

CITY OF BONNERS FERRY SPECIAL EVENT PERMIT APPLICATION

NAME OF EVENT: _____

DATE OF EVENT: _____

TIME OF EVENT: Start: _____ End: _____

LOCATION OF EVENT (include street names, property names, etc.): _____

NUMBER OF PEOPLE IN ATTENDANCE: _____

WILL EVENT OCCUPY OR REQUIRE CLOSURE OF A PUBLIC STREET: Yes: ___ No: ___
If yes, please attach diagram of proposed closures.

WILL ALCOHOL BE SERVED: Yes: ___ No: ___

IF YES, HAS CATERING PERMIT BEEN SECURED: Yes: ___ No: ___

DESCRIPTION OF EVENT: _____

DESCRIPTION OF EXTRA POLICE OR FIRE PROTECTION NEEDED: _____

NAME OF APPLICANT/ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF PRIMARY CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL: _____

PLEASE ATTACH OR SUBMIT THE FOLLOWING ITEMS WITH APPLICATION:

- Proof of a comprehensive general liability insurance policy in the amount of one million dollars (\$1,000,000), naming the City of Bonners Ferry as a co-insured party.
- Permit fee and clean up fee as set by resolution of the City Council.

****SPECIFIC RULES FOR PARADE APPLICANTS****

- No throwing candy or items from other vehicles (must hand out)
- No sirens during parade
- No debris left on streets. If animals are to be part of the parade, there must be someone designated to follow behind and clean up after the animals.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

By this application, the applicant shall, waive, indemnify, and hold harmless the City of Bonners Ferry, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorneys' fees, arising out of the permitted activity or the conduct of applicant's operation of the event if such claim (1) is attributed to personal injury, bodily injury, disease or death, or to injury or to destruction of property, including the loss of use there from, and (2) is not caused by any gross negligent act or omission or willful misconduct of the City of Bonners Ferry or its employees acting within the scope of their employment.

Signature of Applicant: _____

Printed Name: _____

Office/Title: _____

Date: _____

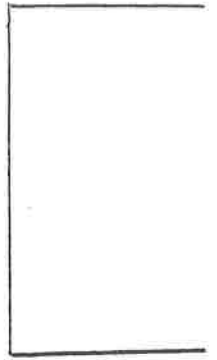
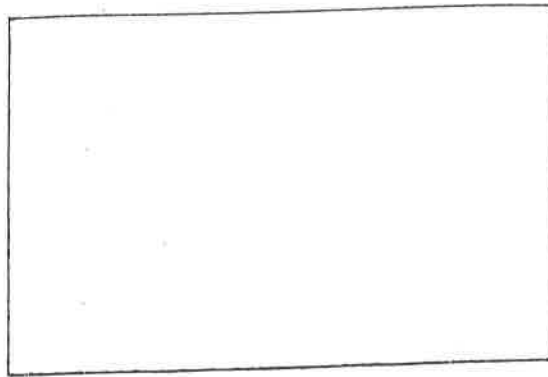
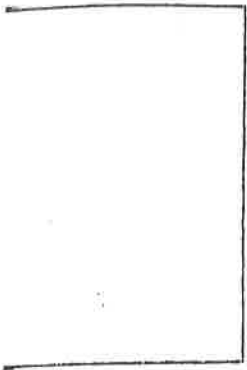
Clerk's Office Use:

Fee Paid _____ Date _____ Receipt No. _____

Chief of Police _____ Date _____

Fire Chief _____ Date _____

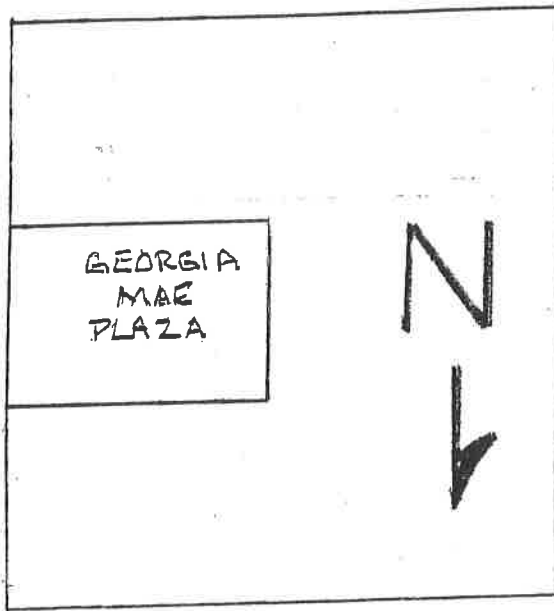
ARIZONA STREET



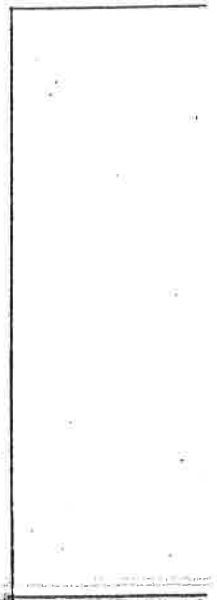
KOOTENAI STREET



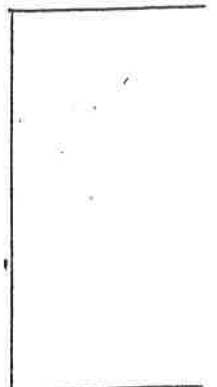
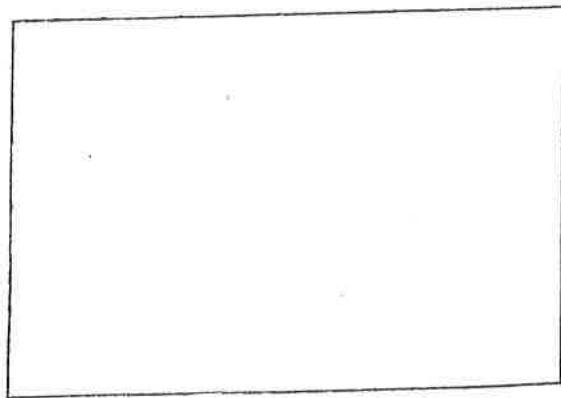
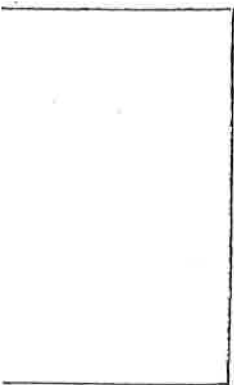
MAIN STREET



FIRST STREET



BONNER STREET



TO FAIRGROUNDS →