CITY ADMINISTRATOR
ROBERT OMANS

CITY CLERK
DEBBIE LEE

CITY TREASURER
ROBIN NEWCOMB

PUBLIC WORKS

POLICE CHIEF
RICH ALBO

FIRE CHIEF
ED MILLS

PLANNER

Lodging Tax & Events Committee
Agenda
March 11, 2024
8:30 AM

119 W FIRST STREET
CLE ELUM, WA 9922

MAYOR
MATTHEW LUNDH

MAYOR PRO TEM
STEVEN HARPER

LODGING TAX & EVENTS COMMITTEE
STEVEN HARPER
JERRED WIES
BETH WILLIAMS

CITY ATTORNEY
ALEXANDRA KENYON

Join Virtually with Zoom: https://zoom.us/j/7573184018?pwd=dERndjBJVC9GdVQ1d2ISRExwZFhXZz09
Meeting ID: 757 318 4018 Passcode: 98922

Join by Phone: 1-(253)215-8782, Meeting ID: 757 318 4018, Passcode:98922
TextMyGov Receive city text alert notifications: text CLEELUM to 91896

DISCLAIMER: The City does not guarantee that virtual or telephonic access to the City Council meeting will be available and the City does not warrant audio quality. Attendees are encouraged to attend in-person.

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1. **Call to Order**
2. **Unfinished Business**
3. **New Business**
   a. Special Use Permit - Skydive Chelan - Colleda Monick HLA Planner
   b. 2024 Independence Day Event Application - Kittitas County Chamber Chelsea Cramer
   c. 3 on 3 Basket Ball - Upper Kittitas County Beau Nichols
   d. National Night Out Event Application
4. **Other Committee Comments**
5. **Adjourn**

Upcoming Meetings:
Next Lodging Tax & Events Committee Meeting: April 8, 2024 @ 8:30 a.m.
Regular Council Meeting: March 12, 2024 @ 6:00 p.m.
Planning Commission Meeting: March 19, 2024 @ 6:00 p.m.
General Government Committee Meeting: March 27, 2024 @ 8:00 a.m.
Public Safety & Health Committee Meeting: TBD
Public Works & Community Development Committee Meeting: April 4, 2024 @ 12:00 p.m.

119 West First Street Cle
Elum, WA 98922

Telephone · (509) 674-2262
Fax · (509) 674-4097

www.cityofcleelum.com

Stamp & initial
RECEIVED
MAR 05 2024

SPECIAL USE PERMIT

Certain uses may be permitted for a special period of time in a zoning district through the issuance of a special use permit. Limited duration activities on public property may also be permitted through a special event permit or a right-of-way use permit. CEMC 14.30.180

OFFICAL USE ONLY	
Permit #:	SUP 2024-001
Staff Person:	
Fee Total:	$300.00
Related Permits:	

Applicant		
Name:	TODD HIGLEY / SKYDIVE CHELAN LLC	
Mailing Address:	418 N BRADLEY ST CHELAN, WA 98816	
Phone Number:	(360) 913-2167	Email: TODD@SKYDIVECHELAN.COM
Business License (UBI) Number:	603252536	
Property Owner		Same as Applicant ☐
Name:	CITY OF CLE ELUM	
Address:	119 W 1ST ST	
Phone Number:	(509) 674-2262	Email: ROMANS@CLEELUM.GOV
Proposed Use Location		
Project Location Address:	2150 AIRPORT RD CLE ELUM, WA 98922	
Assessor's Parcel No.	962112	Zoning:

Please review ALL Special Use Regulations prior to completing your application.

Please review ALL Special Use Regulations prior to completing your application
The city may approve, approve with conditions, or deny an application for a special use permit subject to the following criteria:
1. The applicant has provided proof of the property owner's permission to use his/her property; and ✓
2. The operation of the requested use at the location proposed and within the time period specified will not jeopardize, endanger, or otherwise constitute a threat to the public health, safety, or general welfare; and ✓
3. The proposed site is adequate in size and shape with appropriate screening or landscaping to accommodate the temporary use without detriment to the use and enjoyment of other properties in the project vicinity; and ✓
4. The project makes adequate provisions for access and circulation, water supply, storm drainage, sanitary sewage disposal, solid waste management, recycling, emergency services, adverse weather conditions, environmental protection, and the protection of the public health, safety, and welfare, as determined by the city; and ✓
5. Adequate temporary parking to accommodate vehicular traffic to be generated by the use will be available either on site or at alternate locations acceptable to the city. ✓
All objects placed on the sidewalk must be wind firm and approved by the City Planner or their designee, including umbrellas and awnings. Should wind speed be high, owners must be prepared to quickly remove or draw down umbrellas and awnings to prevent injury and damage to property. ✓
The abutter agrees in writing on a form provided by the City, to indemnify and save the city harmless from all claims, suits and liabilities arising in any way out of such use of public property. ✓
The applicant will be responsible for removing all trash, garbage, refuse, debris, or any other objects upon the public area within such a time as removal can be reasonably accomplished. Any person, firm or corporation who violates this section shall be referred to CEMC 8.60 – Code Enforcement. ✓
A Certificate of Liability Insurance ***may be required*** in the amount of no less than $1,000,000 per occurrence Commercial General Liability (CGL) with a $2,000,000 general aggregate to include Host Liquor Liability coverage (if applicable) from an accredited insurance company is required, with, the City of Cle Elum named as additional insured. ***To find out if insurance is a requirement for your event, talk to a Planner.***
Special Use Permit Required Application Materials:
Business Name: SKYDIVE CHELAN
Contact Person: TODD HIGLEY
Phone Number (Day): (360) 913-2167 CELL (509) 881-0687 WORK
Location of Facilities: ____Permanent ____Portable Number of Facilities: _____
Date & Time of Event to Begins: JULY 5TH 2024 9:00 AM
Date & Time of Event to Ends: JULY 7TH 2024 5:00 PM

