

Day of Event Contact Information	Name(s): _____		Telephone: _____
	Name(s): _____		Telephone: _____
	Name(s): _____		Telephone: _____
	Name(s): _____		Telephone: _____
Event Attendance / Facilities	Number and Type of Participants:	# _____ # _____ # _____	# _____ # _____ # _____
	Parking – Number of Vehicles and Location (if on private property, attach authorization letter)	Location(s): a. _____ b. _____ c. _____ d. _____	# of Cars a. _____ b. _____ c. _____ d. _____
	Event Vehicles (other than passenger cars / SUVs)	Number and Type of Vehicles a. _____ b. _____ c. _____ d. _____ e. _____	Length of vehicles a. _____ b. _____ c. _____ d. _____ e. _____
	Parking Personnel To Be Provided by Applicant	<input type="checkbox"/> - Yes. <input type="checkbox"/> - No	If yes, est. number of parking personnel working at any one time: _____
	Electrical Power	Type and Location of Power _____ _____	
Owner / Agency Approvals (if required, attach copy or explain status of obtaining approval)	<input type="checkbox"/> Yes <input type="checkbox"/> No Sponsor is Site Owner (If Sponsor is not owner of event site, attach Site Owner approval, see Form C) <input type="checkbox"/> Yes <input type="checkbox"/> No Parking Site(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Restrooms <input type="checkbox"/> Yes <input type="checkbox"/> No Clackamas County Permit No. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Park Use Permit No. _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Traffic control necessary? (If yes, Police Dept. approval obtained.) <input type="checkbox"/> Yes <input type="checkbox"/> No Road closure necessary? (If yes, City Engr. approval obtained.) <input type="checkbox"/> Yes <input type="checkbox"/> No City Property Used (other than right-of-way)? Describe: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No State Highway Use Authorization <input type="checkbox"/> Yes <input type="checkbox"/> No For Film Events, are stunts or special effects involved? (If so, City Engineer, Police Dept., and Fire Dept. have completed review).		
Police Dept. Assistance	Requested? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, what type of assistance requested:	
Maintenance Dept. Assistance	Requested? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	If yes, what type of assistance requested:	

Certificates of Insurance	Attached? <input type="checkbox"/> - Yes <input type="checkbox"/> - No Alcohol to be sold? <input type="checkbox"/> - Yes <input type="checkbox"/> - No	A certificate of insurance for general liability naming the City of Lake Oswego as primary additional insured for amount not less than \$500,000 combined single limit for injury or death or property damages (including loss of use) in any one occurrence, and \$1 million general aggregate coverage. City to receive 30 days notice of cancellation or material modification. If alcohol to be sold, include liquor liability coverage. (City reserves right to increase coverage minimum if event presents extraordinary risk.)	
Release and Indemnity Agreement	The undersigned Sponsor, by signature below, shall defend, indemnify, and hold the City, its officers, agents and employees, harmless against all liability, loss, or expenses, including attorney's fees, and against all claims, actions or judgments based upon or arising out of damage or injury (including death) to persons or property caused by any act or omission of an act sustained in any way in connection with the performance of this event or by conditions created thereby, or based upon violation of any statute, ordinance or regulation. This contractual indemnity provision does not abrogate common law or statutory liability and indemnification to the City, but is in addition to such common law or statutory provisions.		
Applicant's / Sponsor's Signature	I do affirm that the foregoing statements and representations are binding upon me, or if executed on behalf of a Sponsoring Entity, are binding upon the Sponsor and are executed pursuant to authority. The information submitted is true to the best knowledge of the undersigned, and the undersigned shall notify City in writing at any time as additional information is known or the plans for the event are revised which would alter the information and statements given. Signature of Person Signing: _____ Name of Person Signing: _____ (legible) Title of Office: _____ Date: _____, 200___.		
City Use Only			
Date Received:	_____, 200__	Received By: _____	
Department Approvals	Engineering	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Required By: _____	
	Police	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Required By: _____	
	Fire	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Required By: _____	
	Maintenance	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Required By: _____	
	Parks and Recreation	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Required By: _____	
	Finance	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Required By: _____	
	City Attorney	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Not Required By: _____	
Permit Approved / Denied (send copy to Applicant)	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	By: _____ Name (legible): _____ Title: _____	Date: _____

Attachments:

Form B – City Services Involvement and Financial Impact (City)

Form C – Permission to Use Private Facilities (Sample Form for Applicant)

CITY SERVICES INVOLVEMENT and FINANCIAL IMPACT

(TO BE COMPLETED BY CITY)

PARTICIPATING DEPARTMENTS

PERSONNEL AND EQUIPMENT COSTS

Police	<input type="checkbox"/>	_____
Fire	<input type="checkbox"/>	_____
Parks and Recreation	<input type="checkbox"/>	_____
Maintenance Services	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Copy given to applicant on _____, 200 _____

By: _____
Title: _____

PERMISSION TO USE PRIVATE FACILITIES

I, _____, the legal

Owner or authorized agent of the Owner of the property located at

ADDRESS ("Facilities")

hereby authorize

NAME OF EVENT

the use of the facilities at the above address on

DATE OF EVENT

between the hours of _____ and _____

(Signature)

(Date)

(This form suggested by the City of Lake Oswego; other form may be used.)