Received 415110



Kittitas County, Washington

BOARD OF COUNTY COMMISSIONERS

Special Event Application

Thank you for your interest in holding a special event in Kittitas County. Please complete and return the Special Event Application to the Kittitas County Board of Commissioners Office at least **60 days** prior to the first day of the scheduled event. Please include **six** copies of your plan containing a narrative and a diagram of the event grounds showing all health, sanitary, safety and police/security requirements. Any misrepresentation in this application or deviation from the final agreed upon route and/or method of operation described herein, may result in the immediate revocation of the permit.

PLEASE TYPE OR PRINT CLEARLY IN INK.

1.	Name of event:	
	EAGTON MEMBRIAL DAY CELEBIZOTTON	
2.	Description of event: _GTREET FOIR / PORNDE / KIDS Comes/	
	C0050551005	
3.	Location of event: EAGTON WASHINGTON KITTIAC COUNTY	
4.	Dates of event: 5-29-2010 Hours of operation: 10 AM 6PM	
5.	Has the event been produced previously? Yes Dates 5/23/2010	APPANNUAL
6.	Estimated attendance: 2000	
7.	Name and address of organizer: MICHOR SWEET PO BOX 698	
	EASTOD LOA 98925	
	Phone number(s) 206-255-1956 COL 1909-656-23059	
8.	Emergency contact name and phone number: Myssa Sweet	
	Same	

Please check Yes or No for the	Yes	No	Notes
following questions -			
Will there be alcohol served at the event?		X	If yes, a State permit is required from the WA State Liquor Control Board.
Will County staffing be requested at the event? (Sheriff, Fire Marshal, etc.)?		X	If yes, provide a list of those services being requested and outline their duties. This may be required per County request.
Will you have security on site?	X		If yes, who will be providing the security?
Will you have Emergency Medical Services (EMS) on site during the event?	X		If yes, please attach written verification.
Will there be music, sound amplification or any other noise impacts?	X		If yes, the County has a noise ordinance in effect (see County Code for details)
Will the event obstruct, interfere or require the closure and free use of any public road, street or Right-of-Way?	X		Please provide adequate traffic and detour plans.
Will you have traffic control?	X		If yes, indicate how the traffic control will be addressed.
Will there be off-site parking needed?		X	If yes, please provide a parking plan.
Will there be shuttle buses provided for attendees?		X	If yes, provide a map of their route.
Will there be tickets sold to attend the event?		X	If yes, please note the cost of the event.
Do you have an informational flyer advertising the event?		X	If yes, please attach a copy of the information being published.
Will there be food served? VENDERS REGINALES TO SUPPLY OUN HEALTH CARDS	X		If yes, does the person or organization preparing the food have a food service permit or catering permit? (Please provide the name of the permitted person or organization). If no, and you intend on serving food, a catering permit will need to be acquired. Please allow 2 weeks to complete the food service permitting process.
Are there bathroom facilities already available? We supply form formed on Sire	X		If no, please provide specific information related to the number of sani-cans provided. Please include the location of sani-cans on the event diagram.
Do you have a plan for garbage and recycling? Committee / 1840	X		If yes, please provide your plan, and indicate if you will need assistance from the County Solid Waste Department.
Will a temporary structure be erected for this event? ROOMERS STAND BOTHS	X		If yes, attach a drawing including the dimensions. *The structure may require inspection prior to the event.
Have you obtained a Certificate of Insurance specifically naming Kittitas County?	$ \times $		A copy of the Certificate of Insurance must be attached to the application.

WILL SUPPLY COPY OF INSWRANCE - WITH 2,000,000 POLICY NAMING
KITTITAL
COUNTY

WRITTEN PERMISSION TO ENTER EVENT SITE – 30 DAYS PRIOR TO EVENT FOR INSPECTION

I hereby permit law enforcement and/or County officials to enter the site for which the Application has been granted, for the purpose of inspection and enforcement of County Code and other applicable law, and pursuant to my agreement and representations made in connection with this Application.

WRITTEN PERMISSION TO ENTER EVENT SITE – AT THE TIME OF THE EVENT

I hereby permit law enforcement and/or County officials to come upon the site for which the Application has been granted for the purpose of inspection and enforcement of County Code and other applicable law, and pursuant to my agreement and representations made in connection with this Application.

SWORN STATEMENT OF COMPLIANCE

I hereby acknowledge that I have read Kittitas County Code, have familiarized myself with County requirements, and have provided a Certificate of Insurance for this event, specifically naming Kittitas County as insured. I agree that either my designated agent or I shall be on site at all times and shall be responsible for the operation of the event and for compliance with all legal requirements in connection with this event.

I understand that failure to comply with the rules, regulations and conditions set forth in Code may be deemed a gross misdemeanor and that drug or narcotics violations are crimes under RCW.

Mower	4710 @ Comcast, Det
mila Quel	Cianatana of monometra overnon
Signature of applicant/promoter	Signature of property owner
Identify authorized/designated agent(s) wh	no will be in charge at the event (please print):
DOO FROOSDAHL	
Johny Curry hom	
CHUCK WITHITE	
TERRES (ASTRILL	

March 24, 2010

Kittitas County Commissioners 205 W 5TH Street Ellensburg, Wa 98926

Dear Commissioners,

On Saturday, May 29, 2010, Easton will hold it's 19th Annual Memorial Day Celebration. The following information is being submitted to you for approval.

- 1. A) Parade Line-up Line-up will be held on Railroad Street, starting just East of the Post Office (Exit 71) and proceeding east until all entries Are in line.
 - B) Parade route Railroad street beginning at the Post Office. Proceeding West to Kachess Avenue. Turn right on Kachees Avenue to 1st street. Turn right on 1st street to cross street. Turn right on cross street, back To Railroad street. Turn left on Railroad street and proceed to Parade Dispersal area.
 - C) Detour route- Heading west on Railroad street from Post Office, Detour right onto Cross street, detour left onto 1st street, detour left Onto Kachess Avenue, detour right onto Railroad street.
- 2. Block off Railroad street from Cross street, west to Depot street from 7 AM to 7 PM.
- 3. Conduct street Festival with Parade, Arts and Craft Booths & Concession stands, and games for all ages.
- 4. We have insurance through Bell Anderson Insurance, Ellensburg, Wa. They will send you a copy when they issue our 2010 policy.

The above is a generally what we have had for the past 16 years and has Proved successful. If you have any questions, please feel free to contact me.

Thank You in Advance

RECEIVED

MAR 29 2010

Sincerely,

Michael Sweet Chairperson (206) 255-1956 (509) 656-2309 Client#: 5629 EASTMEM

			RD™ CERTIFI	CATE OF LI	ABI	LITY IN	ISURAN	ICE		ATE (MM/DD/YYYY) 4/27/2010	
PRODUCER Bell-Anderson Ins - SBU PO Box 887					THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.						
724 West Smith Street Kent, WA 98032				INSURERS A	FFORDING COVE	RAGE		NAIC #			
INS	JRED		Easton Momerial Day Co	lalamati a m		INSURER A: Scottsdale Insurance Company					
			Easton Memorial Day Ce PO Box 698	nepration		INSURER B:					
			Easton, WA 98925			INSURER C:					
			Ed31011, WA 30323			INSURER D:					
						INSURER E:					
	VER/										
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LTR	ADD'I		TYPE OF INSURANCE	POLICY NUMBER	PC DA	LICY EFFECTIVE POLICY EXPIRATION TE (MM/DD/YYYY) DATE (MM/DD/YYYY)		LIMIT	WITS		
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		X	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	-	00.000	
	ĺ		CLAIMS MADE X OCCUR		ĺ			MED EXP (Any one person)	\$5,000		
								PERSONAL & ADV INJURY	\$1,000,000		
								GENERAL AGGREGATE	\$2,	000,000	
		GEI	Y'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$2,	000,000	
		X	POLICY PRO- JECT LOC								
			ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	\$		
			ALL OWNED AUTOS SCHEDULED AUTOS					BODILY INJURY (Per person)	\$		
	-		HIRED AUTOS					BODILY INJURY	_		
			NON-OWNED AUTOS					(Per accident)	\$		
		~						PROPERTY DAMAGE (Per accident)	\$		
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			ANY AUTO					OTHER THAN EA ACC AUTO ONLY: AGG	\$		
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	ANY	PROP	RIETOR/PARTNER/EXECUTIVE YIL.				Ī	E.L. EACH ACCIDENT	\$		
			MEMBER EXCLUDED?				F	E.L. DISEASE - EA EMPLOYEE			
	SPEC	IAL P	ribe under ROVISIONS below				Г	E.L. DISEASE - POLICY LIMIT			
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DESC	RIPTK	ON O	OPERATIONS / LOCATIONS / VEHICE	LES / EXCLUSIONS ADDED BY END	ORSEMEN	T / SPECIAL PROV	ISIONS				
			Memorial Day Celebration							ŧ.	
NIII	itas	ÇOU	inty, its officers, agents a	nd empoloyees are nam	ed as a	dditional ins	ured.				
CERTIFICATE HOLDER				CANCELLATION 10 Days for Non-Payment							
				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION							
Kittitas County,its				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN							
officers,agents and employees				NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL							
			205 West 5th, Room 108		1	IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR					
Ellonohura MA 00000				REPRESENTATIVES.							
P				AUTHORIZED REPRESENTATIVE							