Operating Hours Each Day of the Event:	12 - 13 HOURS
Sanitary Facilities Provided:	✓ YES ____ NO
Will the event use existing off-street parking?	____ YES X NO If so, how many? _____
Will the event require the closure of any public streets or alleys? If so, please provide a detailed list:	NO
1. Description of proposed use:	SKYDIVE CHELAN LLC WILL USE THE CITY AIRPORT TO HOST SKYDIVE OPERATIONS. * SEE DOCUMENTS PROVIDED
2. Operating days and hours of use:	JULY 5TH - 7TH 2024 BETWEEN THE HOURS OF 9:00AM - 9:00 PM EACH DAY.
3. Is there adequate and sufficient parking available for the anticipated occupancy and the proposed temporary use that does not cause the number of available parking spaces for existing onsite uses to fall below the minimum required. How many off-street parking spaces are currently provided? How many off-street parking spaces are required or needed?	NO, WE ARE REQUESTING TO ADD TEMPORARY PARKING IN AN ADJACENT FIELD. * SEE DOCUMENTS PROVIDED
4. Is there adequate access for police, fire, and emergency services to be maintained?	YES
5. Is there adequate and sufficient public sanitary facilities available to serve the anticipated occupancy?	NO, WE WILL SUPPLY ADEQUATE PORTABLE REST ROOMS.
6. Will police, fire, and emergency services be adequate and sufficient to meet the needs of the temporary use?	YES
7. Is the proposed temporary use compatible in terms of location, access, traffic, noise, nuisance, dust, and hours of operation with existing land uses in the immediate vicinity of the temporary use?	YES
8. Will the impacts of the temporary use disrupt normal residential living patterns and activities in the vicinity?	NO
9. Will the activity or event be materially detrimental to the public health, safety, or welfare; or injurious to property or improvements in the immediate vicinity of the proposed temporary use?	NO

10.	Signed attached indemnification statement (hold harmless agreement)
11.	Certificate of Liability Insurance (if required)
12.	Current License from LCCB (if applicable)
13.	Current City of Cle Elum Business License (if applicable)
14.	Site plan showing location of proposed use(s); parking; facilities; street closures etc.

Authorization

The undersigned hereby certifies that this application has been made with the consent of the lawful property owner(s) and that all information submitted with this application is complete and correct. False statements, errors, and/or omissions may be sufficient for denial of the request. This application gives consent to the City to enter the properties listed above for the purposes of inspecting and verifying information presented in this application. The applicant further agrees to pay all fees specified in the City's fee schedule for the permit and expenses associated with the review of the application. The applicant gives consent to the City to enter the property(s) listed above for the purpose of inspecting and verifying information presented in this application.

Applicant Signature:	Date: MARCH 4, 2024

NOTE: The application will not be processed and deemed complete unless all required criteria is attached to application on the day of submission. The Planner may choose to waive some of the required criteria. If any of the required criteria is provided in another permit please cite that permit. This includes a complete permit and signed Hold Harmless Agreement; a site plan; a business license; an approved and current license issued by the LCCB (if applicable); and a copy of your insurance with the City listed.

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Phone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

HOLD HARMLESS AGREEMENT

This Agreement made this 5TH (Day) day of MARCH (Month), 2024 (Year), between the City of Cle Elum, referred to as "CITY" herein, and SKYDIVE CHELAN LLC (Name) at, 201 AIRPORT WAY (Mailing Address), CHELAN (City), WA (State), 98816 (Zip) referred to as "USER" herein.

