

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: WestStar Best of the Best Open Roping

Date(s) of event: Wednesday, August 28, 2013

Hours of operation: 11:30 a.m. - 7 p.m.

Description of the event: ProAm Roping at noon, Open Tie-Down Roping at 2 p.m., Open Team Roping at 4 p.m.

Has this event taken place before? ☒ Yes ☐ No Dates: 10 years

Estimated attendance: 400--varies

How is your event being publicized? Northwest Ropers News, Ropers Sports News, Daily Record, Basin Business Journal & Farm News, and poster

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

#### Contact Information

Name of the organizer/contact person: Scott and Jo Repp

Address: 1570 Robinson Canyon Road

Phone number(s): 509 962-4144

Email address: jo.weststar@gmail.com

Date of birth of applicant: 10/27/1945

RECEIVED

JUN 28 2013

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
KITITITAS COUNTY BOARD OF COMMISSIONERS

If the application is made on behalf of a partnership, please submit full names with their residence and post office address for a period of six months prior to the date of application together with the location of principal office or place of business of such corporation. \_\_\_\_\_

Emergency contact name(s) and phone number(s) that can be contacted during the event:

Scott Repp

Name

Jo Repp

Name

509 929-1355

Phone Number

509 929-4144

Phone Number

### WRITTEN PERMISSION TO ENTER EVENT SITE

I/We hereby permit law enforcement and/or County officials to enter the site for which the Event Application has been granted at the time of the event and up to five days prior to the event for the purposes of inspecting and enforcement of County Code and other applicable laws, and pursuant to my agreement and representations made in connection with this Event Application.

### SWORN STATEMENT OF COMPLIANCE

I/We hereby acknowledge that I/We have read Kittitas County Code, have familiarized myself with County requirements. I/We agree that either my designated agent or I/we 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/We 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.

Scott Repp

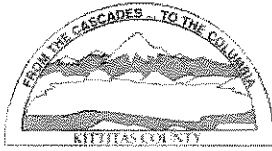
Applicant Name (Print)

Jo Repp

Applicant Name (Print)

  
Applicant Signature

  
Applicant Signature



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### 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.

*Paradise Rose, Rod McGuire (541) 993-7073*

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.

*Rod is taking care of the paperwork*

Are there permanent or fixed bathroom facilities already available at the location of the event?

