

**City of Port Orchard** 

216 Prospect Street, Port Orchard, WA 98366 (360) 876-4407 • FAX (360) 895-9029

## **CARNIVAL APPLICATION**

(Port Orchard Municipal Code 5.32) License Fee: \$100 per day

### **Carnival Information**

Name of Event:	
Location of Event:	
Type of activities to be conducted:	
Will you be charging an entry fee? □Yes □No	Anticipated number of visitors:
If yes, how much? \$	
Date(s) Open to the Public:	Hours Open to the Public: A.M. P.M.
Event Web Site:	·
Date of Setup:	Date of Teardown:

### **Contact Information**

Name of Organization:	tion: Do You Have an Active City Business Lie			□Yes □	No
Point of Contact Name					
Street Address		Mailing Address (if different from street address)			
City	State	Zip	City	State	Zip
Phone	Alternate F	hone	Email		

#### **Property Information**

Name of the Property Owner:					
Street Address:		Mailing Address (if d	Mailing Address (if different from street address)		
City:	State	Zip	City	State	Zip
Telephone Number:	I		Email Address:		I

## <u>Site Map</u>

A site map is **required** to be submitted which includes the following:

Rides:	🗌 Yes	🗆 No	Not applicable
Games:	🗆 Yes	🗆 No	Not applicable
Signage:	🗆 Yes	🗆 No	🗌 Not applicable
Tents:	□Yes	🗆 No	🗌 Not applicable
Public entrances and exits:	□ Yes	🗆 No	🗆 Not applicable
Road closures and detours:	🗆 Yes	🗆 No	🗌 Not applicable
Traffic patterns:	□ Yes	🗆 No	🗆 Not applicable
Fire Lanes:	🗆 Yes	🗆 No	🗌 Not applicable
Sanitation:	🗆 Yes	🗆 No	🗆 Not applicable
Barricades:	🗌 Yes	🗆 No	🗌 Not applicable
First Aid:	□ Yes	🗆 No	🗌 Not applicable
Parking:	🗆 Yes	🗆 No	🗆 Not applicable
Restrooms:	🗆 Yes	🗆 No	🗌 Not applicable

#### **Event Information**

Does your event include a tent or membrane structure?  $\Box$  Yes  $\Box$  No

If yes:

- A permit is required for a tent that has one or more side panels and is 400 square feet or larger.
- A permit is required for a membrane structure that has no side panels and is over 700 square feet.

Please contact the Department of Community Development for submittal requirements at (360) 874-5533.

What is your security plan?		
Will your event require police officers for traffic and crowd	control?	] Yes 🛛 No
Please indicate how public safety, traffic, and crown controned of the control needed for (a) traffic control and (b) crowd control:	-	ovided and how many police officers you anticipate will be
When specifying location, do you anticipate utilizing any prop	perty not ow	ned or managed by the City of Port Orchard?  Yes No
If yes, you must provide written approval from the private	property o	wner with the submittal of this application.
Will your event require event workers to stay overnight?	□ Yes	□ No If yes, you may need to contact the Kitsap County
<i>Health District</i> at (360) 728-2235.		
Please provide any other information, which you believe, will	assist the ci	ty in the review process:

### <u>Insurance</u>

The sponsoring organization must provide an insurance certificate, with endorsements, at least 30 days prior to the event with the City of Port Orchard shown as Additional Named Insured with minimum coverage to be as follows:

• \$1,000,000 Liability; \$1,000,000 Bodily Injury

## <u>Release</u>

I certify that the event for which this permit is to be used will not be in violation of any City of Port Orchard ordinance.

By applying for this carnival permit, the organization or entity obtaining such permit agrees to defend, indemnify, and hold harmless the City, its officers, officials, employees and volunteers from all claims, injuries, damages, losses, or suits, including attorney fees and costs, arising out of or in conjunction with the activities or operations performed by the applicant or on the applicant's behalf resulting from the issuance of this permit, except for injuries and damages caused by the sole negligence of the City.

The information on this form is considered a public record and is subject to public disclosure laws in Chapter 42.56 RCW.

I, as the President or Chair of my organization, agree to the terms and conditions listed above.

Signature of President/Chair of Organization	Print Name	Date
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#### FOR CITY CLERK'S OFFICE USE ONLY

Date Fee Received: \_\_\_\_\_

Comments received by:

□ Police □ Fire □ Public Works □ Finance □ Community Development □ Kitsap Transit □ Clerk's Office

Date Insurance Certificate Received: \_\_\_\_\_

# CIRCUS APPLICATION CHECKLIST

Please use this list to ensure you have included all supporting documentation with your carnival application.

- Completed site map which includes fire lanes, sanitation control, tent and sign locations, rides, games and road closures/detours if applicable
- □ Written approval from private property owner (if applicable)
- □ Insurance Certificate with endorsements
- Circus Application/Release is completed and signed by the President or Chair of organization
- Circus Application Fee (Check, Cash, Credit Card)
- □ Special Liquor License permit (if applicable)
- Contact Department of Community Development for tent permit (if applicable)
- Contact Department of Community Development for sign permit (if applicable)
- Contact the Health District for any food permits or if any workers are staying overnight (if applicable)

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