For the good and valuable consideration, receipt of which is acknowledged, is hereby agreed:

SECTION I

USER undertakes to indemnify CITY from any liability, loss or damage USER may suffer as a result of claims, demands, costs, or judgments against it arising out of the acts, failure to act, or activities that USER conducts under the CITY'S license or permit whether liability, loss or damage is caused by, or arises out of the negligence of USER or its officers, agents, employees or otherwise.

SECTION II

This Agreement shall commence on the date that the CITY issues its license or permit to USER and shall continue in full force until the permit and license expire. Renewal of the permit and/or associated license(s), if any, automatically renews this Agreement. The duty to indemnify the CITY for claims, demands, costs or judgments against it that arise during the Agreement survives the expiration of the Agreement.

SECTION III

CITY agrees to notify USER in writing, within 30 days, by certified mail, at USER'S address as stated in this Agreement, of any claim made against CITY on the obligations indemnified against.

SECTION IV

USER agrees to defend against any claims brought or actions filed against CITY with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. In case a claim should be brought or an action filed with respect to the subject indemnity herein, USER agrees the CITY may employ an attorney of its own selection to appear and defend the claim or action on behalf of CITY, at the expense of USER. CITY, at its option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromiser or settlement of any claims or actions against CITY.

SECTION V

Vouchers or other similar, property evidence showing payment by CITY of any loss, damage, or in expense covered under this Agreement shall be conclusive evidence, (except fraud) against USER as to fact and amount of USER'S liability hereunder.

SECTION VI

USER convents that it shall not institute any action or suit at law or in equity against CITY, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand action, or cause of action for damages, costs, loss of services, expenses, or compensation for any damage for any damage, loss or injury either to person or property, or both, whether developed or underdeveloped, resulting or is result, known or unknown, past, present, or future arising out of activities that USER conducts under a license/permit issued to USER by CITY.

'USER' Signature	TODD HIGLEY (Print Name)	OWNER (Title)

Blue Rectangle= Portable toilets, parachute packing area (pop up shade tents)

Red rectangle= Manifest trailer and food concession

X= parking/ camping (if allowed)

Black rectangle and circle= indicate driving pathways.

Orange line= safety barricades... no persons allowed beyond the line

The Parachute Landing Areas are highlighted in green.

Skydive Chelan's purposed use of Cle Elum Municipal Airport on July 5th- 7th 2024

We wish to use the airport to provide skydive adventure opportunities in the Snoqualmie pass region during the 4th of July weekend. Participants will be skydiving out of our aircraft from 13,00ft at a radius of two miles from the airport center (upper winds dictate the exit points). There will be direct communication with the ground security teams as well as all aircraft in the region. On the local aircraft radio frequency, we will give a 5min, a 2 min and a jumpers away call. We will also announce when all jumpers are on the ground. We will supply our own DOT approved fueling truck and fire suppressing system.

For this event we will advertise that we will be operating in Cle Elum and will attract around 125-200 people over the three days of operation. To facilitate this, we will have a staff of 15-20 as well as equipment to cover the safety aspects, the sanitation and parking. In addition to a normal skydive operation, we request that camping be allowed for this event. In past events, an average of 50% of the participants camp, the remainder will get hotels or just return home after one day of skydiving. All participants will sign a release of liability waiver with the City of Cle Elum named, as well as a video confession waiver. Each participant will be a member in good standing with the United States Parachute Association, making sure each participant carries the third-party liability insurance that comes with the membership. All our aircraft have the maximum liability insurance coverage available in the USA ($1,000,000)

Safety:

1)To separate the participant and spectators from the aircraft, the runway and fueling apron, we will provide barricade stanchions. This is depicted in orange on a the provided aerial picture.

2) Parachute landing areas will be dedicated to the south side of the runway and not to interfere with the aircraft tie down area. All parachutists will be instructed to stay south of the runway and not cross the runway under 1,000ft (allowing no interruption with planes taking off or landing). We will have dedicated ground radio personnel that will radio all incoming or outgoing aircraft about the whereabouts of each parachute until they are on the ground. This landing area is green on an aerial picture provided.

3) For the parking issue, we request permission to make temporary parking in the field adjacent to the tie down area. We will outline the temporary road as well as parking spaces with field paint or equivalent. In the aerial picture provided the road is represented by the black line and the parking with a black X. In addition to the parking spaces, we would like to allow the participants to be able to put up a tent behind his or her vehicle. There will be NO fires permitted and strictly enforced.

Operation and sanitation:

1) We will have a Manifest trailer where all participants must register and will be given bracelets as well as having his or her equipment inspected by an FAA certified parachute rigger. All equipment with receive a seal of a passed inspection. This will make it impossible for anyone to board the aircraft without checking in. This area is depicted in red on the aerial picture.

2) We will have shade tents set up for packing in the "Blue" area of the picture provided. In this area we will also provide five portable toilets.

3) For food and beverages, we will have a food truck "509 Eats" As well as request that each participant brings a gallon of water.