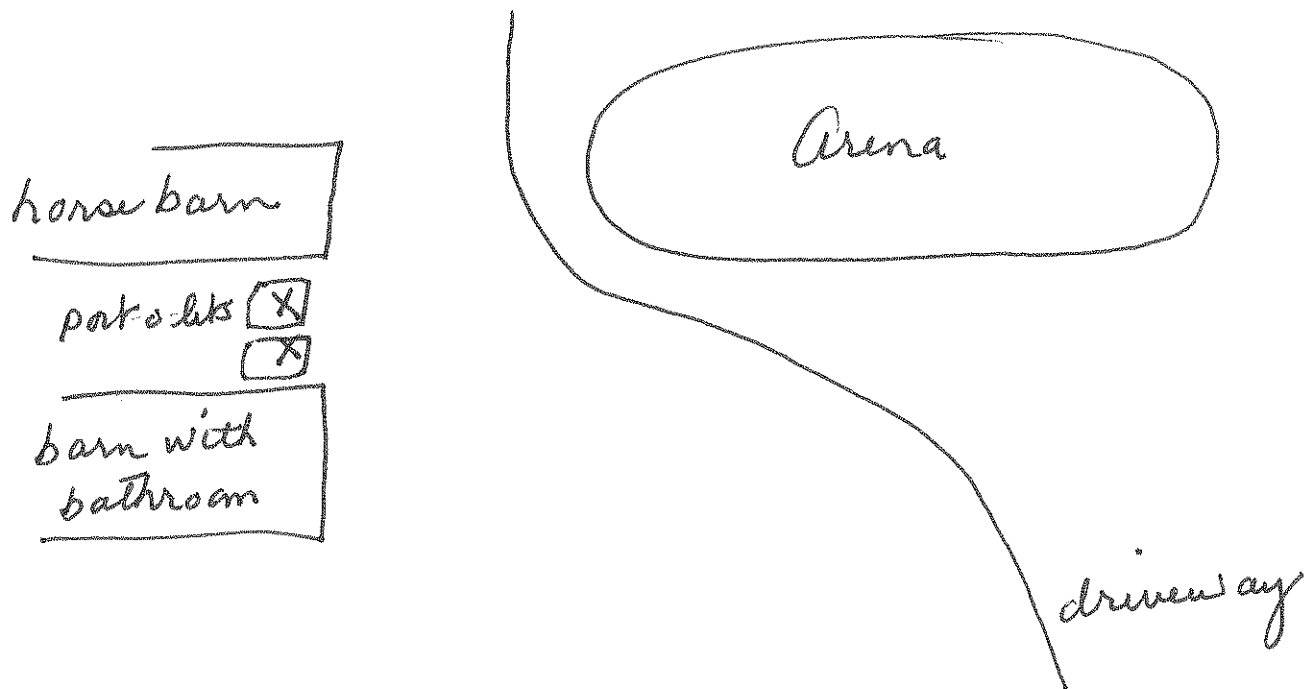
Yes

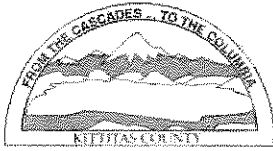
No

If yes, please provide an estimated attendance for the event, a detailed map that identifies the name and address of the physical facility that will provide lavatory facilities for the event, quantity of toilette facilities available for each gender, and the distance from the event that patrons must walk.

If no, please provide an estimated attendance for the event, specific information related to the number of portable restrooms that will be provided, the distance from the event that patrons must walk, and a service plan to ensure that sani-cans remain in a sanitary condition. You must include the location of the portable restrooms on a map/diagram of the event.

There is a barn adjacent to the arena that has a full bathroom. We also have 2 port-o-lets brought in for the event.





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### 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.

*The Palace will provide security to monitor bar*

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.

*PA for event*

Will you have traffic control? ☒ Yes ☐ No

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

*Elburg Rodes Hall of Fame Board directs parking*

Will there be off-site parking? Yes ☒ No

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

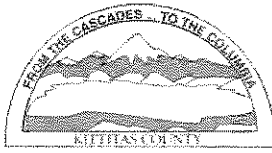
Will there be shuttle buses provided for attendees? Yes ☒ No

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.

*The Palace is in charge*



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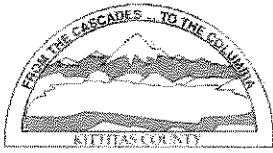
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### Public Roads

Will the event obstruct, interfere or require the closure and free use of any public road, street or right-of-way?    Yes    ☒ No

If yes, please provide a detailed adequate traffic and detour plans at the time of submission of the application.

Will there need to be road closure or detour signs posted?    Yes    ☒ No



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### 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.

*Garbage cans are available with some marked for recycling. We have a large garbage trailer parked between arena & field.*

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.

*No impact to road - event is held on private property.*

### County Filings and Registration

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

How much are you charging to attend your event? \$20 donation

*Ellensburg Rodeo Hall of Fame Board collects donations - this is their annual fund raiser.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/27/2013

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).

<b>PRODUCER</b> Allen Financial Insurance Group The Equestrian Group 12424 N. 32nd St., Suite 101 Phoenix AZ 85032		<b>CONTACT NAME:</b> Leighann Reed <b>PHONE (A/C No. Ext.):</b> (602) 992-1570 <b>FAX (A/C No.):</b> (602) 992-8327 <b>E-MAIL ADDRESS:</b> leighann@eggroup.com	
<b>INSURED</b> American Cowboy Team Roping Association ACTRA 33199 A Road 212 Woodlake CA 93286		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: American Bankers Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: CL1362722238

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Participant Exclusion GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		SL 1131903-12	12/1/2012	12/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A					WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)

Certificate holder is additional insured as premises owner with respect to the operations of the insured for coverages afforded under this policy. ACTRA PUBLIC EVENT ON 8/28/13.

**CERTIFICATE HOLDER****CANCELLATION**

Kittitas County Fairgrounds  
205 W 5th Ave  
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

Leighann Reed/LAP