

CITY ADMINISTRATOR  
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MATHEW BAILEY

POLICE CHIEF  
RICH ALBO

FIRE CHIEF  
ED MILLS

PLANNING DIRECTOR  
SHANNON JOHNSON

## Lodging Tax & Events Committee

### Agenda

May 15, 2026

8:30 AM



119 W FIRST STREET  
CLE ELUM, WA 98922

MAYOR  
MATTHEW LUNDH

DEPUTY MAYOR  
CASSIDY BUECHLE - CURTIS

LODGING TAX & EVENTS  
COMMITTEE  
JON CORNELIUS  
BETH WILLIAMS  
AUDREY MALEK - CHAIR

CITY ATTORNEY  
CURTIS CHAMBERS

Join Virtually via 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 alerts: 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 and Pledge of Allegiance**
  2. **Unfinished Business**
    - a. Update Lodging Tax Application — awaiting Kittitas County application update
    - b. Event Application - awaiting event code adoption
    - c. Intermountain Foundation — 2026 Lodging Tax Application
  3. **New Business**
    - a. Cle Elum Lodging Tax & Event Committee — Meeting Minutes — April 8, 2026
    - b. Small Business Funding Grant Program — Discussion
    - c. Event Applications
      - Mouse About Foundation Softball Tournament 2026
      - 3 on 3 UKC Basketball Tournament Fundraiser
      - Breakthrough T1D Ride 2026
      - Chamber of Commerce Members Meeting October 2026
    - d. Seasonal Event Applications
      - WA State Horse Park Events - 2026 Season
      - Carpenter Memorial Library Summer Reading Program - 2026 Season

# **Lodging Tax & Events Committee Agenda May 15, 2026**

119 W FIRST STREET  
CLE ELUM, WA 98922

4. **Other Committee Comments**
  - a. Lodging Tax Fund Balance - Update
  - b. Event Tracker - for reference
5. **Adjournment**

## ***Upcoming Meetings:***

***Lodging Tax & Events Committee Meeting — at 8:30 a.m.***

***Regular Council Meeting — at 6:00 p.m.***

***Planning Commission Meeting — at 6:00 p.m.***

***General Government Committee Meeting — at 8:30 a.m.***

***Public Safety & Health Committee Meeting — at 9:00 a.m.***

***Public Works & Community Development Committee Meeting — at 1:00 p.m.***

***Coal Mines Trail Commission Meeting — at 4:00 p.m.***

***Historic Preservation Commission Meeting — at 3:00 p.m.***

***Civil Service Commission Meeting — at 5:15 p.m.***





## 2025 Lodging Tax Fund Application

Name of Applicant: Intermountain Foundation

Name of Event: Crave! TV

Date Received: \_\_\_\_\_



Received By: *[Signature]*

# APPLICATION FOR LODGING TAX GRANT FUNDING

Application Year: 2026

Name of Organization: Intermountain Foundation

Organization mailing address: 9922 E montgomery Dr. STE 14

Spokane Valley WA 99206

Organization contact person & title: Rachael Ludwick

Executive Director

Organization/contact phone: (509)690-0353

Email: rachael@intermountainpnw.org

Organization Website: intermountainpnw.org

Federal Tax ID Number: 815319087 UBI Number: 604085875

Organization is a (select one):

|                                     |
|-------------------------------------|
| <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            |
| <input type="checkbox"/>            |

Government Entity

501(c)3

501(c)6

Other

(note: you must submit 501(c)3 or 501(c)6 approval documentation – see sample document)

Project/Event Name: Crave! TV

Project/Event Date: TBD on agreed upon filming date

Project/Event Location: City of CleElum

Amount of Funding Requested: \$15000

For which funding category do you qualify (check one) (see instructions for definitions):

☒ New Project/Event ☐ Ongoing Project/Event Support

Estimated # of overnight stays: 100-250

**Tourism Seasons:** From the list below, what season will your project enhance tourism? Please indicate the appropriate season.

| Season:                                        | Months:                |
|------------------------------------------------|------------------------|
| <input checked="" type="checkbox"/> Year-round | January – December     |
| <input type="checkbox"/> Off season            | November – February    |
| <input type="checkbox"/> Shoulder season       | October or March - May |
| <input type="checkbox"/> High season           | June – September       |

# LTAC Grant Responses – CRAVE! TV Destination Episode (Cle Elum / Kittitas County)

## 1. Project Description & Tourism Audience

CRAVE! TV is a regional television program dedicated to showcasing culinary destinations, local agriculture, craft beverages, outdoor recreation, and the people who define the unique culture of the Pacific Northwest.

This project will produce a **destination-focused episode of CRAVE! TV highlighting Cle Elum and Kittitas County** as a travel destination for food, outdoor adventure, and agritourism experiences. The episode will feature local restaurants, farms, producers, outdoor landscapes, and tourism activities that encourage viewers to travel to the region.

The completed episode will be broadcast during Sunday primetime on **FOX 13 Seattle, FOX 41 Tri-Cities, and FOX 28 Spokane**, reaching viewers across three major Washington media markets.

The purpose of this broadcast is to inspire regional travelers to visit Cle Elum and explore Kittitas County through its food, hospitality, and outdoor recreation offerings. By highlighting local businesses and experiences, the program encourages weekend travel, overnight stays, and extended visits to the region.

### Target Tourism Audience

CRAVE! TV is designed to reach and inspire the following tourism audiences:

- Culinary travelers seeking regional food experiences
- Outdoor recreation travelers interested in hiking, biking, and mountain destinations
- Couples and friend groups planning weekend getaways
- Wine, brewery, and farm-to-table enthusiasts
- Residents of Western Washington seeking short-drive destination trips

These audiences are primarily located in the Seattle metropolitan area and surrounding regions, making Cle Elum an ideal **drive-to tourism destination**.

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## Itemized Use of LTAC Funds

The requested **\$15,000 in LTAC funding** will directly support the production and regional broadcast distribution of the Cle Elum destination episode of CRAVE! TV.

### Itemized Budget

#### **\$8,000 – Video Production**

Filming of tourism segments featuring Cle Elum restaurants, farms, outdoor destinations, and local experiences. Cast and crew plus travel fees.

#### **\$2,500 – Broadcast Distribution**

Regional television placement and broadcast scheduling across Fox affiliate stations in the Seattle, Spokane, and Tri-Cities markets.

#### **\$2,500 – Post-Production & Editing**

Professional editing, motion graphics, music licensing, and tourism-focused storytelling.

#### **\$2,000 – Broadcast Delivery & Media Encoding**

Formatting, encoding, and delivery of the episode to Fox affiliate stations for scheduled primetime broadcast.

This funding will ensure the episode reaches a broad regional audience and effectively promotes Cle Elum and Kittitas County as a travel destination.

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## 2. Estimated Increase in Tourism Travel

The CRAVE! TV Cle Elum destination episodes will be produced and broadcast at least twice across regional FOX affiliate stations, including **FOX 13 Seattle, FOX 41 Tri-Cities, and FOX 28 Spokane**. Once aired twice, it will be placed in the lineup for reruns as well as be live on our Crave! Youtube channel forever. These combined broadcast markets reach approximately three million households across Washington State, providing significant exposure to potential visitors within driving distance of Cle Elum and Kittitas County.

Based on typical viewership estimates for regional lifestyle programming and standard tourism marketing conversion models, the broadcast is projected to inspire measurable increases in visitor travel to the area.

### **Estimated tourism travel generated by the project includes:**

#### **I. Visitors staying overnight in paid accommodations:**

Approximately **200–400 visitors**, representing an estimated **100–200 hotel room nights**, assuming an average travel party size of two people per room.

**II. Visitors traveling more than 50 miles for the day or overnight:**

Approximately **500–900 visitors** traveled from outside the immediate Cle Elum area, primarily from the Seattle metropolitan region and other parts of Washington State.

**III. Visitors traveling from outside Washington State or internationally:**

Approximately **50–100 visitors**, including travelers who live outside Washington but regularly visit the state for outdoor recreation and leisure travel.

**Evidence supporting these projections** includes broadcast household reach estimates for the FOX affiliate markets, tourism marketing conversion benchmarks showing that approximately **0.5%–2% of viewers exposed to destination media develop travel intent**, and statewide tourism research from the **Washington Tourism Marketing Authority**, which reports strong demand for regional leisure travel and outdoor recreation experiences within Washington State.

Because Cle Elum is located within a convenient drive from major population centers, destination storytelling through CRAVE! TV is expected to be particularly effective in motivating short-distance tourism visits to the area.

## 3. Estimated Tourism Impact

Based on regional broadcast reach and typical tourism marketing conversion rates, the Cle Elum destination episode of CRAVE! TV is expected to generate measurable tourism interest.

**Projected Tourism Impact**

- **Visitors traveling more than 50 miles:** 400–700 individuals
- **Visitors staying overnight in paid accommodations:** 200–350 individuals
- **Visitors traveling from outside Washington State:** 50–100 individuals

Because Cle Elum is a popular **drive-to destination from the Seattle area**, the broadcast on **FOX 13 Seattle** is expected to generate the greatest tourism interest and visitation.

**Evidence Used for Projections**

These estimates are based on:

- Nielsen broadcast household reach for Fox affiliate markets
  - Typical tourism marketing conversion rates (0.1–0.5% engagement leading to travel intent)
  - Travel behavior patterns for short-distance tourism destinations
  - Regional tourism trends showing strong demand for culinary and outdoor experiences
-

## Measuring Tourism Impact

CRAVE! TV will measure the effectiveness of this project through several tourism tracking tools.

### Impact Measurement Methods

#### Website Traffic Monitoring

Traffic spikes to CRAVE! TV online content featuring Cle Elum will be monitored following broadcast airings.

#### Viewer Engagement Metrics

Digital versions of the episode will be tracked for views, shares, and engagement across online platforms.

#### Business Participation Feedback

Participating restaurants, farms, and businesses will provide feedback regarding visitor inquiries and increased traffic following the broadcast.

#### Tourism Referral Tracking

Businesses featured in the episode may track visitor inquiries referencing the CRAVE! TV feature.

These tools provide both quantitative and qualitative insight into the episode's tourism impact.

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## Project Timeline

The CRAVE! TV Cle Elum destination episode is **date-specific and seasonal**, with filming occurring during peak seasonal activity in Kittitas County to best showcase local tourism experiences.

Broadcast airing will occur following production to maximize tourism visibility during peak travel planning periods.

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## Strategies to Attract Visitors from More Than 50 Miles Away

CRAVE! TV specifically targets audiences beyond the 50-mile threshold through regional broadcast distribution and digital media promotion.

**Key strategies include:**

- Primetime broadcast exposure in the Seattle media market
- Digital distribution and social media promotion targeting regional travelers
- Highlighting Cle Elum as an accessible weekend getaway from Western Washington
- Featuring local food, agritourism, and outdoor recreation experiences

These strategies focus on audiences most likely to travel to Cle Elum for short-stay tourism.

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## **Promoting Kittitas County as a Tourism Destination**

The Cle Elum episode will highlight multiple experiences within Kittitas County to encourage visitors to explore the broader region.