4) The clean up will begin on Sunday evening, but will not be complete until Monday mid day.

Test jumps prior to the event:

If approved, we would like the opportunity to come out with a small staff and perform test jumps in different weather conditions. This would be random days where we would fly over with a 48 hours' notice and make 2-3 skydives.

Receipt: 16046 03/05/2024
Acct #: 3232 COPY
City Of Cle Elum
119 W First Street
Cle Elum, WA 98922
5096742262

Todd Higley
SkyDive Chelan LLC
418 N Bradley St.
Chelan, WA 98816

Invoice Payment
Memo: SUP 2024-001
Inv#: 7102 Amt Paid: 300.00
Fees for Special Use Permit. Permit # SUP-2024-001

Non Taxed Amt:	300.00
Total:	300.00
CC: Xpress	300.00
Ttl Tendered:	300.00
Change:	0.00

Issued By: Whitney Prosek
03/05/2024 13:09:24

City of Cle Elum
119 W First St.
Cle Elum, WA 98922
(509) 674-2262
www.cityofcleelum.com

XBP Confirmation Number: 167236912

Transaction detail for payment to City of Cle Elum.			**Date: 03/05/2024 - 2:08:47 PM MT**
Transaction Number: 214422889 **Visa — XXXX-XXXX-XXXX-6991** **Status: Successful**			
Account #	**Item**	**Quantity**	**Item Amount**
	Planning and Development Fees	1	$300.00
Notes: Higley, Todd SUP-2024-001			

TOTAL: $300.00

Billing Information
Todd V Higley
98922

Transaction taken by: Admin Front

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Telephone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

EVENT PERMIT APPLICATION

NAME OF EVENT: Independence Day Celebration

Received:

This Event permit is to help the event coordinator and the City of Cle Elum build the best possible events for our community. We know how hard you work on your events and want to make sure that you have all the tools you will need to ensure a great event. Please return this application to the City of Cle Elum City Hall at 119 W First Street.

ADDITIONAL CONTACT INFORMATION:

Kittitas County Public Health Department ..... (509) 962-7515

Kittitas County Chamber of Commerce (promotion) ..... (509) 925-2002

Northern Kittitas County Tribune (newspaper) ..... (509) 674-2511

Washington State Liquor Control Board ..... (206) 764-4020

APPLICANT INFORMATION:

Organization Name: Kittitas County Chamber of Commerce

Mailing Address: Street 609 N Main St

City Ellensburg State WA Zip: 98926

Applicant's Name: Chelsea Cramer Title: Event Coordinator

Contact Information: Daytime Phone 509.925.2002

Cell Phone 425.326.8911

Fax

E-mail chelsea@kittitascountychamber.com

Contact Person *During Event*: Name Chelsea Cramer

Daytime Phone 509.925.2002

Cell Phone 425.326.8911

Fax

E-mail chelsea@kittitascountychamber.com

FEES AND PROCEEDS:

Will you charge an admission fee? No ■ Yes ☐ If yes, how much?

Will alcohol be served or available? No ☐ Yes ■

Will alcohol be sold? No ☐ Yes ■

***Applicant is responsible for obtaining all required permits from the State of Washington regarding alcohol and must abide by these state and local requirements.**

ENTERTAINMENT AND PROMOTIONS:

Sound system: Acoustic ☐ Amplified ■

Describe Entertainment: Live Music/ Pre-set Playlist

Will there be venders? No ☐ Yes ■ If yes, each vender must fill out the Vender License Application available at City Hall or approved alternate.

Check type of promotion you plan to use to attract participants:

TV ☐ Radio ■ Paper ☐ Flyers ■ Posters ■ Other ■ Specify Social Media

STREET CLOSURES:

Is this event going to require any street closures? No ■ Yes ☐
If Yes, please list streets requested to be closed and attach map, highlighting streets.

List Street(s) _____

INSURANCE INFORMATION:

☐ A Certificate of Liability Insurance MUST be attached to this Event Application. "City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage.

TRAFFIC CONTROL AND SECURITY:

Some activities may require traffic control and security. Please attach a separate sheet of paper detailed how your organization will deal with these issues. ☐ See Attached Pages

HOLD HARMLESS AGREEMENT(S):

Hold Harmless Agreement attached: ☐ MUST accompany this Event Permit Application
Parade Hold Harmless Agreement: ☐*Not included in this application; Each Parade Entrant must sign and return to the event coordinator. The event coordinator is responsible for retaining all agreements.

CITY DEPARTMENT COMMENT PAGE:

☐ The following page lists the city departments that will need to be contacted. It is the responsibility of the event planner / applicant to take this form to each department for comments.

I certify under penalty of perjury that the information above is correct to my best knowledge.

