



**CITY OF BONNERS FERRY**  
**SPECIAL EVENT PERMIT APPLICATION**  
**7323 MAIN ST / PO BOX 149**  
**Bonnors Ferry, ID 83805**  
[cityhall@bonnersferry.id.gov](mailto:cityhall@bonnersferry.id.gov)

**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:** \_\_\_\_\_

**\*\*APPLICATIANT IS RESPONSIBLE FOR THE REMOVAL OF ALL GARBAGE IN THE SPECIAL EVENT AREA\*\***

**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 \_\_\_\_\_