Segments may include:

- Local restaurants and culinary experiences
- Agricultural producers and farm experiences
- Outdoor recreation such as hiking, biking, and river access
- Scenic landscapes and natural attractions

By showcasing a range of experiences, the episode encourages visitors to explore **multiple locations within the county**, supporting broader tourism development.

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## **4. Other Funding Sources**

CRAVE! TV production is supported through a combination of:

- Media sponsorship partnerships - Eat Good Group, Spokane Eats
- Business participation contributions - Eat Good Group
- Private production funding - Coho Media Group
- LTAC from Gray's Harbor episode

In-kind contributions include:

- Location access from participating businesses
- Local tourism collaboration and coordination

**If funding is not secured**, the Cle Elum destination episode would likely not be produced or be reduced in production scope or may not receive the same level of regional broadcast distribution.

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## 5. Partnerships & Collaboration

CRAVE! TV works closely with local businesses, hospitality providers, tourism organizations, and producers to highlight authentic regional experiences. Crave! Cross references with our Food & Wine festival in Spokane Washington. This grows brand awareness and cross promotion between vendors, viewers and attendees. Recommendations for Cle Elum restaurants and drink makers to vend at Crave! Spokane to continue to grow awareness and strengthen the bond between Crave! NW and Cle Elum destination.

For the Cle Elum episode, collaborations may include:

- Restaurants and hospitality businesses
- Agricultural producers and farms
- Outdoor recreation providers
- Local tourism advocates and community partners

These partnerships help ensure the episode accurately represents the region while promoting a diverse range of visitor experiences.

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## 6. Long-Term Sustainability

CRAVE! TV is designed to be a sustainable tourism media platform through a combination of revenue sources, including:

- Broadcast sponsorship placements
- Featured business partnerships
- Digital content distribution opportunities
- Regional advertising partnerships

As the audience grows, these partnerships help support ongoing production while continuing to promote Pacific Northwest destinations.



## 7. Additional Information

CRAVE! TV serves as a storytelling platform that highlights the unique food culture, landscapes, and communities that make the Pacific Northwest an exceptional travel destination.

By dedicating an episode to Cle Elum and Kittitas County, the project will provide a powerful visual introduction to the region for viewers across Washington State, encouraging them to visit, explore local businesses, and experience the natural beauty and hospitality of the area.

### Why Television Is Effective for Drive-To Tourism Destinations

Regional television remains one of the most effective tools for inspiring travel to **drive-to destinations like Cle Elum and Kittitas County**. Visual storytelling allows viewers to experience a destination through food, landscapes, and authentic local voices, creating an emotional connection that motivates travel decisions.

Unlike traditional advertisements, destination storytelling programs such as CRAVE! TV showcases real places, businesses, and experiences in a narrative format that helps viewers imagine themselves visiting the location. Research in destination marketing consistently shows that **visual media featuring authentic local experiences increases travel intent**, particularly for short-distance leisure trips.

Broadcast exposure on **FOX 13 Seattle, FOX 41 Tri-Cities, and FOX 28 Spokane** allows CRAVE! TV to reach audiences in major regional population centers within easy driving distance of Cle Elum. These markets include millions of potential visitors who frequently travel within Washington for weekend recreation, dining experiences, and outdoor exploration.

By highlighting the natural beauty, culinary offerings, and welcoming hospitality of Cle Elum and Kittitas County, CRAVE! TV encourages viewers to consider the area for their next getaway. This type of destination storytelling supports tourism growth by increasing awareness, inspiring travel planning, and directing visitors toward local businesses and overnight accommodations.

### Projected Economic Impact

The CRAVE! TV Cle Elum destination episode is designed to generate measurable tourism activity by inspiring regional travel to Kittitas County. Based on projected visitation generated through the broadcast exposure and typical visitor spending

patterns for short-distance leisure travelers, this project is expected to produce a significant return on tourism marketing investment.

### **Estimated Visitor Spending Projections**

Projected visitors traveling more than 50 miles: **400–700 individuals**

Average spending per visitor for day or overnight trips in Washington State typically includes lodging, dining, retail, fuel, and recreation activities. According to statewide tourism data, visitor spending for similar leisure trips averages **\$150–\$350 per person**, depending on whether the trip includes overnight accommodations.

### **Estimated Economic Impact**

- **Low Estimate:**  
400 visitors × \$150 average spending = **\$60,000 in visitor spending**
- **Moderate Estimate:**  
550 visitors × \$225 average spending = **\$123,750 in visitor spending**
- **High Estimate:**  
700 visitors × \$350 average spending = **\$245,000 in visitor spending**

These expenditures support local restaurants, lodging properties, retail businesses, recreation providers, and other tourism-related businesses throughout Cle Elum and Kittitas County.

Given a **\$15,000 marketing investment**, the CRAVE! TV destination episodes have the potential to generate **4x to 16x return in visitor spending**, demonstrating strong economic value for lodging tax funding dedicated to tourism promotion.

In addition to immediate economic activity, the broadcast episode will continue to serve as long-term promotional content through digital distribution and social media sharing, extending the tourism marketing impact beyond the initial broadcast period.

## 8. PROJECT BUDGET

|                                                 |                 |
|-------------------------------------------------|-----------------|
| In-Kind Contribution                            | Estimated Value |
| Volunteer Coordination / Local Assistance       | \$1,000         |
| Donated Filming Locations from Local Businesses | \$1,500         |
| Donated Hospitality / Production Support        | \$1,000         |

|                                                  |          |
|--------------------------------------------------|----------|
| Expense Category                                 | Amount   |
| Video Production (filming, crew, equipment)      | \$8,000  |
| Post-Production Editing & Graphics               | \$3,500  |
| Broadcast Distribution (FOX regional placements) | \$5,500  |
| Travel & Production Logistics                    | \$2,000  |
| Music Licensing & Media Formatting               | \$1,000  |
| Insurance & Production Administration            | \$1,000  |
| Marketing & Digital Promotion                    | \$1,500  |
| TOTAL                                            | \$22,500 |

### **Video Production**

Filming of tourism segments featuring Cle Elum restaurants, farms, outdoor destinations, and local experiences. Cast and crew plus travel fees.

### **Broadcast Distribution**

Regional television placement and broadcast scheduling across Fox affiliate stations in the Seattle, Spokane, and Tri-Cities markets.

### **Post-Production & Editing**

Professional editing, motion graphics, music licensing, and tourism-focused storytelling.

### **Broadcast Delivery & Media Encoding**

Formatting, encoding, and delivery of the episode to Fox affiliate stations for scheduled primetime broadcast.

necessary to submit the entire agency budget. You must submit a budget which specifically pertains to the project/event for which you are requesting funding and adheres to the basic budget format shown below.

The budget must include anticipated revenues, expenditures, and any potential profit or loss. For projects/events which are ongoing for more than 1 year, please also submit actuals from the previous three years of operations for the project/proposal if applicable. Also, please supply any narratives necessary to understand the budget being submitted and list separately any in-kind or volunteer contributions.

Please assure your budget, and actuals from previous years (if applicable), are in the following basic format:

Revenues:

Cash  
Donations/Sponsorships  
Sales  
Vendor Fees  
Grants  
Etc.

Total Revenues

In-Kind Contributions:

Volunteer Labor  
Donated Services  
Donated Materials  
Etc.

Total In-kind

Expenses:

Venue  
Insurance  
Services  
Advertising  
Security  
Etc.

Total Expenses

Profit/Loss (Revenue less Expenses)

9. Has your event received Lodging Tax funds in previous years?

Yes ☐

No ☒

Not from CleElum – other LTAC

If yes, please list each year and the amount received for that year.

Received for Spokane Valley \$36,000

All applicants must also provide the following information regarding the event/project:

| A. | How many participants and spectators attended last year's activity and/or will attend this year? | Prior Year         | Projected          |
|----|--------------------------------------------------------------------------------------------------|--------------------|--------------------|
|    |                                                                                                  | <u>1.8 million</u> | <u>3.8 million</u> |

- B. How many days did/will your event occur? \_\_\_\_\_ 2 days of filming
- C. How many room nights were and /or will be booked as a result of your project/event? \_\_\_\_\_
- (You must provide a verifiable source of information as evidence for your response to item C. Failure to do so will disqualify your application. )* \_\_\_\_\_ 100-250 hotel room nights

10. **Application Certification:**

The applicant here certifies and affirms: 1. That it does not now, nor will it during the performance of any contract arising from this application, unlawfully discriminate against any employee, applicant for employment, client, customer, or other person who might benefit from said contract, by reason of age, race, color, ethnicity, sex, religion, military status, sexual orientation, creed, place of birth, or disability; 2. That it will abide by all relevant local, state and federal laws and regulations and; 3. That it has read the information contained in the Instructions on pages 1 and 2 and understands and will comply with all provisions thereof.

Certified by:

(signature)



Or sign here: \_\_\_\_\_

(print name)

Rachael Ludwick

Title:

Executive Director

Date:

3/12/26

## Applicant Checklist

*For applicant use prior to submission*

- ☒ My application title page states: Request for Proposals, Lodging Tax Fund (YEAR).
- ☒ My application is for a new project/event and/or for an ongoing project/event as defined on page 2 of the application packet.
- ☒ I have attached proof of non-profit status if applicable which matches the sample document provided.
- ☒ I have included an itemized list in response to item 1 in the application of how any grant funds awarded will be utilized.
- ☒ I have attached additional information in response to item 7 in the application, if needed, which includes written information limited to one page and other attachments limited to three pages.
- ☒ I have attached a project budget, properly formatted according to item 8 in the application.
- ☒ If this event is ongoing for more than one year, I have also submitted actual financial data from the previous three years if applicable, formatted properly according to item 8 in the application.
- ☒ The application certification in item 10 is signed and dated by the proper authority.
- ☒ I have included one copy of the entire original application according the submittal instructions on page 4.
- ☒ My application is being delivered to:

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

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give form to the  
requester. Do not  
send to the IRS.

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|
| Print or type.<br>See Specific Instructions on page 3.                                                      | 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)<br><b>JAKT Foundation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |  |
|                                                                                                             | 2 Business name/disregarded entity name, if different from above.<br><b>JAKT Foundation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |  |
|                                                                                                             | 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input checked="" type="checkbox"/> Other (see instructions) <b>Non profit corporation</b> |                                         |  |
|                                                                                                             | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____<br><i>(Applies to accounts maintained outside the United States.)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |  |
|                                                                                                             | 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |  |
| 5 Address (number, street, and apt. or suite no.). See instructions.<br><b>9922 E Montgomery Rd, ST 14,</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Requester's name and address (optional) |  |
| 6 City, state, and ZIP code<br><b>Spokane, WA 99206</b>                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |  |
| 7 List account number(s) here (optional)                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |  |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

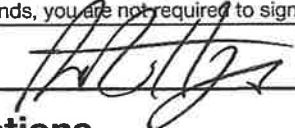
|                                |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Social security number         |   |   |   |   |   |   |   |   |   |
|                                |   |   |   | - |   |   |   |   |   |
| or                             |   |   |   |   |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |   |
| 8                              | 1 | - | 5 | 3 | 1 | 9 | 0 | 0 | 7 |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

|           |                                                                                     |         |
|-----------|-------------------------------------------------------------------------------------|---------|
| Sign Here | Signature of U.S. person                                                            | Date    |
|           |  | 1/22/26 |

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

**CLE ELUM LODGING TAX & EVENTS COMMITTEE**  
**MINUTES**

**APRIL 8, 2026**

**8:30 AM**

119 W FIRST STREET  
CLE ELUM, WA 98922

**1. Call to Order and Pledge of Allegiance**

**Committee Members Present:**

Beth Williams  
Jon Cornelius - absent  
Audrey Malek

**Staff Present:**

Matthew Lundh - Mayor  
Debbie Lee - City Clerk  
Mathew Bailey - Public Works Director  
Rich Albo - Police Chief  
Whitney Prosek - Office Assistant

**2. Unfinished Business**

**a. Update Lodging Tax Application**

The item is currently on hold pending an update to the Lodging Tax Application by Kittitas County. Once the county has finalized their application, the committee will proceed to revise the City of Cle Elum's application to ensure alignment.

**b. Event Application**

The Event Application will be updated to comply with the revised municipal code, which is currently under review by the city attorney.

**3. New Business**

**a. Cle Elum Lodging Tax & Event Committee — Meeting Minutes — March 11, 2026**

**MOTION: Committee Member Malek made a motion to approve the meeting minutes dated March 11, 2026; seconded by Committee Member Williams.**

**MOTION CARRIED: 2 yes 0 no.**

**b. City of Cle Elum Services Agreement for Lodging Tax Funded Activities**



# **CLE ELUM LODGING TAX & EVENTS COMMITTEE**

## **MINUTES**

**APRIL 8, 2026**

**8:30 AM**

**119 W FIRST STREET  
CLE ELUM, WA 98922**

The City of Cle Elum will serve as the official recipient of the grants, in compliance with applicable regulations governing municipal funding. The County will collaborate with the City to facilitate the grant acceptance process. Both parties acknowledge that only municipalities are eligible recipients of these specific grants. This contract aims to ensure transparency, accountability, and effective use of funds allocated for community development at the Horse Park and Recreation Center.

The contract will be forwarded to the General Government Committee for review prior to being placed on the agenda for council consideration.

[2025 Lodging Tax Agreement — Between Kittitas County & the City of Cle Elum — Upper Kittitas County Community Recreation Center](#)

[2025 Lodging Tax Agreement — Between Kittitas County & the City of Cle Elum — For the Washington State Horse Park Facilities Expansion](#)

**c. [Intermountain Foundation — 2026 Lodging Tax Application](#)**

The promotional video shoot was not approved by the Local Tourism Advisory Committee (LTAC). The committee acknowledged that this application is an out-of-community request.

This matter will be tabled for discussion until the Intermountain Foundation can attend a meeting to answer questions and next steps. Intermountain Foundation will be invited to the next meeting.

**d. [Upper Kittitas County Community Recreation Center — 2026 Lodging Tax Application](#)**

Gary Berndt, a member of the 501(c)(3) organization dedicated to the development of the recreation center, reported that the city has committed to allocating 30% of revenues, amounting to \$75,000, to the recreation center account. This allocation will be earmarked for construction reserves for the facility. Historically, the committee has expressed support for this project.

It is proposed that this matter be forwarded to the City Council for consideration.

The Board of County Commissioners is looking into the formation of a Public Facilities District.

# CLE ELUM LODGING TAX & EVENTS COMMITTEE

## MINUTES

APRIL 8, 2026

8:30 AM

119 W FIRST STREET  
CLE ELUM, WA 98922

e. [Pioneer Days Queen Meet & Greet — 2026 Event Application](#)

**MOTION: Committee Member Williams made a motion to approve the 2026 Pioneer Days Queen Meet & Greet; seconded by Committee Member Malek.**

**MOTION CARRIED: 2 yes 0 no.**

f. [H I90 Grindy Bicycle — 2026 Event Application](#)

This event took place in the previous year.

**MOTION: Committee Member Williams made a motion to approve the 2026 H I90 Grindy Bicycle Event; seconded by Committee Member Malek.**

**MOTION CARRIED: 2 yes 0 no.**

g. [Upper Kittitas County \(UKC\) Bicycle Rodeo — 2026 Event Application](#)

This event occurs annually.

**MOTION: Committee Member Williams made a motion to approve the 2026 Upper Kittitas County (UKC) Bicycle Rodeo Event; seconded by Committee Member Malek.**

**MOTION CARRIED: 2 yes 0 no.**

h. [National Night Out — 2026 Event Application](#)

**MOTION: Committee Member Williams made a motion to approve the 2026 National Night Out Event; seconded by Committee Member Malek.**

**MOTION CARRIED: 2 yes 0 no.**

4. **Other Committee Comments**

The county is initiating a small business funding grant program aimed at providing micro grants to tourism-based businesses for marketing purposes. The City of Cle Elum may consider implementing a similar digital marketing program to drive customer traffic to local establishments. The committee is encouraged to discuss this matter at the next meeting.

Restaurants are currently facing an 18% decrease in the workforce due to ongoing challenges.

Amy McGuffin of the Chamber of Commerce will distribute the relevant Word document, with more information on the micro grants.

Whitney Prosek, Office Assistant, has not yet received a response from the Washington State Horse Park regarding a list of events, dates, and expected attendance. The committee should clarify what specific information is required from them, such as an event application or an itinerary of events.

# **CLE ELUM LODGING TAX & EVENTS COMMITTEE**

## **MINUTES**

**APRIL 8, 2026**

**8:30 AM**

**119 W FIRST STREET  
CLE ELUM, WA 98922**

Staff explained that the Public Use Zone regulations currently prohibit food vendors within the Horse Park. It is recommended to create an event packet encompassing all special events. The committee should also proactively reach out to local organizations, including Puma Soccer and Gridiron Football, for cooperation.

a. [Lodging Tax Fund Balance - Update](#)

b. [Event Tracker](#)

### **5. Adjournment**

The meeting was adjourned at 8:59 a.m.

---

Audrey Malek, Chair

---

Debbie Lee, Clerk

119 West First Street  
 Cle Elum, WA 98922  
 Telephone · (509) 674-2262  
 Fax · (509) 674-4097  
 www.cleelum.gov



Stamp & initial

## EVENT PERMIT APPLICATION

*The purpose of this permit is to help the event organizer, 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.*

| OFFICIAL USE ONLY |                                |
|-------------------|--------------------------------|
| Event Name:       | Mouseabout Softball Tournament |
| Permit #:         | EVT- 2026-015                  |
| Fee Total:        | \$75.00                        |
| Related Permits:  |                                |

### FEES<sup>1</sup>

- \$75 if application is submitted at least 60 days prior to event.
- \$150 if application is submitted less than 60 days prior to event.

### WHEN IS AN EVENT PERMIT REQUIRED?

Events planned to take place on public property must submit an event application. An event application is also required for events on private property if they have the potential to substantially impact the normal operations of the city. This includes, but is not limited to, effects on pedestrian traffic flow, parking availability, vehicle traffic flow, street access (such as the need for street closures), or any potential risk to public safety. Additionally, an event application and safety plan are required when cooking in public or when there is any other known potential safety risk to the public.

Substantial, in this context, refers to any impact that is significant enough to noticeably alter or disrupt the normal operations of the city in more than a temporary or minor way. This includes but is not limited to causing delays, congestion, or increased demand on city resources, services, or infrastructure, and necessitating additional planning, resources, or measures to maintain public safety and order. The duration of the event may also be a factor in determining whether the impact is substantial.

### 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  
 Cle Elum Fire Department – Chief Ed Mills .....emills@cleelum.gov.....(509) 656-4062  
 WSDOT – Traffic Control / Right of Way use ..... (509) 577-1788

<sup>1</sup> City entities, including—but not necessarily limited to—CEFD, CERPD and CE Public Works, as well the Cle Elum Downtown Association and the Carpenter Memorial Library, are exempt from application fees.

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|                                                                                                                        |                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Applicant ("Event Organizer")</b>                                                                                   |                                   |
| Name: Paul Costello / Donna Costello                                                                                   | Business License #                |
| Title: President / Secretary                                                                                           |                                   |
| Sponsoring Organization: Mouse About Foundation                                                                        |                                   |
| Mailing Address: 11809 North Atlantic Spokane, WA 98218                                                                |                                   |
| Phone Number: 425.530.0693                                                                                             | Email: Costello.d@portseattle.org |
| Primary Contact Person <u>During Event</u> Same as Applicant <input type="checkbox"/>                                  |                                   |
| Name: Paul Costello                                                                                                    |                                   |
| Title: President                                                                                                       |                                   |
| Local Address: 11809 North Atlantic Spokane, WA 98218                                                                  |                                   |
| Email: PaulCostello@gmail.com                                                                                          |                                   |
| Daytime Phone Number: 503.750.1753                                                                                     | Mobile Phone: 503.750.1753        |
| <b>Secondary/Emergency Contact Person <u>During Event</u> (available to respond in the absence of Event Organizer)</b> |                                   |
| Name: Donna Costello                                                                                                   |                                   |
| Title: Secretary                                                                                                       |                                   |
| Local Address: 11809 North Atlantic Spokane WA 98218                                                                   |                                   |
| Daytime Phone Number: 425.530.0693                                                                                     | Mobile Phone: 425.530.0693        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REQUIRED – Applicant Checklist</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Event Permit Application received a minimum of 30 days prior to event, and the total fee paid to City Hall.                                                                                                                                                                                                                                                                                                                                                                                               |
| Signed and dated Hold Harmless Agreement <ul style="list-style-type: none"> <li>For parades: each parade entrant must sign and submit the Parade Entrant Hold Harmless Agreement to the event organizer. The event organizer is responsible for retaining these agreements.</li> </ul>                                                                                                                                                                                                                    |
| Certificate of Liability Insurance <ul style="list-style-type: none"> <li>"City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage</li> <li>As applicable, coverage for alcohol service must be specified</li> <li>As applicable, coverage for injury by animals must be specified</li> </ul>                                                                                                                                                      |
| Supplemental pages below with a complete and detailed description of the event, including a schedule and location of event(s). <ul style="list-style-type: none"> <li>If serving alcohol, WA Liquor and Cannabis Control Board Banquet Permit or other applicable alcohol service license measures taken to comply with State regulations must be addressed in detail: <a href="https://lcb.wa.gov/licensing/outdoor_alcohol_service">https://lcb.wa.gov/licensing/outdoor_alcohol_service</a></li> </ul> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Cle Elum Fire Department-approved Special Events Permit including Addendum #001 Fire and Life Safety Plan and additional Addendums as needed. Contact the Chief of CEFD for guidance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                |
| <b>Site Plan</b> including items such as the location of garbage receptacles, portable bathrooms, stage, seating, venders, street closures, barricades, alcohol measures taken etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |
| As applicable, list of vender names and contact details <ul style="list-style-type: none"> <li>All venders must have or obtain a business license endorsement for the City of Cle Elum: <a href="https://dor.wa.gov/open-business/apply-business-license">https://dor.wa.gov/open-business/apply-business-license</a></li> </ul>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| If requesting street closures, event organizer must notify ail adjacent residents and/or businesses of the proposed closure a minimum of three (3) weeks before the regular Lodging Tax & Event Committee meeting at which the application will be reviewed. Notification must also inform recipients they have the opportunity to comment on the proposed closure by attending the meeting (either in-person or virtually) or via email: <a href="mailto:wprosek@cleelum.gov">wprosek@cleelum.gov</a> . Include a copy of the notification. <ul style="list-style-type: none"> <li>Road closures on First Street must contact WSDOT</li> </ul> |                                                                                                                                                                                                                                |
| <b>Other Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>After approval from the Lodging Tax and Event Committee, and any Special Events Permits issued with CEFD, this Event will be subject to a Fire Safety Check on <u>the day of the Event</u> by Cle Elum Fire Department.</i> |

## EVENT DESCRIPTION:

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                          |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------|
| <b>Event Name:</b>                                   | Mouse About Foundation Soft Ball Tournament                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                                          |
| <b>Event Type:</b>                                   | <input type="checkbox"/> Minor ( $\leq 50$ Attendees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Major ( $> 50$ Attendees) |                                          |
| <b>Brief Description of Event:</b>                   | Soft Ball Tournament                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                          |
|                                                      | Fundraiser For Cancer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    |                                          |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                          |
| <b>Parade Map:</b>                                   | <input checked="" type="checkbox"/> My event does not include a parade.<br><input type="checkbox"/> I acknowledge the Cle Elum-Roslyn Police Department has a pre-approved parade map, which has been provided. Should I wish to suggest an alternate route, I confirm that I have attached a map of this route and included a detailed explanation for it the attached event description. I understand this route is subject to CERPD approval. I further understand that approval is not guaranteed and may be rescinded at any time. |                                                    |                                          |
| <b>Event Start Date:</b>                             | 8/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Event End Date:</b>                             | 8/16                                     |
| <b>Day(s) of the Week:</b>                           | <input checked="" type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input checked="" type="checkbox"/> SAT                                                                                                                                                                                                                                                                                             |                                                    |                                          |
| <b>Event Start Time:</b>                             | 8:00 AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Event End Time:</b>                             | 6:00 PM                                  |
| <b>Date of Set Up:</b>                               | 8/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Time of Set Up:</b>                             | 8:00 AM                                  |
| <b>Date of Take Down:</b>                            | 8/14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Time of Take Down:</b>                          | 6:00 PM                                  |
| <b>Facilities to be Used: (Check all that Apply)</b> | <input checked="" type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Private Property                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                                          |
| <b>Location:</b>                                     | Memorial Park / Baseball fields                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                          |
| <b>Expected Crowd Size:</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                          |
| <b>Participants:</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Spectators:</b>                                 | <b>Event Personnel &amp; Volunteers:</b> |
| <b>Previous Occurrences:</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    |                                          |
| <b>Has the event occurred previously?</b>            | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>If yes, on which date(s)?</b>                   | 8/15 - 8/17 2025                         |
| <b>Change(s) from previous year?</b>                 | <input checked="" type="checkbox"/> None <input type="checkbox"/> See Explanation Attached                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                    |                                          |
| <b>Will you charge an admission fee?</b>             | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>If yes, how much?</b>                           |                                          |

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## STREET CLOSURES:

|                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                 |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------|
| <b>Will your event require any street closures?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                    |                    | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Street(s):</b>                                   |                                                                                                                                                                                                                                                                                                                                                                    | <b>Section(s):</b> |                                                 |
| <b>Proposed Method(s) of Closure:</b>               | <input type="checkbox"/> Both my attached site plan and event description include full details of the location(s) and methods of my proposed closures.                                                                                                                                                                                                             |                    |                                                 |
| <b>Neighborhood Notification:</b>                   | <input type="checkbox"/> I have attached an example of the written notice provided to the adjacent residents and/or business owners regarding the proposed street closures.                                                                                                                                                                                        |                    |                                                 |
| <b>Traffic Control:</b>                             | <input type="checkbox"/> I acknowledge that event organizers must contract with CEFD or another organization with Washington State Flagger or Traffic Control Supervisor certification for traffic control services.                                                                                                                                               |                    |                                                 |
| <b>Impact on SR 903:</b>                            | <input type="checkbox"/> I acknowledge that any impact to traffic on SR 903 (Second Street from Oakes Ave west toward Roslyn; Oakes Ave between First and Second Streets; First Street east from Oakes Ave), including but not limited to street closure and parking, must be discussed and approved by the Washington State Department of Transportation (WSDOT). |                    |                                                 |

## RIGHT OF WAY (SIDEWALK) USE:

|                                                                   |                                                                                                                                                                                                                                                                        |  |                                                 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|
| <b>Will you require use of a city sidewalk during your event?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                        |  | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Description of Proposed Use:</b>                               |                                                                                                                                                                                                                                                                        |  |                                                 |
| <b>Use Permit Required:</b>                                       | <input type="checkbox"/> I acknowledge that I separately must request and receive approval of a Sidewalk Use Permit, the application for which is available at <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |  |                                                 |

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## COOKING:

|                                        |                                                                                                                                       |                 |                                                                       |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------|
| <b>Will there be on-site cooking?</b>  | <input type="checkbox"/> No<br>Skip to next section.                                                                                  |                 | <input checked="" type="checkbox"/> Yes<br>Include Fire Addendum #002 |
| <b>Description of Planned Cooking:</b> | BBA<br>Burgers + Hotdogs                                                                                                              | <b>Purpose:</b> | To feed everyone at the Event                                         |
| <b>Acceptable Fuels:</b>               | <input checked="" type="checkbox"/> I acknowledge that only propane, pellets or electrical fuels are acceptable during a burn ban.    |                 |                                                                       |
| <b>CEFD Requirements:</b>              | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #002). |                 |                                                                       |

## TENTS/ CANOPIES:

|                                     |                                                                                                                                                            |                                                                                    |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Will tents be erected?</b>       | <input type="checkbox"/> No<br>Skip to next section.                                                                                                       | <input checked="" type="checkbox"/> Yes<br>Include Fire Addendum #003 as necessary |
| <b>Number of Tents Anticipated:</b> | 5                                                                                                                                                          |                                                                                    |
| <b>CEFD Requirements:</b>           | <input checked="" type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #003 if needed). |                                                                                    |

## ALCOHOL SERVICE:

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                            |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Will alcohol be served?</b> | <input type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes<br>Continue below. |
| <b>Will alcohol be sold?</b>   | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes                               |
| <b>Regulatory Compliance:</b>  | <input checked="" type="checkbox"/> I acknowledge alcohol service must comply with requirements described in WAC 314-03-200, including (but not necessarily limited to): <ul style="list-style-type: none"> <li>Barriers around service area of minimum 42 inches (3.5 feet) in height;</li> <li>Entry/exit points to service area may not exceed 10 feet in combined total;</li> <li>Controlled and monitored entry to service area and dedicated attendant, wait staff or server when patrons present;</li> <li>No open containers permitted to leave service area.</li> </ul> <input checked="" type="checkbox"/> I acknowledge that these requirements are subject to change based on legislative or agency action. Should there be any discrepancy between State regulation and this document, I understand that State regulation takes precedence. |                                                            |
| <b>Security Plan:</b>          | <input checked="" type="checkbox"/> I have included a detailed security plan specific to alcohol service in my event description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                            |
| <b>Banquet Permit:</b>         | <input type="checkbox"/> Approved <u>WA State Liquor and Cannabis Control Board Banquet Permit</u> attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |

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## ENTERTAINMENT:

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            |                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Describe Planned Entertainment:</b>                       | <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                            |                                                 |
| <b>Sound system?</b>                                         | <input type="checkbox"/> Acoustic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            | <input checked="" type="checkbox"/> Amplified   |
| <b>Music/Sound Start Time:</b>                               | 8:00 am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Music/Sound End Time:</b>                                                                                                               | 6:00 pm                                         |
| <b>Statutory Limitations:</b>                                | <input checked="" type="checkbox"/> I acknowledge I have read and understood <u>CEMC 5.24</u> and the limitations it imposes on certain types of entertainment.<br><input checked="" type="checkbox"/> I acknowledge I have read and understood <u>CEMC 8.05</u> and the limitations it imposes on noise. Generally, noise occurring between the hours of 10:00 PM to 7:00 AM and emanating more than 50 feet beyond the property line, or more than 100 feet from the property line at any other time of day, is prohibited unless granted an exception by the City. |                                                                                                                                            |                                                 |
| <b>Will you require an exception to the noise ordinance?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Request Submission:</b>                                   | <input type="checkbox"/> I acknowledge that, per CEMC 8.05, a formal request must be submitted to the City Administrator no later than 30 days prior to my event.                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |                                                 |
| <b>Will there be vendors?</b>                                | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> I understand that each vender must have a valid business license endorsement for the City of Cle Elum. |                                                 |

## RISK AND LIABILITY MANAGEMENT:

|                                                   |                                                                                                                                                                                                                              |
|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Liability Insurance:</b>                       | <input checked="" type="checkbox"/> I have attached a current, valid Certificate of Liability Insurance naming "City of Cle Elum", at 119 W First St., Cle Elum, WA 98922, "Additional Insured" to all coverages.            |
| <b>Additional Animal Liability Coverage:</b>      | <input type="checkbox"/> I have attached proof of specific additional coverage for animal liability.<br><input checked="" type="checkbox"/> My event does not involve animals.                                               |
| <b>Additional Coverage for Alcohol Service:</b>   | <input type="checkbox"/> I have attached proof of specific additional coverage for alcohol service.<br><input type="checkbox"/> My event does not involve alcohol service.                                                   |
| <b>Hold Harmless Agreement:</b>                   | <input checked="" type="checkbox"/> I have attached a complete, signed Hold Harmless Agreement.                                                                                                                              |
| <b>Hold Harmless Agreement – Parade Entrants:</b> | <input type="checkbox"/> I understand that it is my responsibility to obtain and retain signed Hold Harmless Agreements from each parade entrant.<br><input checked="" type="checkbox"/> My event does not include a parade. |
| <b>Traffic Control and Security</b>               | <input type="checkbox"/> I understand that it is my or my organization's responsibility to arrange for necessary traffic control and security; my attached site plan includes detailed information on these measures.        |

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## SANITATION:

|                                       |                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Portable Toilet Facilities:</b>    | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain portable toilet facilities for my event. These are identified in the attached site map and program description.<br><input type="checkbox"/> Required ratio: 1 toilet per 50 people per 4 hours. |
| <b>Trash Collection and Disposal:</b> | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain trash receptacles for my event. These are identified in the attached site map and program description.                                                                                          |
| <b>Post-Event Cleanup:</b>            | <input checked="" type="checkbox"/> I understand that post-event cleanup is my or my organization's responsibility. I further understand that, should any city resources—including personnel time—be required to clean up after my event, the city may elect to bill for said resources.                                   |

## PROMOTION (OPTIONAL):

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <b>Planned Method(s) of Promotion:</b>                 | <input type="checkbox"/> TV <input type="checkbox"/> Radio <input checked="" type="checkbox"/> Newspaper <input checked="" type="checkbox"/> Flyers<br><input type="checkbox"/> Posters <input type="checkbox"/> Mailers <input type="checkbox"/> Social Media <input type="checkbox"/> Other (see below)                                                                                                       |                                          |
| <b>Do you plan to promote beyond a 50-mile radius?</b> | <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes (see below) |
| <b>Lodging Tax Application:</b>                        | Events targeting attendees from beyond a 50-mile radius may be eligible for financial support—on a reimbursement basis—from Lodging Tax funds. A separate application must be submitted prior to your event; after-the-fact applications will not be accepted. We encourage you to explore this option: <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |                                          |

## CITY DEPARTMENT COMMENT PAGE:

|                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> The page for comment and signature from City departments will be circulated electronically on behalf of the event of organizer. However, the event organizer is strongly encouraged to reach out prior to submission to discuss plans in order to proactively address concerns and incorporate advice in the final proposal. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <p><i>I acknowledge this permit application must be completed, signed, and returned to Cle Elum City Hall along with all required supplemental materials no later than 30 days prior to my event. I understand that 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. I further understand that the City retains the right to deny, revoke or cancel this permit at any time due to changes in conditions and risk potential</i></p> <p><i>I certify under penalty of perjury that the information above is correct to my best knowledge.</i></p> |                        |
| <b>Applicant Signature:</b> Donna Costello                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Date:</b> 2/20/2020 |

This application will not be processed and will be deemed incomplete if all required components are not attached to application on the day of submission.

|                                                                              |                                                                    |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>RETURN TO:</b> Cle Elum City Hall<br>119 W First St<br>Cle Elum, WA 98922 | wprosek@cleelum.gov<br>Office (509) 674-2262<br>Fax (509) 674-4097 |
|------------------------------------------------------------------------------|--------------------------------------------------------------------|

3/2025



## HOLD HARMLESS AGREEMENT

This Agreement made this 20 day of February, 2020, between the City of  
Cle Elum, referred to as "CITY" herein, and Mouse About Foundation at,  
11809 North Atlantic St. Spokane Wa 99218 referred to as "USER" herein.  
Mailing Address City State Zip

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

### SECTION I

USER undertakes to indemnify and hold harmless CITY from any liability, loss or damage that the USER may suffer as a result of any claims, demands, costs, or judgments against the CITY arising out of the acts, omissions, 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. The 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 thirty (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 and indemnify CITY 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. The CITY, at its option, shall retain 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 in cases of fraud) against USER as to fact and amount of USER'S liability hereunder.

### SECTION VI

USER covenants 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, loss, or injury either to person or property, or both, whether known or unknown, developed or underdeveloped, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

Donna Costello  
"USER" Signature

Donna Costello  
Print Name

Board Member  
Title Secretary  
3/2025



N/A

## PARADE ENTRANT HOLD HARMLESS AGREEMENT

PARADE NAME: \_\_\_\_\_

I and those involved with my entry hereby release City of Cle Elum from any and all claims for damages on account of injury to either my person, property or livestock in conjunction with the above event. I hereby agree to abide by the rules and regulations of the Parade and to conduct myself accordingly.

I acknowledge that I am participating in a parade that requires that I have safe equipment, floats or livestock. I will not do anything that would pose a substantial risk to any participant or spectator at said event and take full responsibility for those in my entry. I also agree to indemnify, defend and hold harmless and release said City of Cle Elum therewith from any and all claims or responsibility, whatsoever, in case I should be injured while participating in said event including any injury whatsoever that I may cause to any spectator.

I agree that the City of Cle Elum are not liable in any way or manner for any injury to me or any injury I should cause or that should occur if I choose to distribute any type of material from the parade route.

I AGREE THAT I OR THOSE INVOLVED WITH MY ENTRY WILL NOT THROW ANY TYPE OF TREATS OR MATERIAL TO THE CROWD ALONG THE PARADE ROUTE.

I have read the release and hold harmless agreement and agree to its terms and have executed the same voluntarily.

Parade Entrant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parade Entrant Print Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

3/2025

**City of Cle Elum Fire Department**  
**SETUP REQUIREMENTS FOR SPECIAL EVENT PERMITS**  
**If event is held in the city limits of Cle Elum and has an occupancy count of over 100 persons**

- ☒ **Fire and Life Safety Plan ADD #001**
- ☐ **Cooking ADD #002**
- ☒ **Cooking during burn ban ADD #002 – \*Must contact Fire Dept directly for burn ban cooking requirements\***
- ☒ **Tents/Canopy under 400 sq ft**
- ☐ **Large Tent over 400 sq ft ADD #003**
- ☐ **Generator**
- ☐ **Carnival**

☐ **Only Acknowledgement of Requirements**

All setups and operations are subject to field inspection by an inspector.

- **COOKING:** Special Event Permit is required for any open flame or cooking on premises. (Including food trucks)
  - Event organizers shall be responsible for compliance with conditions listed in **ADDENDUM #002** by all cooking vendors.
  - Event organizer(s) shall be responsible for submitting to the Fire Department a list of all cooking vendors and the signed copies of **ADDENDUM #002** (Requirement for cooking), by each cooking vendor.
- **COOKING DURING A BURN BAN:** additional requirements including **ADDENDUM #002**
  - Portable barbeques may only use propane, pellets, or electricity as fuel.
  - Any other fuels would require additional authorization and permitting.
  - Must contact Fire Dept directly for burn ban cooking requirements
- **TENTS:** For larger tents please submit **ADDENDUM #003**
  - Tents and canopies shall have a State Fire Marshal Flame Resistance Rating, and weighted properly for safety for all weather events and hazards.
- **GENERATORS:**
  - Must be placed 10 feet from the building. **Also, must have a minimum 20BC Fire Extinguisher placed nearby.**
- **CARNIVAL AREA:** Provide an additional extinguisher throughout. (within 75' of travel)
  - All rides shall have a 2A-10BC fire extinguisher. NO rides may be within 20 feet of a building.

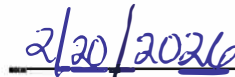


**GENERAL SETUP: All set ups will generally require ADDENDUM #001**

- Electrical wires or cables, and any gas/water piping on ground located in public areas must be matted, taped or flown.
- If a propane tank is used, a minimum of 10 feet clearance must be kept between a tank and appliance(s).
- Compressed gas cylinders shall always be secured and capped if not being used.
- Other permits may be required for electrical lines or gas lines outside of a building, contact the Building Department.
- Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.
- ALL exits and aisles must be maintained free and clear of any items.
- All venue occupant loads shall be maintained.
- All fire protection systems shall be visible and unobstructed.
- No motor vehicles shall be operated in the event area.
- Event signs, fire lanes signs and occupant load signs shall be displayed and visible before the event is opened to the public.
- ALL decorations, etc. shall be flame retardant.
- A 7-foot overhead clearance must be maintained in all public access areas.
- A 20-foot Fire Lane with a minimum 14-foot overhead clearance must be maintained unobstructed.
- All Booths shall be a minimum of 10 feet away from structures.
- Tables shall be arranged so that the seating edges of adjacent tables are not less than 54 inches apart.
- Rectangular tables arranged to accommodate seating on one side only shall have not less than 36 inches between adjacent table edges.
- Every chair shall be within 20 feet of an aisle.
- Loose Chair seating the space between rows of chairs shall be not less than 33 inches. The space between the back of each seat and front of the seat immediately behind will not be less than 12 inches. Seats shall be arranged so that there shall be not more than six intervening seats between any seat and the nearest aisle.
- AT THE END OF EVENT: At the closing of the event, event organizers shall maintain the perimeter and not allow motor vehicles into the event area until the public is cleared.



SIGNATURE/TITLE



DATE

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

3/2025



**ADDENDUM #002**  
**City of Cle Elum Fire Department**  
**COOKING AT SPECIAL EVENTS REQUIREMENTS**

DATES-FROM 8/14 TO: 8/16  
COOKING TYPE (FUEL): Black Stone Grill Propane

1. Food vendors or food trucks must be state certified or certified through the Cle Elum Fire Department.
2. The Kittitas County Health Department approval must be obtained for cooking on site.

**Requirements:**

NO cooking under unapproved canopies or in indoor structures. Must be permitted and have permanently affixed labeling of Flame propagation performance testing and certification. A 20-foot clearance must be maintained between the structure or booth. NFPA 701

Cooking devices using propane must have the propane bottle outside the booth and properly secured in an upright position. **Use of propane indoors is PROHIBITED.**

All fittings and hoses used with propane shall be approved for such use by an approved testing laboratory.

Propane shall be limited to the supply on site. **There shall be no remote storage area.**

Propane cylinder size is limited to a 5.76-gallon capacity.

Limit of one propane cylinder per appliance.

Refueling of propane cylinders on site or at other non-approved locations is prohibited.

Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

A minimum of three (3) feet clearance must be provided between the public and the cooking device by a barricade.

All cooking devices shall be secure, stable, and level and on a nonflammable surface. Cooking equipment using combustible oils or solids shall have a noncombustible lid immediately available. The lid shall be of sufficient size to cover the cooking well completely.

No Smoking within 25 feet of propane cylinder and No Smoking inside a tent or canopy.

Coals shall be fully extinguished and cold, then placed into a clean noncombustible container for disposal.

All propane connections shall be tested for leakage by performing the manufacturers recommended testing procedures.

Barbeques must be kept in a remote area where there is no public access. The barbeque device must be so isolated that any persons other than the operators may not approach nearer than five (5) feet of the device.

The location of the barbeque device should be in a non-enclosed area, and also be located at least Five (5) feet away from any combustible Material and shall have at least five (5) feet of clear working space completely around the device. There shall be a rigid restricting barrier.

Only adults should be allowed inside the barrier. Absolutely no children under twelve (12) years of age shall be within the barrier.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m3) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

One water type extinguisher of at least 2-1/2-gallon capacity shall be available inside the barrier.

Flammable liquids shall not be used to start charcoal.

At the termination of use, the embers and ashes shall be thoroughly soaked with water.

RECEIVED BY: *Donna Costello* DATE: *2/20/2020*

PLEASE SIGN TWO COPIES. ONE COPY SHALL REMAIN ON SITE AND THE OTHER FOR THE FIRE DEPARTMENT. After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

## **Mouse About Fire Safety Plan**

**321 South Cle Elum Way Cle Elum, WA, 98922**

**Point of Contact/Responsible for emergency plans**

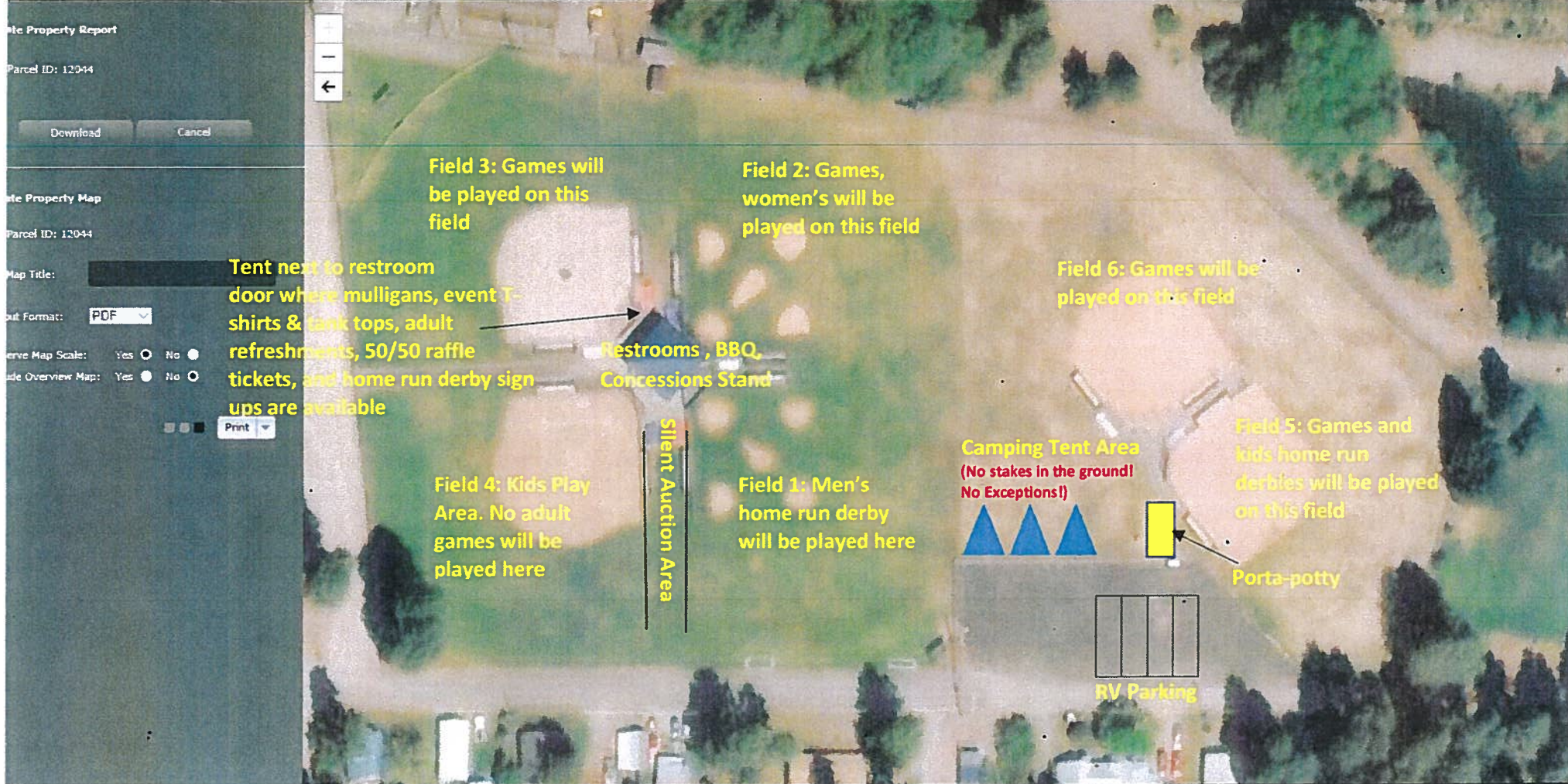
**Donna Costello 425-530-0693 –contact email [Costello.d@portseattle.org](mailto:Costello.d@portseattle.org)**

**Additional Contacts – Paul Costello 503.750.1753**

- **In the event of an emergency call 911** reporting all issues to KITTCOM they will page out appropriate resources.
- **Medical emergencies** call 911 stay online until the first responders arrive on scene. This will give incoming help updates on patient and scene.
- **Fire events** stay calm, remember your training and work through the safety plans.
- **Extinguishers On-Site:** will be located at vender locations
- **Floor Plan:** Ball fields with three available exits.
- **2 Entrances/Exits.** 1 main entrance/exit at front location. Another entrance/exit is on side of grant street toward the back. These should be unlocked during the event.
- **Fire Suppression Use of extinguisher please be trained on use and remember PASS**
- **The Evacuation Assembly Point (EAP)** Side parking lot on Grant Street. It is furthest away from structures and incoming units and is the most viewable point to responders/ firefighters. It is the furthest away from water supply and incoming fire vehicles. In the event of a fire please clear the entry gates and make room for entering engines.
- **Flammables on-site** are cooking oil. Stored and away from igniting sources. Alcohol is served and stored away from flammables.

**Fire Chief Mills Contact – 509-656-4062, [emills@cleelum.gov](mailto:emills@cleelum.gov)**







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Christopher John Arnberg - American Family - 110226<br>821 E Broadway<br>Moses Lake, WA 98837-5934 | <b>CONTACT NAME:</b> Chris Arnberg<br><b>PHONE (A/C, No, Ext):</b> 509-764-5144<br><b>E-MAIL ADDRESS:</b> carnberg@amfam.com<br><b>FAX (A/C, No):</b> 855-339-2562                                                                                                                                                                           |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|-----------------------------------|-------|-------------|--|-------------|--|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>MouseAbout Foundation<br>PO Box 391<br>Ronald, WA 98940                                             | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : LIO Insurance Company</td><td>40550</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : LIO Insurance Company | 40550 | INSURER B : |  | INSURER C : |  | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                                         | NAIC #                                                                                                                                                                                                                                                                                                                                       |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER A : LIO Insurance Company                                                                                     | 40550                                                                                                                                                                                                                                                                                                                                        |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER B :                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER C :                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER D :                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER E :                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |
| INSURER F :                                                                                                           |                                                                                                                                                                                                                                                                                                                                              |                               |        |                                   |       |             |  |             |  |             |  |             |  |             |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                               | ADDL INSD                         | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                         |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------|------------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X                                 |          | LIO1100131968-00 | 08/14/2026              | 08/16/2026              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) \$0<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$3,000,000<br>PRODUCTS - COMP/OP AGG \$3,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                               |                                   |          |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                                                                                            |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>                                                                                                                            |                                   |          |                  |                         |                         | EACH OCCURRENCE<br>AGGREGATE                                                                                                                                                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                   | Y / N<br><input type="checkbox"/> | N / A    |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT                                                                        |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

For Proof Of Insurance. Coverage is provided for sponsored, supervised activities of the named insured.  
City of Cle Elum is Additional Insured on this policy.  
Mouse About Co-Ed Softball Tournament at Memorial Park, August 15-16, 2026

**CERTIFICATE HOLDER****CANCELLATION**

|                                                        |                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Cle Elum<br>119 W 1st St<br>Cle Elum, WA 98922 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE  |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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Receipt: 20404 04/21/2026  
Acct #: 3528 COPY  
City Of Cle Elum  
119 W First Street  
Cle Elum, WA 98922  
5096742262

---

Mouseabout Foundation  
11809 N Atlantic  
Spokane, WA 99218

Treasurers Receipt  
Memo: EVT-2026-015 MouseAbout  
Softball Tournament Event -  
David Marquardt

|                    |              |
|--------------------|--------------|
| Event Fees/Permits | 75.00        |
| Non Taxed Amt:     | <u>75.00</u> |
| Total:             | 75.00        |
| CC: Xpress         | <u>75.00</u> |
| Ttl Tendered:      | 75.00        |
| Change:            | 0.00         |

Issued By: Whitney Prosek  
04/21/2026 13:11:28

**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

Approved pending the following. You marked you have included a security plan specific to alcohol, I did not see it. Pending banquet permit approval and submission to the city.

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

**Police Signature:** Rich Albo

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

Approved

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

**Public Works Signature:** Mathew Bailey

**CLE ELUM FIRE DEPARTMENT** (509) 674-1748

Approved will need to have cooking permit with event permit on site. Follow up with fire department.

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

**Fire Department Signature:** Edwin L Mills

**CITY COUNCIL REPRESENTATIVE** (509) 674-2473

Approved pending meetings requirements for alcohol service

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

**City Council Signature:** Leidy M

**CITY ADMINISTRATION** (509) 674-2262

**Staff Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_



|                         |                                                        |
|-------------------------|--------------------------------------------------------|
| Title                   | Department Heads - Event Review MouseAbout Softball... |
| File name               | MouseAbout_Event_2026.pdf and 1 other                  |
| Document ID             | 4456f902b81b3d6c11dd1bdd8369bfe6a380dab5               |
| Audit trail date format | MM / DD / YYYY                                         |
| Status                  | ● Signed                                               |

## Document History



**04 / 21 / 2026**  
13:19:24 UTC-7

Sent for signature to Rich Albo (ralbo@cleelum.gov), Mathew Bailey (mbailey@cleelum.gov), Ed Mills (emills@cleelum.gov) and City Council Representative (amalek@cleelum.gov) by integrations@hellosign.com acting on behalf of romans@cleelum.gov  
IP: 69.55.222.60



**04 / 21 / 2026**  
14:02:24 UTC-7

Viewed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 166.181.251.58



**04 / 21 / 2026**  
14:03:42 UTC-7

Signed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 166.181.251.58



**04 / 21 / 2026**  
14:53:59 UTC-7

Viewed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



**04 / 22 / 2026**  
06:35:56 UTC-7

Signed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



|                         |                                                        |
|-------------------------|--------------------------------------------------------|
| Title                   | Department Heads - Event Review MouseAbout Softball... |
| File name               | MouseAbout_Event_2026.pdf and 1 other                  |
| Document ID             | 4456f902b81b3d6c11dd1bdd8369bfe6a380dab5               |
| Audit trail date format | MM / DD / YYYY                                         |
| Status                  | ● Signed                                               |

## Document History



**04 / 28 / 2026**  
08:37:50 UTC-7

Viewed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162



**04 / 28 / 2026**  
08:44:12 UTC-7

Signed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162



**05 / 07 / 2026**  
11:28:32 UTC-7

Viewed by City Council Representative (amalek@cleelum.gov)  
IP: 204.14.101.54



**05 / 07 / 2026**  
11:31:13 UTC-7

Signed by City Council Representative (amalek@cleelum.gov)  
IP: 204.14.101.54



**05 / 07 / 2026**  
11:31:13 UTC-7

The document has been completed.

119 West First Street  
Cle Elum, WA 98922  
Telephone · (509) 674-2262  
Fax · (509) 674-4097  
www.cleelum.gov



Stamp & initial

## EVENT PERMIT APPLICATION

### APPLICATION DEADLINES:

*All applications must be received a minimum of 30 days prior to the date of the event.*

*The purpose of this permit is to help the event organizer, 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.*

| OFFICIAL USE ONLY |                                         |
|-------------------|-----------------------------------------|
| Event Name:       | 3 on 3 Basketball Tournament Fundraiser |
| Permit #:         | EVT- 2026-017-06-13                     |
| Fee Total:        | \$150.00                                |
| Related Permits:  |                                         |

### FEES<sup>1</sup>

- \$75 if application is submitted at least 60 days prior to event.
- \$150 if application is submitted 30 days prior to event.

### WHEN IS AN EVENT PERMIT REQUIRED?

Events planned to take place on public property must submit an event application. An event application is also required for events on private property if they have the potential to substantially impact the normal operations of the city. This includes, but is not limited to, effects on pedestrian traffic flow, parking availability, vehicle traffic flow, street access (such as the need for street closures), or any potential risk to public safety. Additionally, an event application and safety plan are required when cooking in public or when there is any other known potential safety risk to the public.

Substantial, in this context, refers to any impact that is significant enough to noticeably alter or disrupt the normal operations of the city in more than a temporary or minor way. This includes but is not limited to causing delays, congestion, or increased demand on city resources, services, or infrastructure, and necessitating additional planning, resources, or measures to maintain public safety and order. The duration of the event may also be a factor in determining whether the impact is substantial.

### 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  
Cle Elum Fire Department – Chief Ed Mills .....emills@cleelum.gov.....(509) 656-4062  
WSDOT – Traffic Control / Right of Way use ..... (509) 577-1788

<sup>1</sup> City entities, including—but not necessarily limited to—CEFD, CERPD and CE Public Works, as well the Cle Elum Downtown Association and the Carpenter Museum, are exempt from application fees.

|                                                                                                                 |                                                   |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| <b>Applicant ("Event Organizer")</b>                                                                            |                                                   |
| Name: UKC Basketball Club                                                                                       | Business License # 604340777                      |
| Title: 3 on 3 Basketball Tournament Fundraiser                                                                  |                                                   |
| Sponsoring Organization: UKC Basketball Club                                                                    |                                                   |
| Mailing Address: 3491 Airport Rd                                                                                |                                                   |
| Phone Number: 509-260-1240                                                                                      | Email: <del>ukc</del> ukcbasketballclub@gmail.com |
| Primary Contact Person <u>During Event</u> Same as Applicant <input type="checkbox"/>                           |                                                   |
| Name: JOHN HEIN                                                                                                 |                                                   |
| Title: Club President                                                                                           |                                                   |
| Local Address: 3491 Airport Rd                                                                                  |                                                   |
| Email: Johnhein1979@gmail.com                                                                                   |                                                   |
| Daytime Phone Number:                                                                                           | Mobile Phone: 509-260-1240                        |
| Secondary/Emergency Contact Person <u>During Event</u> (available to respond in the absence of Event Organizer) |                                                   |
| Name: Beau Nicholls                                                                                             |                                                   |
| Title: VP of Club                                                                                               |                                                   |
| Local Address: 3493 Airport Rd                                                                                  |                                                   |
| Daytime Phone Number:                                                                                           | Mobile Phone: 509-260-1243                        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REQUIRED – Applicant Checklist</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Event Permit Application received a minimum of 30 days prior to event, and the total fee paid to City Hall.                                                                                                                                                                                                                                                                                                                                                                                               |
| Signed and dated Hold Harmless Agreement <ul style="list-style-type: none"> <li>For parades: each parade entrant must sign and submit the Parade Entrant Hold Harmless Agreement to the event organizer. The event organizer is responsible for retaining these agreements.</li> </ul>                                                                                                                                                                                                                    |
| Certificate of Liability Insurance <ul style="list-style-type: none"> <li>"City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage</li> <li>As applicable, coverage for alcohol service must be specified</li> <li>As applicable, coverage for injury by animals must be specified</li> </ul>                                                                                                                                                      |
| Supplemental pages below with a complete and detailed description of the event, including a schedule and location of event(s). <ul style="list-style-type: none"> <li>If serving alcohol, WA Liquor and Cannabis Control Board Banquet Permit or other applicable alcohol service license measures taken to comply with State regulations must be addressed in detail: <a href="https://lcb.wa.gov/licensing/outdoor_alcohol_service">https://lcb.wa.gov/licensing/outdoor_alcohol_service</a></li> </ul> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Cle Elum Fire Department-approved Special Events Permit including Addendum #001 Fire and Life Safety Plan and additional Addendums as needed. Contact the Chief of CEFD for guidance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                |
| <b>Site Plan</b> including items such as the location of garbage receptacles, portable bathrooms, stage, seating, vendors, street closures, barricades, alcohol measures taken etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |
| As applicable, list of vendor names and contact details <ul style="list-style-type: none"> <li>• All vendors must have or obtain a business license endorsement for the City of Cle Elum: <a href="https://dor.wa.gov/open-business/apply-business-license">https://dor.wa.gov/open-business/apply-business-license</a></li> </ul>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| If requesting street closures, event organizer must notify all adjacent residents and/or businesses of the proposed closure a minimum of three (3) weeks before the regular Lodging Tax & Event Committee meeting at which the application will be reviewed. Notification must also inform recipients they have the opportunity to comment on the proposed closure by attending the meeting (either in-person or virtually) or via email: <a href="mailto:wprosek@cleelum.gov">wprosek@cleelum.gov</a> . Include a copy of the notification. <ul style="list-style-type: none"> <li>○ Road closures on First Street must contact WSDOT</li> </ul> |                                                                                                                                                                                                                                |
| <b>Other Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <i>After approval from the Lodging Tax and Event Committee, and any Special Events Permits issued with CEFD, this Event will be subject to a Fire Safety Check on <u>the day of the Event</u> by Cle Elum Fire Department.</i> |

## EVENT DESCRIPTION:

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                   |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
| <b>Event Name:</b>                                   | 3 on 3 Basketball Fundraiser                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |                                                   |
| <b>Event Type:</b>                                   | <input type="checkbox"/> Minor ( $\leq 50$ Attendees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Major ( $> 50$ Attendees) |                                                   |
| <b>Brief Description of Event:</b>                   | Annual 3on3 Tournament held in Drubru parking Lot 10AM-6pm. Estimated 85 teams and 600 people throughout the day                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                   |
| <b>Parade Map:</b>                                   | <input checked="" type="checkbox"/> My event does not include a parade.<br><input type="checkbox"/> I acknowledge the Cle Elum-Roslyn Police Department has a pre-approved parade map, which has been provided. Should I wish to suggest an alternate route, I confirm that I have attached a map of this route and included a detailed explanation for it the attached event description. I understand this route is subject to CERP D approval. I further understand that approval is not guaranteed and may be rescinded at any time. |                                                               |                                                   |
| <b>Event Start Date:</b>                             | 6/13/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Event End Date:</b>                                        | 6/13/26                                           |
| <b>Day(s) of the Week:</b>                           | <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input checked="" type="checkbox"/> SAT                                                                                                                                                                                                                                                                                                                    |                                                               |                                                   |
| <b>Event Start Time:</b>                             | 9 AM (Setup)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Event End Time:</b>                                        | 7 PM (Cleanup)                                    |
| <b>Date of Set Up:</b>                               | 6/12 (9 PM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Time of Set Up:</b>                                        | 9 PM                                              |
| <b>Date of Take Down:</b>                            | 6/13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Time of Take Down:</b>                                     | 6-7 PM                                            |
| <b>Facilities to be Used: (Check all that Apply)</b> | <input type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input checked="" type="checkbox"/> Private Property                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                   |
| <b>Location:</b>                                     | Drubru Cle Elum 1015 E 2 <sup>nd</sup> Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                   |
| <b>Expected Crowd Size:</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                   |
| <b>Participants:</b>                                 | 300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Spectators:</b>                                            | 300                                               |
| <b>Event Personnel &amp; Volunteers:</b>             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 11                                                            |                                                   |
| <b>Previous Occurrences:</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                               |                                                   |
| <b>Has the event occurred previously?</b>            | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>If yes, on which date(s)?</b>                              | 7/6/2025                                          |
| <b>Change(s) from previous year?</b>                 | <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               | <input type="checkbox"/> See Explanation Attached |
| <b>Will you charge an admission fee?</b>             | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>If yes, how much?</b>                                      | \$100 per team                                    |

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## STREET CLOSURES:

|                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                        |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------|
| <b>Will your event require any street closures?</b> | <input checked="" type="checkbox"/> <b>No</b><br>Skip to next section.                                                                                                                                                                                                                                                                                             |                    | <input type="checkbox"/> <b>Yes</b><br>Continue below. |
| <b>Street(s):</b>                                   |                                                                                                                                                                                                                                                                                                                                                                    | <b>Section(s):</b> |                                                        |
| <b>Proposed Method(s) of Closure:</b>               | <input type="checkbox"/> Both my attached site plan and event description include full details of the location(s) and methods of my proposed closures.                                                                                                                                                                                                             |                    |                                                        |
| <b>Neighborhood Notification:</b>                   | <input type="checkbox"/> I have attached an example of the written notice provided to the adjacent residents and/or business owners regarding the proposed street closures.                                                                                                                                                                                        |                    |                                                        |
| <b>Traffic Control:</b>                             | <input type="checkbox"/> I acknowledge that event organizers must contract with CEFD or another organization with Washington State Flagger or Traffic Control Supervisor certification for traffic control services.                                                                                                                                               |                    |                                                        |
| <b>Impact on SR 903:</b>                            | <input type="checkbox"/> I acknowledge that any impact to traffic on SR 903 (Second Street from Oakes Ave west toward Roslyn; Oakes Ave between First and Second Streets; First Street east from Oakes Ave), including but not limited to street closure and parking, must be discussed and approved by the Washington State Department of Transportation (WSDOT). |                    |                                                        |

## RIGHT OF WAY (SIDEWALK) USE:

|                                                                   |                                                                                                                                                                                                                                                                        |  |                                                        |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| <b>Will you require use of a city sidewalk during your event?</b> | <input checked="" type="checkbox"/> <b>No</b><br>Skip to next section.                                                                                                                                                                                                 |  | <input type="checkbox"/> <b>Yes</b><br>Continue below. |
| <b>Description of Proposed Use:</b>                               |                                                                                                                                                                                                                                                                        |  |                                                        |
| <b>Use Permit Required:</b>                                       | <input type="checkbox"/> I acknowledge that I separately must request and receive approval of a Sidewalk Use Permit, the application for which is available at <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |  |                                                        |

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## COOKING:

|                                        |                                                                                                                                       |                                                                   |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>Will there be on-site cooking?</b>  | <input checked="" type="checkbox"/> <b>No</b><br>Skip to next section.                                                                | <input type="checkbox"/> <b>Yes</b><br>Include Fire Addendum #002 |
| <b>Description of Planned Cooking:</b> |                                                                                                                                       | <b>Purpose:</b>                                                   |
| <b>Acceptable Fuels:</b>               | <input type="checkbox"/> I acknowledge that only propane, pellets or electrical fuels are acceptable during a burn ban.               |                                                                   |
| <b>CEFD Requirements:</b>              | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #002). |                                                                   |

