

City of Milwaukie - City Hall  
Attn: Beth Ragel  
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Milwaukie, OR 97222  
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## Temporary Event Application for Permit

*Permit, if issued, authorizes the applicant to conduct the temporary event that is described herein paying close attention to any conditions of approval that are attached.*

- ◆ At least two (2) months prior to your temporary event, mail your complete application to the above address.
- ◆ **Deadline:** An application submitted for review less than one (1) month prior to the event will be denied.

### I. Applicant Information

Applicant Name: \_\_\_\_\_  
Applicant Organization (If any): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### II. Event Information

This Event is a (check all that apply):

Parade    Festival    Concert    Sales Event    Other \_\_\_\_\_

Name of Event/Purpose: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Date/s of Event: \_\_\_\_\_ Starting Time: \_\_\_\_\_ Ending Time: \_\_\_\_\_

Estimated attendance per day: \_\_\_\_\_

List all streets that you propose to close (Attach additional sheets if needed):

**Note: You must provide a Site/Transportation Map clearly showing which streets will be affected and where barricades, signs, and traffic control personnel will be stationed. See the attachment for an example of a traffic control plan map.**

**List Street's Blocked/Closed:**

Street (Indicate cross streets also)	Closing Date and Time	Opening Date and Time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you intend to use a city-owned parking lot? \_\_\_ Yes \_\_\_ No

If yes, please give the location \_\_\_\_\_

Is a county or state owned street or road affected by your event? \_\_\_ Yes \_\_\_ No

***If so, you must contact the Clackamas County Dept. of Transportation at 503-650-3452 and/or the Oregon State Dept. of Transportation at 503-653-3086.***

**III. Further Considerations**

1. Will food be served \_\_\_ and/or prepared \_\_\_ at your event?

***If so, you must obtain a Food Handler's License from Clackamas County by calling (503) 650-3659.***

2. Will alcoholic beverages be available at your event? Yes \_\_\_ No \_\_\_

***If so, you must obtain an OLCC (Oregon Liquor Control Commission) permit by calling (503) 872-5000.***

3. Will there be any live entertainment or music at your event? Yes \_\_\_ No \_\_\_

If so, what times will the performances take place each day?

Date	Start Time	Finish Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note: Regardless of your plans for music or entertainment, you are required to complete a Noise Control Variance form, which is attached to this application, describing what you intend to do at this event. The Police Department will determine if a variance is necessary or not.**

4. Will additional electrical wiring be installed for your event? Yes \_\_\_ No \_\_\_

5. Will your event require restroom facilities? Yes \_\_\_ No \_\_\_

6. Have you arranged for security at your event? Yes \_\_\_ No \_\_\_

If so, who will be providing security: \_\_\_\_\_

7. Describe your plans for Emergency Medical Services: \_\_\_\_\_

At least one trained emergency services provider (Minimum Certification - Emergency Medical Technician 1) shall be present on-site throughout the temporary event.

8. Describe your plans for trash minimization and removal. Include information as to the number, types and locations of all trash receptacles, a schedule for monitoring and emptying trash receptacles, and plans for cleaning up debris not placed in trash receptacles. Include information on any persons or entities who will be providing trash related services. (Attach additional sheets if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Does your event involve the use of a park? Yes \_\_\_\_ No \_\_\_\_  
If so, what is the name of the park and where is it located? \_\_\_\_\_

***Note: Please call North Clackamas Parks and Recreation District to inquire about the use of a park. They can be reached at 503-794-8002.***

**IV. Applicant is responsible for obtaining all additional permits, licenses, and insurance certificates required upon the issuance of this Temporary Event Permit. Please fulfill all of the obligations listed below before submitting this application. Once all of these obligations are complete you must place your initials in all of the designated areas marked with a ( ) and then sign and date at the bottom.**

( ) **CLEAN UP:** Applicant agrees to promptly clean up all paper or debris caused by applicant's use of the area and understands that if such clean up is not promptly undertaken the City reserves the right to do the cleaning itself and to charge the applicant for the actual time and expense incurred.

( ) **INSURANCE:** Applicant agrees to provide a policy of liability insurance. This insurance shall provide coverage for not less than \$1,000,000 for personal injury to each person, \$1,000,000 for each occurrence involving property damage; or a single limit policy of not less than \$2,000,000 covering all claims per occurrence. The limits of the insurance shall be subject to statutory changes as to maximum limits of liability imposed on municipalities of the State of Oregon. This insurance shall be without prejudice to coverage otherwise existing and shall name as additional insured the City of Milwaukie and its officers, agents, and employees. The sponsor agrees to maintain continuous coverage for the duration of the permit.

( ) **INDEMNITY:** Applicant agrees to defend, indemnify and hold the City of Milwaukie harmless from and against all claims, losses, and liability arising out of personal injuries, including death, and damage to property which are caused by applicant, or arising out of or in any way connected with the activities conducted pursuant to this application. The last page of this application contains an agreement form that you must sign and date before this application is reviewed.

( ) **CITY CODES/PERMITS:** Applicant agrees to obtain all City permits and licenses that may be required, and shall comply with all other City laws and other conditions that the City Manager determines necessary. The Noise Control Variance form that is attached must be completed to fulfill this obligation. The Police Department will determine if such a variance is necessary after reviewing the variance application.

( ) **CONDUCT/NUISANCES:** Applicant understands that if the outdoor activity is conducted in such a way as to create a nuisance for any business or resident of the area, future permits may be denied for that reason alone. Applicant will be notified as soon as practical that the activity engaged in created a nuisance and may ask for a review of such determination.

( ) **SITE MAP: This application will not be processed unless a site map is included.** Indicate location of tents, stages, portable restrooms, fencing, food booths, alcoholic and non-alcoholic beverage booths, etc.

( ) **TRANSPORTATION PLAN MAP: This application will not be processed unless a transportation plan map is included.** Indicate where streets will be blocked and how they will be blocked including fencing, barricades, stages, tents, etc. *See the attachment for an example of a traffic control plan map.*

I have read all information contained within the City of Milwaukie's Temporary Event Permit Application Packet and agree to abide by the terms and conditions contained herein.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **V. Indemnification Agreement for Temporary Event Permit**

**Note: All applicants must sign this Indemnification Agreement.**

Grantee acknowledges and agrees as follows:

In consideration of the City's approval of this application for a temporary event permit, applicant accepts responsibility for the event and agrees to indemnify, defend and hold harmless the City of Milwaukie, its officials, employees, agents, volunteers, and assigns from and against any and all claims, suits, liabilities and expenses (including but not limited to, damages, attorney fees, and costs) that may be asserted against the City of Milwaukie arising out of or in any way related to the temporary event for which permission is sought.

Applicant acknowledges that applicant has carefully read the foregoing and understands its contents. Applicant warrants that applicant is authorized to sign this document and does so freely and without reservation.

**Applicant Name** (print or type): \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY – Department Recommendations**

Name of Event/Purpose: \_\_\_\_\_

**Note: Please return a copy of this form to Beth Ragel (City Hall) as soon as you are done with your review of the application. You can send it by fax (503) 653-2444 or through interoffice mail.**

This is a city-sponsored or supported activity.  This is an independent event.

**Building Department (If applicable)**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_

**Engineering Department**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_

**Facilities Department**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_

**Fire Department/Emergency Management**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_

**Planning Department**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_

**Police Department**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_

**Streets Department**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_

**Tri-Met (If applicable)**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied

Conditions of approval: \_\_\_\_\_