Applicant's Signature _____ Date 2/5/24

CHELSEA CRAMER _____ EVENT COORDINATOR

Applicant's Printed Name Title

HOLD HARMLESS AGREEMENT

This Agreement made this 5th (Day) day of FEBRUARY (Month), 2024 (Year), between the City of Cle Elum, referred to as "CITY" herein, and CHELSEA CRAMER / KCCC (Name) at, 609 N MAIN ST (Mailing Address), ELLENSBURG (City), WA (State), 98926 (Zip) referred to as "USER" herein.

For the good and valuable consideration, receipt of which is acknowledged, is hereby agreed:

SECTION I

USER undertakes to indemnify CITY from any liability, loss or damage USER may suffer as a result of claims, demands, costs, or judgments against it arising out of the acts, failure to act, or activities that USER conducts under the CITY'S license or permit whether liability, loss or damage is caused by, or arises out of the negligence of USER or its officers, agents, employees or otherwise.

SECTION II

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SECTION III

CITY agrees to notify USER in writing, within 30 days, by certified mail, at USER'S address as stated in this Agreement, of any claim made against CITY on the obligations indemnified against.

SECTION IV

USER agrees to defend against any claims brought or actions filed against CITY with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. In case a claim should be brought or an action filed with respect to the subject indemnity herein, USER agrees the CITY may employ an attorney of its own selection to appear and defend the claim or action on behalf of CITY, at the expense of USER. CITY, at its option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromiser or settlement of any claims or actions against CITY.

SECTION V

Vouchers or other similar, property evidence showing payment by CITY of any loss, damage, or in expense covered under this Agreement shall be conclusive evidence, (except fraud) against USER as to fact and amount of USER'S liability hereunder.

SECTION VI

USER convents that it shall not institute any action or suit at law or in equity against CITY, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand action, or cause of action for damages, costs, loss of services, expenses, or compensation for any damage for any damage, loss or injury either to person or property, or both, whether developed or underdeveloped, resulting or is result, known or unknown, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

'USER' Signature

CHELSEA CRAMER
Print Name

EVENT COORDINATOR
Title

RETURN THIS FORM WITH ALL PERTINENT INFORMATION TO CLE ELUM CITY HALL.
YOU WILL BE REQUIRED TO MEET WITH DEPARTMENT HEADS.

CLE ELUM POLICE DEPARTMENT (509) 674-2991

Police Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Police Signature: _____

PUBLIC WORKS DEPARTMENT (509) 674-2262 Ext. 106

Public Works Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Public Works Signature: _____

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

Fire Department Signature: _____

CITY COUNCIL REPRESENTATIVE (509) 674-2473

City Council Representative's Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

City Council Signature: _____

_____

CITY ADMINISTRATION (509) 674-2262

Administrator Approval: _____ Date: _____

TYPE OF EVENT

Will your Event have OVER 50 Attendees? No ☐ Yes ■ If yes, continue to "Major Event".

"Minor Event" (50 and Under)

Will you need any Street Closures? No ☐ Yes ☐ If yes, fill out Full Application.

Will you be putting up any Tents? No ☐ Yes ☐ If yes, fill out Full Application.

Will there be Alcohol served or available? No ☐ Yes ☐ If yes, fill out Full Application.

Do you plan on playing Music at the event? No ☐ Yes ☐ If yes, fill out Full Application.

Will you need to exceed the Noise Ordnance? No ☐ Yes ☐ If yes, fill out Full Application.
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ☐ If yes, Contact the Cle Elum Fire Department.

Cle Elum Fire Department (509) 674-1748 or (509) 656-4062
Fire Chief Comments: _____

_____

_____

Approved: No ☐ Yes ☐

NOTE: *During a burn ban you are NOT allowed to use pellets or briquettes.*

"Major Event" (Over 50)

Will you need any Street Closures? No ■ Yes ☐

Will this event require any Traffic Control Devices or Personnel? No ☐ Yes ■

Will you be putting up any Tents? No ☐ Yes ■

Will there be Alcohol served or available? No ☐ Yes ■

Do you plan on playing Music at the event? No ☐ Yes ■

Will you need to exceed the Noise Ordnance? No ■ Yes ☐
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ■

ALL "Major Events" must complete the Full Permit Application.

EVENT 'FULL PERMIT APPLICATION'

***NOTE: This 'Full Permit Application' requires City approval. A meeting between the event coordinator and all department heads may be required. Please plan accordingly with as much advance notice as possible.**

RETURN TO: Cle Elum City Hall
119 W First St
Cle Elum, WA 98922

Office (509) 674-2262
Fax (509) 674-4097

This permit application must be completed, signed, and returned to Cle Elum City Hall along with all pertinent insurance information and diagrams.

Any misrepresentation in this permit application or deviation from the final agreed upon route and /or method of operation described herein, may result in the immediate revocation of the permit.

EVENT DESCRIPTION: Required.

Please attach additional sheets with a *COMPLETE* description of what the event will be.

Event Name Independence Day Celebration

Event date(s): July 4th 2024 Day(s) of the Week Thursday

Time: TBD - Working on possibly shortening it

Event location: Memorial Park/Firemans Park

Facilities to be used (check): Park ☒ Street ☐ Sidewalk ☐ Private Property ☐

Set-up: Date TBD (possibly July 3rd) Time TBD am / pm
Take-Down: Date July 4th 2024 Time _____ am / pm

Purpose of Event: Communal celebration of Independence Day/ Kick-off to Pioneer Days

Event Crowd Size:
Participants 50+ Spectators 500+ Volunteers/Personnel 7+

Has Event been produced previously? No ☐ Yes ☒
If yes, what were the dates? July 4th
Any change from previous years? No ☒ Yes ☐ If yes, please list changes on separate sheet.

Please attach a separate sheet listing the schedule and location of events as well as a site map. Site map shall include items such as the location of garbage receptacles, portable bathroom facility, stage, seating, vendors, street closures, etc.

City of Cle Elum
119 West First Street
Cle Elum, WA 98922

Telephone: (509) 674-2262
Fax: (509) 674-4097
www.cityofcleelum.com

EVENT PERMIT APPLICATION

NAME OF EVENT: National Night Out

Received:

This Event permit is to help the event coordinator and the City of Cle Elum build the best possible events for our community. We know how hard you work on your events and want to make sure that you have all the tools you will need to ensure a great event. Please return this application to the City of Cle Elum City Hall at 119 W First Street.

ADDITIONAL CONTACT INFORMATION:

Kittitas County Public Health Department ..... (509) 962-7515

Kittitas County Chamber of Commerce (promotion) ..... (509) 925-2002

Northern Kittitas County Tribune (newspaper) ..... (509) 674-2511

Washington State Liquor Control Board ..... (206) 764-4020

TYPE OF EVENT

Will your Event have OVER 50 Attendees? No ☐ Yes ■ If yes, continue to "Major Event".

"Minor Event" (50 and Under)

Will you need any Street Closures? No ☐ Yes ☐ If yes, fill out Full Application.

Will you be putting up any Tents? No ☐ Yes ☐ If yes, fill out Full Application.

Will there be Alcohol served or available? No ☐ Yes ☐ If yes, fill out Full Application.

Do you plan on playing Music at the event? No ☐ Yes ☐ If yes, fill out Full Application.

Will you need to exceed the Noise Ordnance? No ☐ Yes ☐ If yes, fill out Full Application.
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ☐ If yes, Contact the Cle Elum Fire Department.

Cle Elum Fire Department (509) 674-1748 or (509) 656-4062
Fire Chief Comments: _____

_____

_____

Approved: No ☐ Yes ☐

NOTE: *During a burn ban you are NOT allowed to use pellets or briquettes.*

"Major Event" (Over 50)

Will you need any Street Closures? No ■ Yes ☐

Will this event require any Traffic Control Devices or Personnel? No ☑ Yes ☐

Will you be putting up any Tents? No ☐ Yes ■

Will there be Alcohol served or available? No ■ Yes ☐

Do you plan on playing Music at the event? No ☐ Yes ■

Will you need to exceed the Noise Ordnance? No ■ Yes ☐
See Cle Elum Municipal Code Section 8.12

Will you be cooking on site? No ☐ Yes ■

ALL "Major Events" must complete the Full Permit Application.

EVENT 'FULL PERMIT APPLICATION'

***NOTE: This 'Full Permit Application' requires City approval. A meeting between the event coordinator and all department heads may be required. Please plan accordingly with as much advance notice as possible.**

RETURN TO: Cle Elum City Hall
119 W First St
Cle Elum, WA 98922

Office (509) 674-2262
Fax (509) 674-4097

This permit application must be completed, signed, and returned to Cle Elum City Hall along with all pertinent insurance information and diagrams.

Any misrepresentation in this permit application or deviation from the final agreed upon route and /or method of operation described herein, may result in the immediate revocation of the permit.

EVENT DESCRIPTION: Required.

Please attach additional sheets with a *COMPLETE* description of what the event will be.

Event Name National Night Out

Event date(s): 08/06/2024 Day(s) of the Week Tuesday

Time: 5:00 PM - 7:00 PM

Event location: Cle Elum City Park on 2nd St

Facilities to be used (check): Park ☒ Street ☐ Sidewalk ☐ Private Property ☐

Set-up: Date 08/06/24 Time 4:00 PM am / pm
Take-Down: Date 08/06/24 Time 6:30 PM am / pm

Purpose of Event: Law Enforcment/ First Responders connect with community

Event Crowd Size:
Participants 200 Spectators _____ Volunteers/Personnel 30

Has Event been produced previously? No ☐ Yes ☒
If yes, what were the dates? The 1st Tuesday of every August
Any change from previous years? No ☒ Yes ☐ If yes, please list changes on separate sheet.

Please attach a separate sheet listing the schedule and location of events as well as a site map. Site map shall include items such as the location of garbage receptacles, portable bathroom facility, stage, seating, vendors, street closures, etc.

APPLICANT INFORMATION:

Organization Name: Cle Elum Police Department

Mailing Address: Street 807 W 2nd St

City Cle Elum State WA Zip: 98922

Applicant's Name: Rich Albo Title: Chief of Police

Contact Information: Daytime Phone 509 674 2991

Cell Phone 509 201 6141

Fax _____

E-mail ralbo@cleelum.gov

Contact Person *During Event*: Name Rich Albo

Daytime Phone 509 674 2991

Cell Phone 509 201 6141

Fax _____

E-mail ralbo@cleelum.gov

FEES AND PROCEEDS:

Will you charge an admission fee? No ■ Yes ☐ If yes, how much? _____

Will alcohol be served or available? No ■ Yes ☐

Will alcohol be sold? No ■ Yes ☐

***Applicant is responsible for obtaining all required permits from the State of Washington regarding alcohol and must abide by these state and local requirements.**

ENTERTAINMENT AND PROMOTIONS:

Sound system: Acoustic ☐ Amplified ■

Describe Entertainment: Family friendly playlist on a speaker

Will there be venders? No ■ Yes ☐ If yes, each vender must fill out the Vender License Application available at City Hall or approved alternate.

Check type of promotion you plan to use to attract participants:

TV ☐ Radio ☐ Paper ☐ Flyers ☐ Posters ☐ Other ■ Specify Facebook

STREET CLOSURES:

Is this event going to require any street closures? No ■ Yes ☐
If Yes, please list streets requested to be closed and attach map, highlighting streets.

List Street(s) _____

INSURANCE INFORMATION:

☐ A Certificate of Liability Insurance MUST be attached to this Event Application. "City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage.

TRAFFIC CONTROL AND SECURITY:

Some activities may require traffic control and security. Please attach a separate sheet of paper detailed how your organization will deal with these issues. ☐ See Attached Pages

HOLD HARMLESS AGREEMENT(S):

Hold Harmless Agreement attached: ☐ MUST accompany this Event Permit Application
Parade Hold Harmless Agreement: ☐*Not included in this application; Each Parade Entrant must sign and return to the event coordinator. The event coordinator is responsible for retaining all agreements.

CITY DEPARTMENT COMMENT PAGE:

☐ The following page lists the city departments that will need to be contacted. It is the responsibility of the event planner / applicant to take this form to each department for comments.

I certify under penalty of perjury that the information above is correct to my best knowledge.

Rich Albo	03/05/24
Applicant's Signature	Date
Rich Albo	Chief of Police
Applicant's Printed Name	Title

HOLD HARMLESS AGREEMENT

This Agreement made this 5 (Day) day of March (Month), 2024 (Year), between the City of Cle Elum, referred to as "CITY" herein, and Cle Elum police Department (Name) at, 807 W 2nd St (Mailing Address), Cle Elum (City), WA (State), 98922 (Zip) referred to as "USER" herein.

For the good and valuable consideration, receipt of which is acknowledged, is hereby agreed:

SECTION I

USER undertakes to indemnify CITY from any liability, loss or damage USER may suffer as a result of claims, demands, costs, or judgments against it arising out of the acts, failure to act, or activities that USER conducts under the CITY'S license or permit whether liability, loss or damage is caused by, or arises out of the negligence of USER or its officers, agents, employees or otherwise.

SECTION II

This Agreement shall commence on the date that the CITY issues its license or permit to USER and shall continue in full force until the permit and license expire. Renewal of the permit and/or associated license(s), if any, automatically renews this Agreement. The duty to indemnify the CITY for claims, demands, costs or judgments against it that arise during the Agreement survives the expiration of the Agreement.

SECTION III

CITY agrees to notify USER in writing, within 30 days, by certified mail, at USER'S address as stated in this Agreement, of any claim made against CITY on the obligations indemnified against.

SECTION IV

USER agrees to defend against any claims brought or actions filed against CITY with respect to the subject of the indemnity contained herein, whether such claims or actions are rightfully or wrongfully brought or filed. In case a claim should be brought or an action filed with respect to the subject indemnity herein, USER agrees the CITY may employ an attorney of its own selection to appear and defend the claim or action on behalf of CITY, at the expense of USER. CITY, at its option, shall have the sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromiser or settlement of any claims or actions against CITY.

SECTION V

Vouchers or other similar, property evidence showing payment by CITY of any loss, damage, or in expense covered under this Agreement shall be conclusive evidence, (except fraud) against USER as to fact and amount of USER'S liability hereunder.

SECTION VI

USER convents that it shall not institute any action or suit at law or in equity against CITY, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand action, or cause of action for damages, costs, loss of services, expenses, or compensation for any damage for any damage, loss or injury either to person or property, or both, whether developed or underdeveloped, resulting or is result, known or unknown, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

'USER' Signature	Rich Albo (Print Name)	Chief of Police (Title)

RETURN THIS FORM WITH ALL PERTINENT INFORMATION TO CLE ELUM CITY HALL.
YOU WILL BE REQUIRED TO MEET WITH DEPARTMENT HEADS.

CLE ELUM POLICE DEPARTMENT (509) 674-2991

Police Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Police Signature: _____

PUBLIC WORKS DEPARTMENT (509) 674-2262 Ext. 106

Public Works Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet if necessary)

Public Works Signature: _____

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

Fire Department Signature: _____

CITY COUNCIL REPRESENTATIVE (509) 674-2473

City Council Representative's Conditions: _____

_____

_____

_____

Approved: No ☐ Yes ☐ (with above conditions) (Attach separate sheet, if necessary)

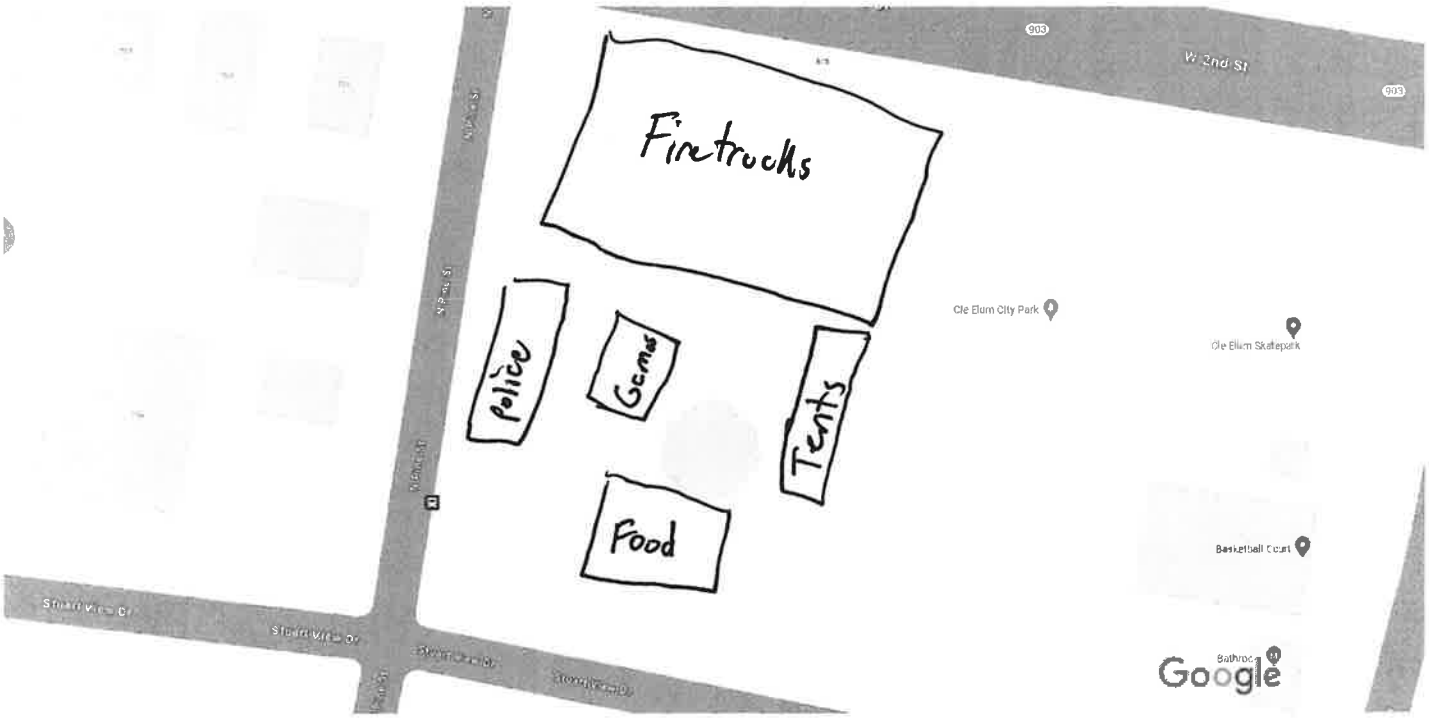
City Council Signature: _____

_____

CITY ADMINISTRATION (509) 674-2262

Administrator Approval: _____ Date: _____

Google Maps Cle Elum



Cle Elum

Washington 98922

Mostly sunny · 42°F
2:28 PM

Directions Save Nearby Send to phone Share

Quick facts