the event schedule, marathon course, TCP, parking, course signage and markings, safety/medical treatment areas and rest area/ porta potty locations.
- ☐ **NEIGHBORING JURISDICTION APPROVAL-** Proof of submittal and approval from all jurisdictions affected for the proposed event.
- ☐ **FEE-** A fee of \$350.00 is required at the time of submittal. Additionally, a \$350.00 deposit is required. (Deposit is refundable if the city does not incur damages as a result of the applicant's event).



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FOR OFFICE USE ONLY

Special Event Permit # _____ Total Amount Paid **\$350.00** _____
FEE Cash/Money Order/Check # _____ Date: _____
Deposit Check # _____ Total Amount **\$350.00** _____
Permit Expiration Date _____ Permit Issuance Date _____
Employee: _____

Event Permit # _____ **Permit Issued Date:** _____

Name of Event: _____ **Permit Expiration:** _____

SPONSOR:

Applicant Name: _____
Event Sponsor: _____
Mailing Address: _____
Contact Person: _____
Phone: _____ Email: _____

RETURN SECURITY DEPOSIT TO:

Event Sponsor: _____
Mailing Address: _____
Contact Person: _____
Phone: _____ Email: _____

TIME AND LOCATION:

Setup Time: _____ Start Time: _____ End Time: _____
Location: _____
Event ends (where?): _____
Number of Participants: _____ Number of Spectators (Max.): _____ Number of Staff: _____



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STREET AND/OR SIDEWALK CLOSURES: *Please attach maps and master plan*

What streets will be partially closed to traffic?

What streets will be fully closed to traffic?

Will event stop for and obey traffic signals at intersections?

How will you maintain traffic access to businesses, commercial establishments, and homeowners?

Did you notify businesses and property owners affected by closures?

Does this event require "no street parking" signs?

_____ YES _____ NO

FIRST AID: *Please include locations on attached maps*

(For serious medical issues, please instruct all participants to call 911 for assistance)

Where will the First Aid Station(s) be located?

Who will work the First Aid Station(s)? Please include contact information.

How are participants notified of the location(s)?



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RESOURCES REQUIRED: *Please attach traffic control plan*

NOTE: *Certified traffic flaggers at organizer's expense will be required for an arterial street crossing.*

Name of Certified Flagging Company: _____

Contact Person: _____

Phone Number: _____

E-Mail: _____

Do you remain on sidewalks only? _____ YES _____ NO

Trail only? _____ YES _____ NO

RESTROOM FACILITIES:

NOTE: *Event organizer is responsible to supply portable toilets if necessary. Indicate location on the route/site plan map, the type (ADA), and number.*

What restroom facilities will be used? _____ How many are ADA accessible? _____

What company is supplying the restrooms: _____ Contact Person: _____

LOST CHILDREN OR PETS:

Please specify location of Lost and Found area/tent: _____

NOTE: *Please include locations on maps and master plan*

CLEAN-UP PLAN:

Who is responsible for clean-up during/after event? _____

Contact Name: _____ Phone Number: _____

Email Address: _____

How many people are assigned to your clean-up committee? _____

Date/Time completed? _____

What arrangements have been made for garbage removal?

What garbage receptacles will be used? _____



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FOOD VENDORS/SELLER PERMITS: *Please attach all vendor permits*

NOTE: *ALL food vendors MUST contact Northern Lakes Fire District at 208-772-5711 for required inspection and approval of mobile food service.*

NOTE: *The State of Idaho requires a sellers permit for all vendors. Contact Idaho State Tax Commission at 208-334-7660*

VENDORS:

NOTE: *Please indicate location of all vendors on the site plan map.*

How many **Food** vendors will you have at the event? _____

Vendor Business Names: _____

How many **Beverage** vendors will you have at the event? _____

Vendor Business Names: _____

How many **Alcohol** vendors will you have at the event? _____

Vendor Business Names: _____

How many **Retail** vendors will you have at the event? _____

Vendor Business Names: _____

How many **Other** vendors will you have at the event? _____

Vendor Business Names: _____

Northern Lakes Fire District Inspection Completion (food vendors ONLY): *(Required)*

Inspection completed by: _____

Date: _____ Passed: _____ YES _____ NO

Are any gas/propane appliances used for heating or lighting? _____ YES _____ NO

NOTE: *If yes, please specify items and show location on site plan map.*

Will any propane/gas appliances be used for cooking/warming at event? _____ YES _____ NO

Any other flammable or combustible items present at event? _____ YES _____ NO

Please Specify: _____

If you plan to have any fireworks displays during your event, please contact Northern Lakes Fire Department at 208-772-5711.

Service of alcohol must be monitored to ensure no service or possession of persons under 21 years of age and watch for overservice of alcohol. Large events or those serving alcohol may require security, a public safety plan, or both. For an event requiring security, one security officer is needed for every 250 people in attendance.

Please attach all neighboring jurisdiction approvals and contact information.



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CERTIFICATION

I, _____ certify that I am a citizen of the United States, over eighteen (18) years of age, and that the information listed on this application is complete and true to the best of my knowledge, and I agree to comply with the ordinances regarding parades, marathons, and special events contained in the City of Hayden Lake City Code, for which I acknowledge and agree to. Failure to comply may result in loss of deposit, additional costs, and denial of future event proposals.

Signed: _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 20__.

Notary Public in and for the State of Idaho

Residing at: _____

Commission Expires: _____

.....
Office Use Only

City Clerk or Designee Approval: _____ Date: _____

LOW/MEDIUM IMPACT EVENTS

Street Department Approval: _____ Date: _____ Police Department Approval: _____ Date: _____

Fire Department Approval: _____ Date: _____

HIGH IMPACT EVENTS

Street Department Approval: _____ Date: _____ Fire Department Approval: _____ Date: _____

Police Department Approval: _____ Date: _____ Parks Department Approval: _____ Date: _____

Conditions/Comments:

Issues that occurred for review and consideration of future proposals/applications:
