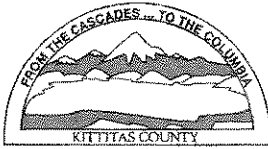


RECEIVED

FEB 16 2012

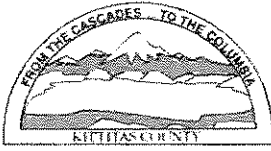


Kittitas County, Washington

BOARD OF COUNTY COMMISSIONERS ^{1st} ^{2nd} ^{3rd} _____
KITTITAS COUNTY BOARD OF COMMISSIONERS

EVENT APPLICATION PROCESS

1. Submit a completed Event Application and materials to the Kittitas County Commissioners Office **at least 60 days prior** to the event. There are several departments who review the Event Applications and make their determination based upon the application, written plans and documentation that has been provided. Please note that additional permits may be required in addition from individual departments including: the Fire Marshal, Public Health, Environmental Health, Community Development Services, and the Public Works Department. A \$200.00 permit fee is to be submitted at the time of application for each event. Applications will not be processed until the permit fee has been received.
2. Once a special event has been approved by the County Commissioners, the site and facilities may need to be inspected by County officials (including but not be limited to the Fire Marshal, Sheriff's Department, and Public Health Department) up to five days in advance prior to opening to the general public. This is to ensure that you are complying with the stated plans upon which the approval was made. If you fail to comply with those requirements, your permit may be revoked and the event closed.
3. Depending upon the nature and scope of the proposed event, other permits may be required as determined through the application process (liquor license, etc.). Some events may require approval from other agencies or jurisdictions.
4. Permittee covenants and agrees to indemnify, defend and hold harmless the County, its officers, agents and employees from any and all claims actions, damages, liability, cost and expense, including reasonable attorney fees in connection with or occasioned, in whole or in part by any act or omission of Permittee, its officers, agents, employees, customers or licenses, or arising from or out of Permittee's failure to comply with any provision of the Event Permit granted as a result of this application, regardless of whether it is alleged or proven that the acts or omissions of the County, its officers, agents or employees caused or contributed hereto.
5. Insurance Requirement: A Certificate of Insurance specifically naming "Kittitas County" as an additional insured in the minimum amount of \$1,000,000.00 per occurrence and a \$2,000,000.00 aggregate coverage must be included with the Event Application. The County Prosecutor's office may require a greater amount if it is determined to be necessary for the proposed event.
6. Written statements signed by the applicant and property owner allowing permission to enter the event site for inspections and stating responsibility for the event and compliance with the codes **is required** as part of the written documentation to be submitted at the time of application.
7. Before applying for an event it is encouraged that you schedule a time to meet with County departments so they may assist with questions you may have prior to submitting your application.



Kittitas County, Washington

BOARD OF COUNTY COMMISSIONERS

EVENT APPLICATION

Thank you for your interest in holding a special event in Kittitas County. Please complete and return this application along with any other materials to the Kittitas County Board of Commissioners at least 60 days prior to the day upon the event is scheduled. Any misrepresentation in the application materials or deviation from the final agreed upon route and/or method of operation described may result in the immediate revocation of an issued permit. Specifics outlining Event Permits can be viewed at <http://www.co.kittitas.wa.us/boc/countycode/title05.asp>

Event Information

Name of event: CWU Cycling Collegiate Stage Race

Date(s) of event: 4/14/12 Road Race 8- 2 pm, Time Trial 4-7 pm, Criterium Course on 4/12 from 8- 1pm

Hours of operation: Road Race on 4/14/12 from 8 am - 2 pm.

Description of the event: See Attached #1

Has this event taken place before? ☒ Yes ☐ No Dates: April 2010

Estimated attendance: 250 Racers and approximately 50 spectators

How is your event being publicized? Internet, press release, flyers, posters

Please attach any flyers, posters, etc. with your application submission.

Contact Information

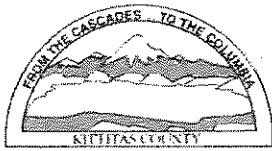
Name of the organizer/contact person: CWU University Recreation Center

Address: Recreation Center Rm 175, 400 E. University Way, Ellensburg, WA 98926

Phone number(s): 509.963.3516, 509.899.1338

Email address: corey.sinclair@cwu.edu

Date of birth of applicant: 3/19/74



Kittitas County, Washington

BOARD OF COUNTY COMMISSIONERS

Fire Safety and Protection

If more than 50 people are expected at your event, you must complete a separate application process which can be obtained through the Kittitas County Fire Marshal's office. You may contact the Fire Marshal's office at 509-962-7000.

Will there be a temporary structure erected for the event? Yes ☒ No

If yes, you must attach a drawing including the dimensions. The structure may require an inspection by County staff prior to the event.

Public Health/Environmental Health

Will there be food served at the event? Yes ☒ No

If no food will be served at the event then, no permit or application is required.

If yes, is the food and beverage that you intend on preparing and serving at the event exempt from permit requirements <http://www.co.kittitas.wa.us/health/food.asp>?

- If yes, please submit an application for exemption from permit and proof of food handlers training to the Kittitas County Public Health Department (KCPHD).

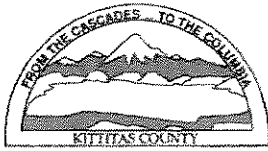
If yes, and the food or beverage is not considered exempt from permit, then does the person or organization preparing and serving the food have a food service permit, temporary food service permit, or catering permit from KCPHD?

- If yes, please provide a list of foods and beverages that you intend on having prepared and served at the event along with the name and phone number(s) of the permitted person or organization.

If yes, and the person or organization preparing and serving the food does not already have a food service permit.

- Then a temporary food service permit or catering permit will need to be acquired from KCPHD prior to the event.

Please allow at least 2 weeks to complete the food service permitting process.



Kittitas County, Washington

BOARD OF COUNTY COMMISSIONERS

Law Enforcement/Security/Emergency Medical Services

Will there be security on site during the event? ☒ Yes ☐ No

If yes, please provide a complete list of names and contact information for who will be providing the security.

Will Emergency Medical Services (EMS) be on site during the event? ☒ Yes ☐ No

If yes, please provide written verification from the providers.

Will there be music, sound amplification or any other noise impacts? Yes ☒ No

If yes, Kittitas County has a noise ordinance in effect (see County Code for details). If your event is scheduled for outside of the allowed time, you must submit a written letter to the Board of County Commissioners requesting a waiver and it must be included with your application materials.

Will you have traffic control? ☒ Yes ☐ No

If yes, please provide documentation on how the traffic control will be addressed.

Will there be off-site parking? ☒ Yes ☐ No

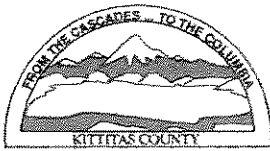
If yes, please provide the location and a parking plan.

Will there be shuttle buses provided for attendees? Yes ☒ No

If yes, provide a map of their route.

Will there be alcohol served at the event? Yes ☒ No

If yes, a State permit is required from the WA State Liquor Control Board and must be submitted with your application materials.



Kittitas County, Washington

BOARD OF COUNTY COMMISSIONERS

Garbage/Recycling

Do you have a plan for garbage and recycling? ☒ Yes ☐ No

A written plan for garbage and recycling must be attached to your application materials. For questions or assistance contact the Kittitas County Solid Waste Department at 509-962-7542.

Insurance

Have you obtained a Certificate of Insurance, specifically naming "Kittitas County" as an insured? ☒ Yes ☐ No

A copy of the Certificate of Insurance must be included with your application materials. Kittitas County must be named as an additional insured in the amount of \$1,000,000.00 per occurrence and \$2,000,000.00 aggregate coverage.

Penal Bond - Bond of Indemnity

A \$5,000.00 Penal Bond - Bond of Indemnity is required to be deposited with the County Treasurer to save and protect the streets, pavements, bridges, etc. from damage. The deposit or its balance will be returned once the event has been held and the Board of County Commissioners has certified no damage has been done and that the County has not incurred additional expenses

Are you submitting a \$5,000.00 Penal Bond - Bond of Indemnity with your Event Application? ☐ Yes ☒ No

If no, you must request a letter in writing to the Board of County Commissioners requesting a waiver to the Penal Bond - Bond of Indemnity and outline the specific reasons why it should not be required of your event.

County Filings and Registration

Is there a cost to attend the event? ☐ Yes ☒ No

How much are you charging to attend your event?

Road Race Loop A Saturday April 14th 2012 8:00AM - 3:00PM

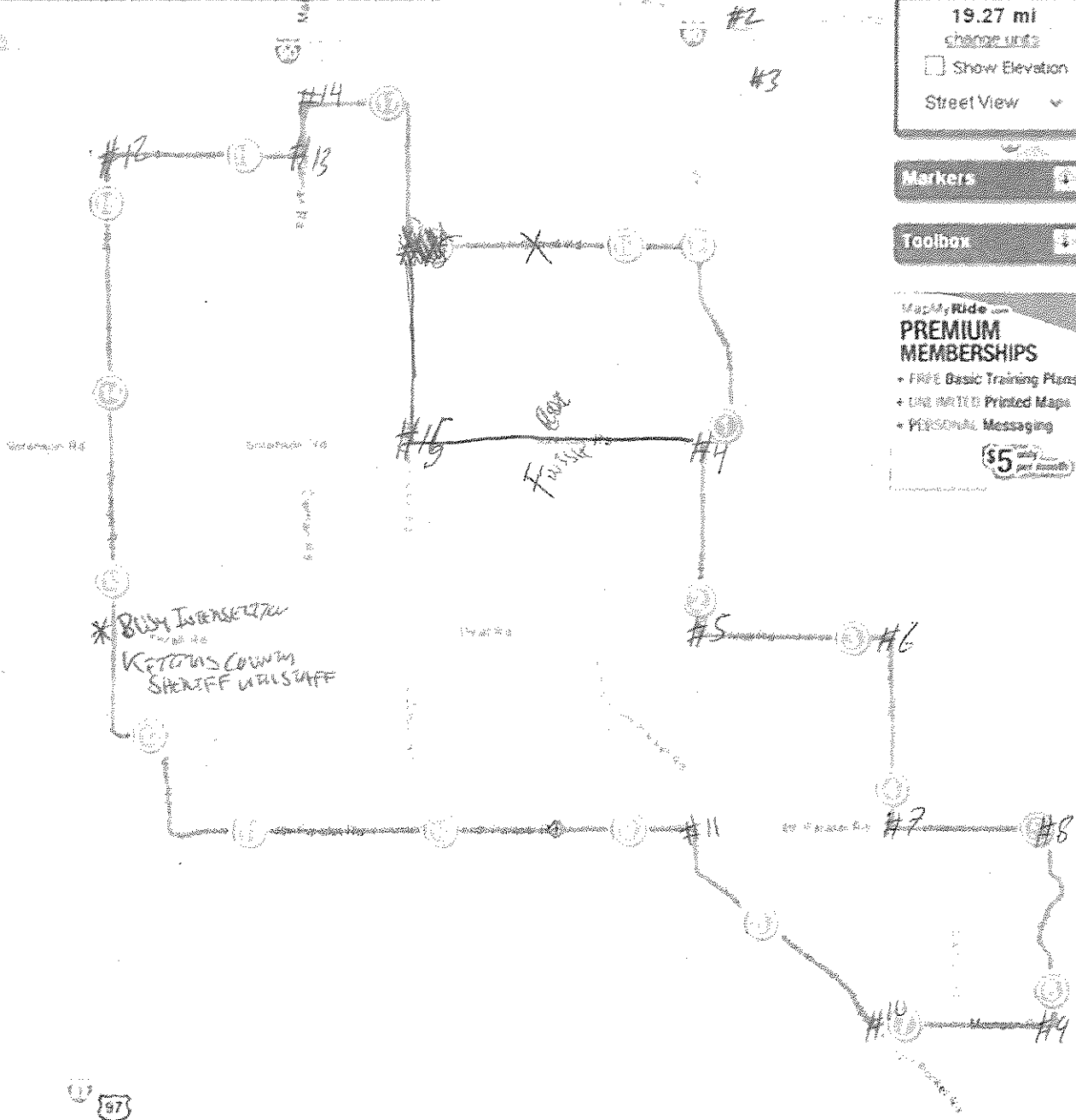
Workout Calculator Search Settings Notes Help

Route Info
 19.27 mi
 change units
☐ Show Elevation
 Street View

Markers

Toolbox

MapMyRide
PREMIUM MEMBERSHIPS
 • FREE Basic Training Plans
 • LIVE TRACKED Printed Maps
 • PERSONAL Messaging
 \$5 per month



#1 - CLEAF + PARKER GREEN LEFT

#2 - PARKER GREEN + PARKER RIGHT

#3 - PRATER + BOYDSON VAN RIGHT *

~~#4 - PARKER + SCHMIDT VAN RIGHT *~~

~~#5 - BOYDSON + HAMILTON LEFT~~

#5 - HAMILTON + THALL LEFT

#6 - THALL + LANSEN RIGHT *

#7 - LANSEN + 4th PARALLEL LEFT

#8 - 4th PARALLEL + ROSS RIGHT

#9 - ROSS + MONTISON RIGHT

#10 - MONTISON + UPPER BADGER POCKET RIGHT

#11 - UPPER BADGER POCKET + 4th PARALLEL LEFT

→ KITITAS COUNTY SHERIFF @ DENMARK + THALL - THALL ON DENMARK

#12 - DENMARK + TOSSEN RIGHT

#13 - TOSSEN + CLEMAN LEFT

#14 - BADGER POCKET + CLEMAN RIGHT

#15 - BADGER POCKET + SCHMIDTSON LEFT

Road Race Loop B Saturday April 14th 2012 8:00AM- 3:00PM

Settings Notes Help 35

Route Info

13.99 mi
change units

☐ Show Elevation

Street View

Markers

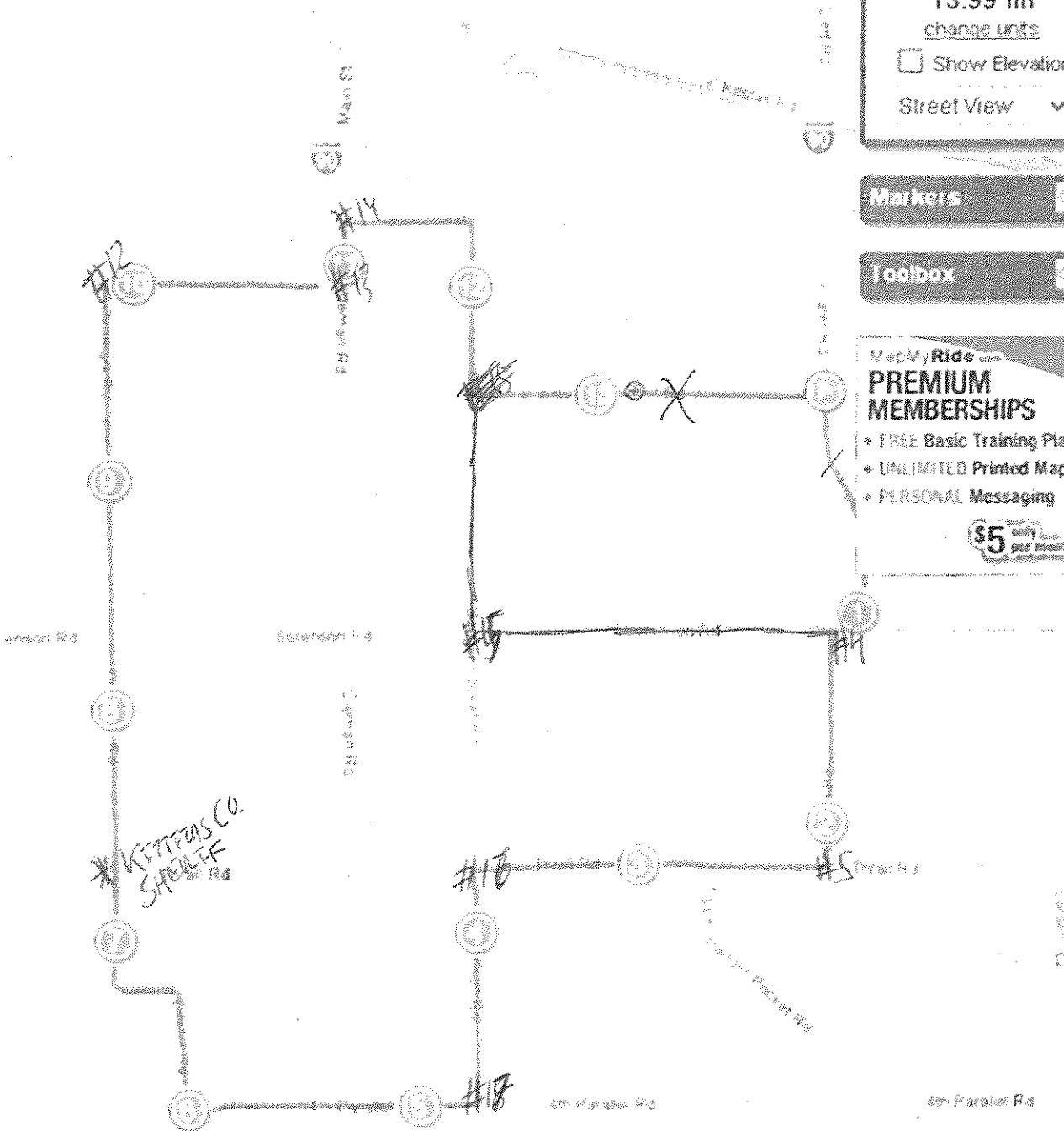
Toolbox

MapMyRide.com

PREMIUM MEMBERSHIPS

- + FREE Basic Training Plans
- + UNLIMITED Printed Maps
- + PERSONAL Messaging

\$5 only per month

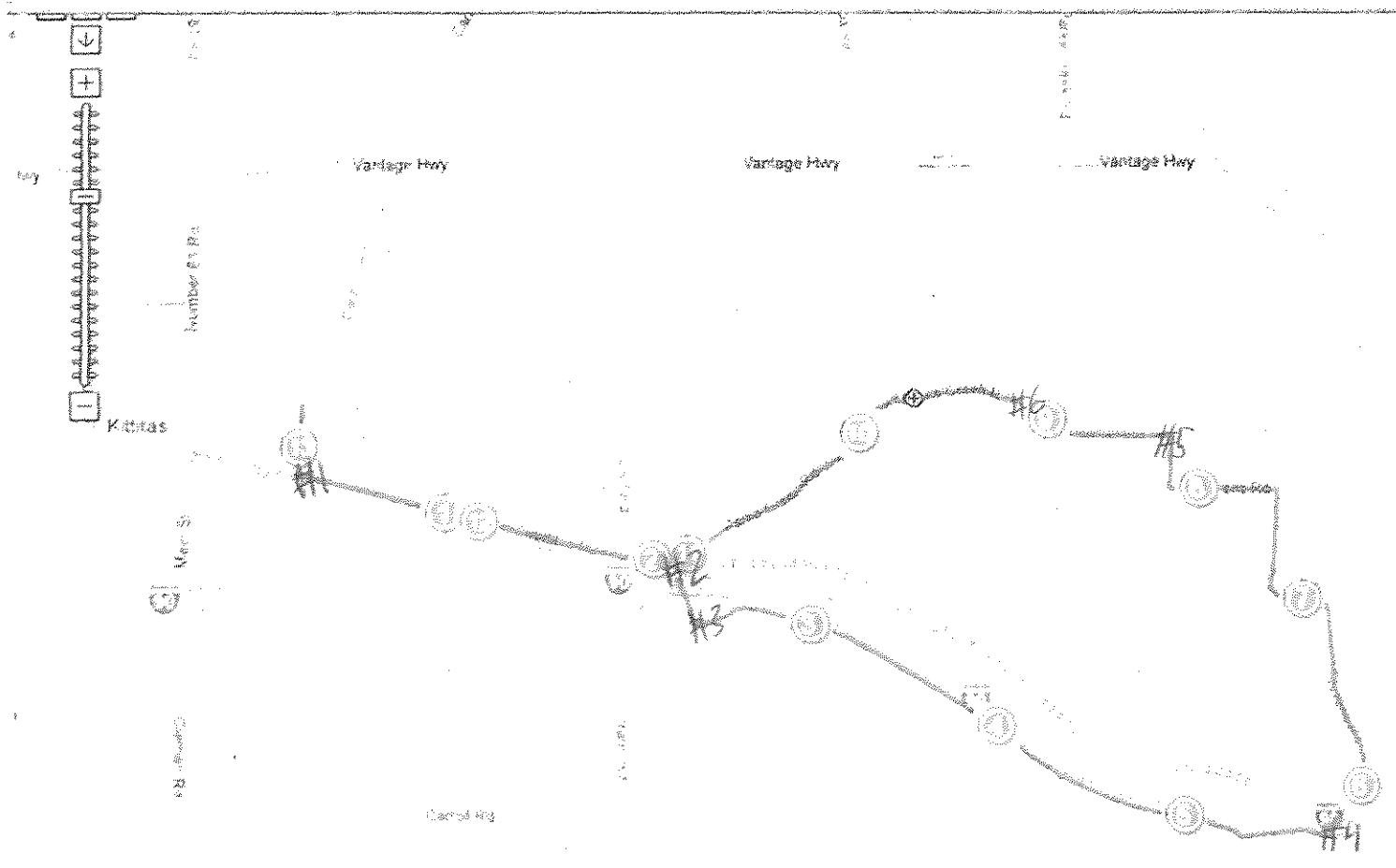


#5 - Hamilton + Thull Right

#16 - Thull + Baden Pocket Left — Only For Bloop

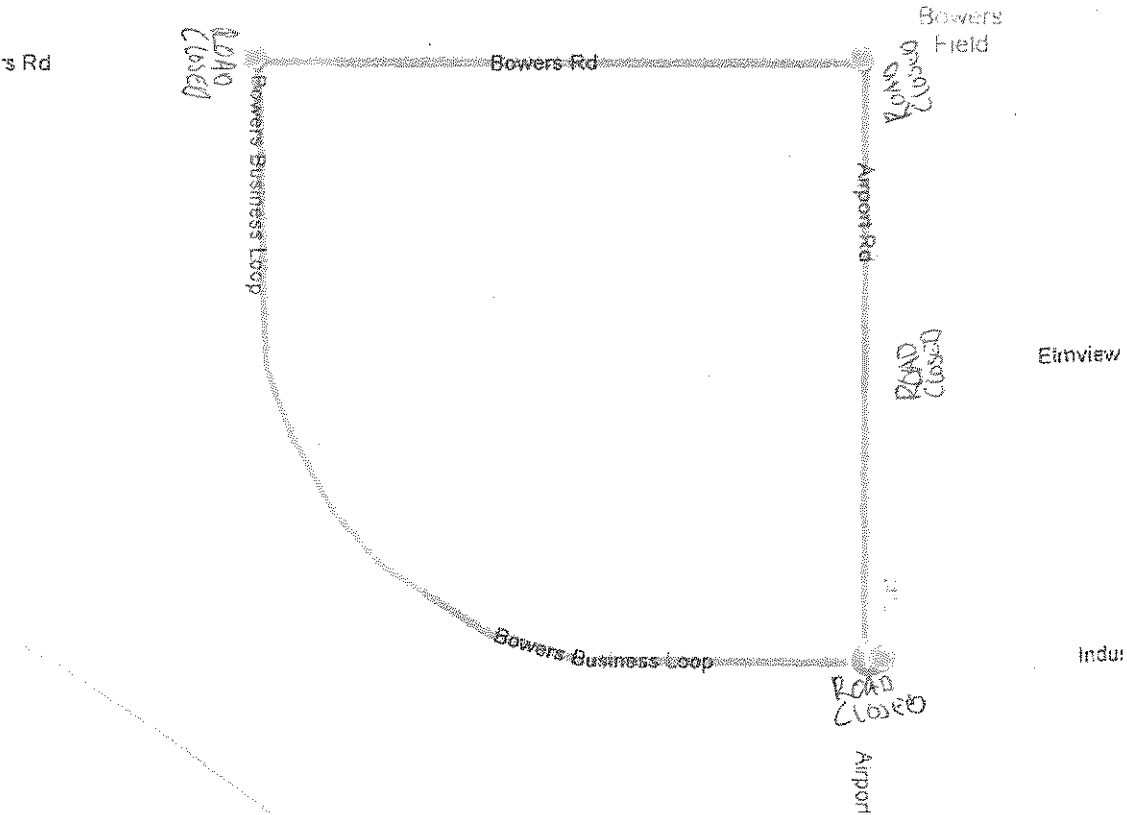
#17 - Baden Pocket + 4th Pruden Right — Only For Bloop

Time Trial Course Saturday April 14th 2012 5:00PM - 8:00 PM



- #1 - HEMMINGSTON + PRAIRIE CREEK S. LEFT E. RIGHT
- #2 - PRAIRIE + PRAIRIE CREEK S. RIGHT END TURN
- #3 - BOYLSTON + PRAIRIE LEFT
- #4 - BOYLSTON + STEVENS LEFT
- #5 - STEVENS + MAUSPERGER LEFT → TURN ON STEVENS
- #6 - PRAIRIE CREEK + STEVENS CONTINUE TO PRAIRIE CREEK

Criterion Course: Sunday April 15th 2012 8:00 AM- 1:00 PM

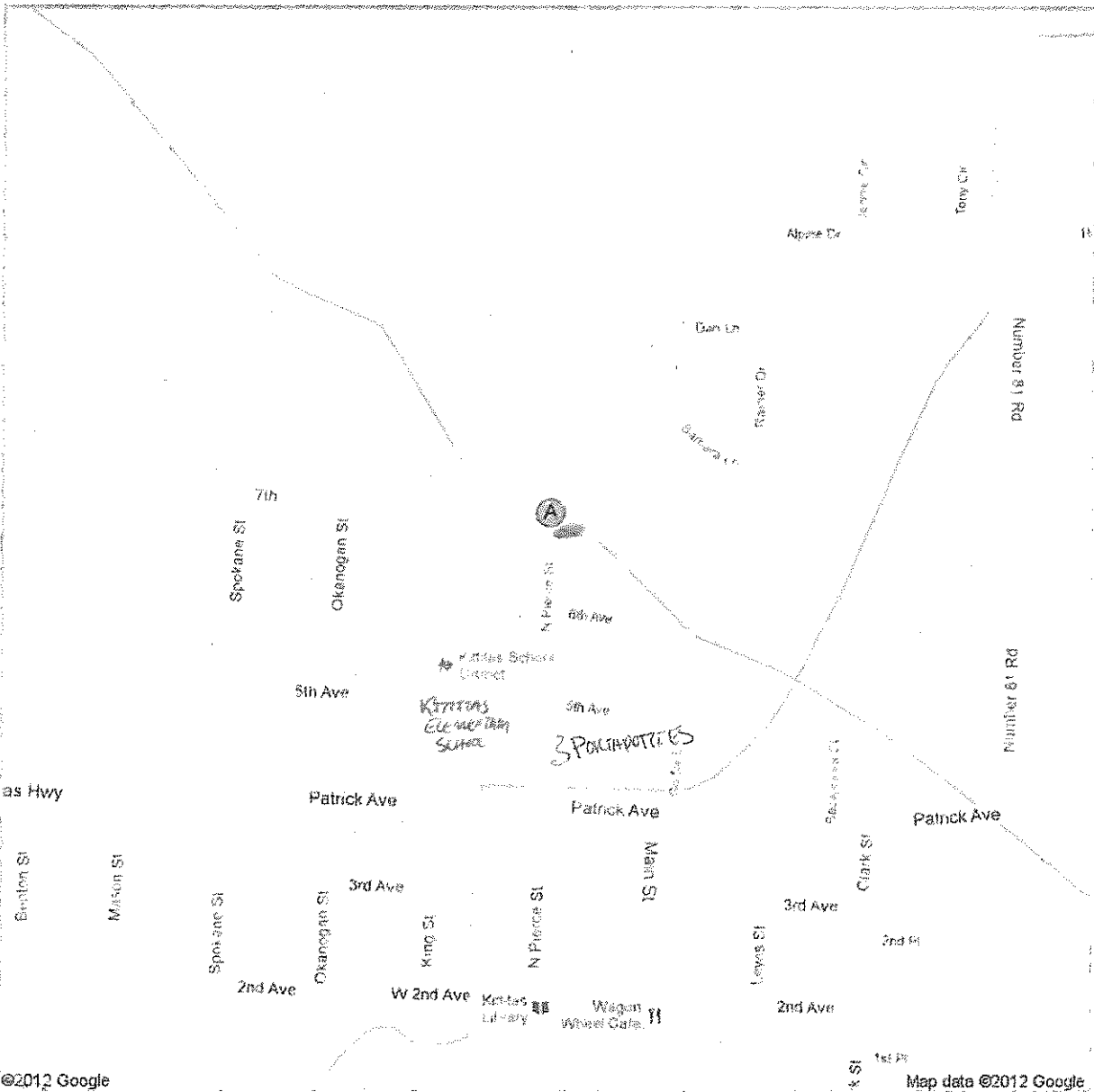


Google

Address 500 N Pierce St
Kittitas, WA 98926

Get Google Maps on your phone
Text the word "GMAP5" to 466453

STAGING FOR RACE



Check Date: 02/15/2012

Check No. 399674

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Available	Paid Amount
APCR02132012	02/13/2012	00540580	200.00	0.00	200.00

Vendor Number	Name			Total Discounts	TIN
0000001644	KITITITAS COUNTY			\$0.00	
Check Number	Date	Total Amount	Late Interest	Discounts Taken	Total Paid Amount
399674	02/15/2012	\$200.00	0.00		\$200.00

36199W

THIS IS WATERMARKED PAPER - DO NOT ACCEPT WITHOUT NOTING WATERMARK - HOLD TO LIGHT TO VERIFY WATERMARK



All of us serving you®

CENTRAL WASHINGTON UNIVERSITY

Accounting Office (509) 963-1991

Student Financial Services (509) 963-3546

400 E. University Way, Ellensburg, WA 98926

Date 02/15/2012

19-10
1250

CHECK NO.

399674

SUBJECT TO CANCELLATION
(90) NINETY DAYS AFTER DATE

Pay Amount \$200.00***

Pay *****TWO HUNDRED AND XX / 100 DOLLAR*****

To The
Order OfKITITITAS COUNTY
205 W 5TH, SUITE 108
ELLENSBURG, WA 98926

Authorized Signature

⑈399674⑈ ⑆125000105⑆ 153505473030⑈

CWU STUDENT CLUBS

Dear Vendor, Kittitas County Courthouse

Please find enclosed a check in the amount of \$200.00

This payment is for transactions executed by the following student club:

Name of Club: Cycling Team	
Contact Person: Trevor Bergstrom	Phone Number: 206-795-7883
Date: 2/8/12	
Reason(s) for payment (Please specify): Race Permit Fee	

Thank you,

** Please return receipt
for payment*

Student Clubs
Club Accounting
Ellensburg, WA 98926-7448
(509) 963-1327

*Attn: Shannon Martin
Club Accounting
400 E University Way
MS 7448
Ellensburg WA 98926*

Dist. Original - vendor/copy - file

SLANDIS

ACORD™		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 2/23/12	
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.					
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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 lieu of such endorsement(s).					
PRODUCER		CONTACT NAME: SPORTS UNDERWRITING			
		PHONE			
		FAX			
		(A/C, No. Ext): (A/C, No.):			
		E-MAIL			
		ADDRESS:			
		PRODUCER CUSTOMER ID #			
INSURED		INSURER(S) AFFORDING COVERAGE		NAIC #	
CENTRAL WASHINGTON UNIVERSITY COLLEGE SPORTS CLUBS 400 E. UNIV. WAY, RECREATION CTR RM 175 ELLENSBURG, WA 98926		INSURER A: NATIONAL CASUALTY COMPANY		11991	
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 1635279

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

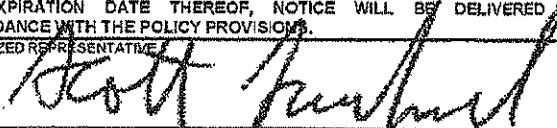
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			KX00002262100	12:01AM 12/01/11	12:01AM 12/01/12	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$ 1000000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input type="checkbox"/> Owners & Contractors						\$ 300000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$ 5000
							PERSONAL & ADV INJURY
							\$ 1000000
							GENERAL AGGREGATE
							\$ 2000000
			PRODUCTS-COMP/OP AGG			\$ 1000000	
			Part Lgl Liab			\$ 1000000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea Accident)
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							PROPERTY DAMAGE (Per accident)
							\$
							\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE
	<input type="checkbox"/> EXCESS LIAB						\$
	<input type="checkbox"/> DEDUCTIBLE						AGGREGATE
	<input type="checkbox"/> RETENTION \$						\$
							\$
							\$
							\$
							\$
							\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STAT-UTORY LIMITS
	ANY PROPRIETORSHIP/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?						OTHER
	(Mandatory in NH)						E.L. EACH ACCIDENT
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$
							E.L. DISEASE - EA EMPLOYEE
							\$
							E.L. DISEASE - POLICY LIMIT
							\$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVENT: ROAD RACE ON 4/14/12; TIME TRIAL ON 4/14/12; AND CRIT COURSE ON 4/15/12
CERTIFICATE HOLDER IS AN ADDITIONAL INSURED BUT ONLY WITH RESPECT TO THE OPERATIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER

CANCELLATION

KITTITAS COUNTY 205 WEST 5TH ROOM 108 ELLENSBURG, WA 98926	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---



Kittitas County Office Of The Treasurer
Deanna Jo Panattoni, Treasurer
205 W 5th Avenue, Suite 102
Ellensburg, Wa 98926
Phone (509) 962-7535 Fax (509) 933-8212

Cash Receipts

Receipt Number: 2012-1181 Date: 02/16/2012

Received From: MANDY ROBINSON-COMMISSIONERS-MANDY

Check Amount: \$200.00

Cash Amount: \$0.00

Eft Amount: \$0.00

Total Amount: \$200.00

Deputy: KATIEV Receipt Type: CHK

Template:

Comments:

CWU CYCLING COLLEGIATE STAGE RACE FEE PAYMENT FOR 4/14/2012 EVENT; CSR 2012-814

<u>FundCode</u>	<u>GlCode</u>	<u>Description</u>	<u>Amount</u>
001	1632171	SPECIAL EVENTS FEE	\$200.00
Total Amount:			\$200.00

Kittitas County Treasurer's Office

Submitted By: KATIE VONDERAU