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in fieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



Kittitas County Office Of The Treasurer Deanna Jo Panattoni, Treasurer 205 W. Fifth Suite #102

Ellensburg, Wa 98926 Phone (509) 962-7535 Fax (509) 933-8212

Cash Receipts

Receipt Number:

2010-2310

Date:

04/05/2010

Received From:

COMMISSIONERS - JULIE - JULIE

Check Amount:

\$200.00

Cash Amount:

\$0.00

Eft Amount:

\$0.00

Total Amount:

\$200.00

Deputy: judyy

Receipt Type: CHK

Template:

Comments:

SPECIAL EVENT PERMIT FEE APPLICATION FOR EASTON MEMORIAL DAY PARADE CELEBRATION TO BE HELD ON MAY 23, 2010. CHECK RECEIVED FROM EASTON SALOON, LLC / CASH SUSPENSE RECEIPT #2010-1470

<u>FundCode</u>

001

GlCode 1632171 **Description**

SPECIAL EVENTS

Amount \$200.00

Total Amount:

\$200.00

Kittitas County Treasurer's Office

Submitted By: JUDY YOUNG

April 13, 2010

To: Board of County Commissioners

Subject: Easton Memorial Day Celebration

The Easton Memorial Day Celebration Committee is requesting a waiver of the 60 day application form, due to the new requirements of 60 days notice prior to our celebration.

We were unaware of the new entry form requirements.

Thank You,

Easton Memorial Day Celebration Committee Chair Person

Michael Sweet

206-255-1956

To Whom it May Concern

Subject: Easton Memorial Day Celebration Cleanup Plan

The committee will perform a clean sweep of the town one week prior to the celebration.

- A construction dumpster will be provided by Waste Management located at the west end of town.
- Both recycle and waste cans will be provided throughout the designated celebration area.
- On completion of the celebration the committee will perform a follow up clean sweep of the town prior to the pick up of the dumpster.

Thank you,

Easton Memorial Day Celebration Committee Chair Person Michael Sweet 206-255-2956 To: Board of County Commissioners

Subject: Easton Memorial Day Celebration

The Easton Memorial Day Celebration Committee is requesting a waiver of the \$5,000 cash or bond that is required for possible damage during the celebration.

As for the Easton Memorial Day Celebration Committee already carries a \$2 million dollar policy that covers the celebration.

- Bell Anderson, Scottsdale Insurance Company Policy #CLS1245081, also indicating additional insured as Kittitas County (copy attached)

Thank you,

Easton Memorial Day Celebration Committee Chair Person Michael Sweet 206-255-2956



Kittitas County, Washington BOARD of COUNTY COMMISSIONERS

District One Paul Jewell District Two Alan Crankovich District Three Mark McClain

DATE:

March 29, 2010

TO:

Michael Sweet, Chair

Easton Memorial Day Celebration

FROM:

Catherine Dunn, Deputy Clerk

REGARDING:

Letter received March 29, 2010

We have received your letter regarding the Memorial Day Celebration. Kittitas County has instituted a new application process for Special Events which includes the enclosed Application.

Please complete and return the application with the \$200 fee as soon as possible to start the process. You will be notified when the application is ready for a hearing.