## TENTS/ CANOPIES:

|                                     |                                                                                                                                                 |                                                                                |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Will tents be erected?</b>       | <input checked="" type="checkbox"/> <b>No</b><br>Skip to next section.                                                                          | <input type="checkbox"/> <b>Yes</b><br>Include Fire Addendum #003 as necessary |
| <b>Number of Tents Anticipated:</b> |                                                                                                                                                 |                                                                                |
| <b>CEFD Requirements:</b>           | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #003 if needed). |                                                                                |

## ALCOHOL SERVICE:

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                        |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>Will alcohol be served?</b> | <input checked="" type="checkbox"/> <b>No</b><br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <b>Yes</b><br>Continue below. |
| <b>Will alcohol be sold?</b>   | <input type="checkbox"/> <b>No</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> <b>Yes</b>                    |
| <b>Regulatory Compliance:</b>  | <input type="checkbox"/> I acknowledge alcohol service must comply with requirements described in WAC 314-03-200, including (but not necessarily limited to): <ul style="list-style-type: none"> <li>Barriers around service area of minimum 42 inches (3.5 feet) in height;</li> <li>Entry/exit points to service area may not exceed 10 feet in combined total;</li> <li>Controlled and monitored entry to service area and dedicated attendant, wait staff or server when patrons present;</li> <li>No open containers permitted to leave service area.</li> </ul> <input type="checkbox"/> I acknowledge that these requirements are subject to change based on legislative or agency action. Should there be any discrepancy between State regulation and this document, I understand that State regulation takes precedence. |                                                        |
| <b>Security Plan:</b>          | <input type="checkbox"/> I have included a detailed security plan specific to alcohol service in my event description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                        |
| <b>Banquet Permit:</b>         | <input type="checkbox"/> Approved <u>WA State Liquor and Cannabis Control Board Banquet Permit</u> attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                        |

## ENTERTAINMENT:

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 |                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Describe Planned Entertainment:</b>                       | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DJ and Event Announcer                                                                                                          |                                                 |
| <b>Sound system?</b>                                         | <input type="checkbox"/> Acoustic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 | <input checked="" type="checkbox"/> Amplified   |
| <b>Music/Sound Start Time:</b>                               | 10AM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Music/Sound End Time:</b>                                                                                                    | 6PM                                             |
| <b>Statutory Limitations:</b>                                | <input checked="" type="checkbox"/> I acknowledge I have read and understood <u>CEMC 5.24</u> and the limitations it imposes on certain types of entertainment.<br><input checked="" type="checkbox"/> I acknowledge I have read and understood <u>CEMC 8.05</u> and the limitations it imposes on noise. Generally, noise occurring between the hours of 10:00 PM to 7:00 AM and emanating more than 50 feet beyond the property line, or more than 100 feet from the property line at any other time of day, is prohibited unless granted an exception by the City. |                                                                                                                                 |                                                 |
| <b>Will you require an exception to the noise ordinance?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                 | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Request Submission:</b>                                   | <input type="checkbox"/> I acknowledge that, per CEMC 8.05, a formal request must be submitted to the City Administrator no later than 30 days prior to my event.                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                 |                                                 |
| <b>Will there be vendors?</b>                                | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> I understand that each vendor must have a valid business license endorsement for the City of Cle Elum. |                                                 |

## RISK AND LIABILITY MANAGEMENT:

|                                                   |                                                                                                                                                                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Liability Insurance:</b>                       | <input checked="" type="checkbox"/> I have attached a current, valid Certificate of Liability Insurance naming "City of Cle Elum", at 119 W First St., Cle Elum, WA 98922, "Additional Insured" to all coverages.                |
| <b>Additional Animal Liability Coverage:</b>      | <input type="checkbox"/> I have attached proof of specific additional coverage for animal liability.<br><input checked="" type="checkbox"/> My event does not involve animals.                                                   |
| <b>Additional Coverage for Alcohol Service:</b>   | <input type="checkbox"/> I have attached proof of specific additional coverage for alcohol service.<br><input checked="" type="checkbox"/> My event does not involve alcohol service.                                            |
| <b>Hold Harmless Agreement:</b>                   | <input checked="" type="checkbox"/> I have attached a complete, signed Hold Harmless Agreement.                                                                                                                                  |
| <b>Hold Harmless Agreement – Parade Entrants:</b> | <input type="checkbox"/> I understand that it is my responsibility to obtain and retain signed Hold Harmless Agreements from each parade entrant.<br><input checked="" type="checkbox"/> My event does not include a parade.     |
| <b>Traffic Control and Security</b>               | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to arrange for necessary traffic control and security; my attached site plan includes detailed information on these measures. |



## SANITATION:

|                                       |                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Portable Toilet Facilities:</b>    | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain portable toilet facilities for my event. These are identified in the attached site map and program description.<br><input checked="" type="checkbox"/> Required ratio: 1 toilet per 50 people per 4 hours. |
| <b>Trash Collection and Disposal:</b> | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain trash receptacles for my event. These are identified in the attached site map and program description.                                                                                                     |
| <b>Post-Event Cleanup:</b>            | <input checked="" type="checkbox"/> I understand that post-event cleanup is my or my organization's responsibility. I further understand that, should any city resources—including personnel time—be required to clean up after my event, the city may elect to bill for said resources.                                              |

## PROMOTION (OPTIONAL):

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Planned Method(s) of Promotion:</b>                 | <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input checked="" type="checkbox"/> Flyers<br><input checked="" type="checkbox"/> Posters <input type="checkbox"/> Mailers <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Other (see below)                                                                                            |                                                     |
| <b>Do you plan to promote beyond a 50-mile radius?</b> | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes (see below) |
| <b>Lodging Tax Application:</b>                        | Events targeting attendees from beyond a 50-mile radius may be eligible for financial support—on a reimbursement basis—from Lodging Tax funds. A separate application must be submitted prior to your event; after-the-fact applications will not be accepted. We encourage you to explore this option: <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |                                                     |

## CITY DEPARTMENT COMMENT PAGE:

|                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> The page for comment and signature from City departments will be circulated electronically on behalf of the event of organizer. However, the event organizer is strongly encouraged to reach out prior to submission to discuss plans in order to proactively address concerns and incorporate advice in the final proposal. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Authorization**

*I acknowledge this permit application must be completed, signed, and returned to Cle Elum City Hall along with all required supplemental materials no later than 30 days prior to my event. I understand that 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. I further understand that the City retains the right to deny, revoke or cancel this permit at any time due to changes in conditions and risk potential*

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

**Applicant Signature:****Date:** 4/30/26

This application will not be processed and will be deemed incomplete if all required components are not attached to application on the day of submission.

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

wprosek@cleelum.gov  
Office (509) 674-2262  
Fax (509) 674-4097



## HOLD HARMLESS AGREEMENT

This Agreement made this 30 day of April, 2026, between the City of  
Cle Elum, referred to as "CITY" herein, and UKC Basketball Club at,  
3491 Airport Rd, Cle Elum, WA, 98922 referred to as "USER" herein.  
Mailing Address City State Zip

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

### SECTION I

USER undertakes to indemnify and hold harmless CITY from any liability, loss or damage that the USER may suffer as a result of any claims, demands, costs, or judgments against the CITY arising out of the acts, omissions, 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. The 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 thirty (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 and indemnify CITY 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. The CITY, at its option, shall retain sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromise 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 in cases of fraud) against USER as to fact and amount of USER'S liability hereunder.

### SECTION VI

USER covenants 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 known or unknown, developed or underdeveloped, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

[Signature]  
USER'S Signature

JOHN HEIN  
Print Name

President  
Title

3/2025

**City of Cle Elum Fire Department**  
**SETUP REQUIREMENTS FOR SPECIAL EVENT PERMITS**  
If event is held in the city limits of Cle Elum and has an occupancy count of over 100 persons

☒ **Fire and Life Safety Plan ADD #001**

☐ **Cooking ADD #002**

☐ **Cooking during burn ban ADD #002 – \*Must contact Fire Dept directly for burn ban cooking requirements\***

☒ **Tents/Canopy under 400 sq ft**

☐ **Large Tent over 400 sq ft ADD #003**

☐ **Generator**

☐ **Carnival**

☐ **Only Acknowledgement of Requirements**

All setups and operations are subject to field inspection by an inspector.

- **COOKING:** Special Event Permit is required for any open flame or cooking on premises. (Including food trucks)
  - Event organizers shall be responsible for compliance with conditions listed in **ADDENDUM #002** by all cooking vendors.
  - Event organizer(s) shall be responsible for submitting to the Fire Department a list of all cooking vendors and the signed copies of **ADDENDUM #002** (Requirement for cooking), by each cooking vendor.
- **COOKING DURING A BURN BAN:** additional requirements including **ADDENDUM #002**
  - Portable barbeques may only use propane, pellets, or electricity as fuel.
  - Any other fuels would require additional authorization and permitting.
  - Must contact Fire Dept directly for burn ban cooking requirements
- **TENTS:** For larger tents please submit **ADDENDUM #003**
  - Tents and canopies shall have a State Fire Marshal Flame Resistance Rating, and weighted properly for safety for all weather events and hazards.
- **GENERATORS:**
  - Must be placed 10 feet from the building. Also, must have a minimum 20BC Fire Extinguisher placed nearby.
- **CARNIVAL AREA:** Provide an additional extinguisher throughout. (within 75' of travel)
  - All rides shall have a 2A-10BC fire extinguisher. NO rides may be within 20 feet of a building.

**GENERAL SETUP: All set ups will generally require ADDENDUM #001**

- Electrical wires or cables, and any gas/water piping on ground located in public areas must be matted, taped or flown.
- If a propane tank is used, a minimum of 10 feet clearance must be kept between a tank and appliance(s).
- Compressed gas cylinders shall always be secured and capped if not being used.
- Other permits may be required for electrical lines or gas lines outside of a building, contact the Building Department.
- Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.
- ALL exits and aisles must be maintained free and clear of any items.
- All venue occupant loads shall be maintained.
- All fire protection systems shall be visible and unobstructed.
- No motor vehicles shall be operated in the event area.
- Event signs, fire lanes signs and occupant load signs shall be displayed and visible before the event is opened to the public.
- ALL decorations, etc. shall be flame retardant.
- A 7-foot overhead clearance must be maintained in all public access areas.
- A 20-foot Fire Lane with a minimum 14-foot overhead clearance must be maintained unobstructed.
- All Booths shall be a minimum of 10 feet away from structures.
- Tables shall be arranged so that the seating edges of adjacent tables are not less than 54 inches apart.
- Rectangular tables arranged to accommodate seating on one side only shall have not less than 36 inches between adjacent table edges.
- Every chair shall be within 20 feet of an aisle.
- Loose Chair seating the space between rows of chairs shall be not less than 33 inches. The space between the back of each seat and front of the seat immediately behind will not be less than 12 inches. Seats shall be arranged so that there shall be not more than six intervening seats between any seat and the nearest aisle.
- AT THE END OF EVENT: At the closing of the event, event organizers shall maintain the perimeter and not allow motor vehicles into the event area until the public is cleared.

  
\_\_\_\_\_  
SIGNATURE/TITLE

  
\_\_\_\_\_  
DATE

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

ADDENDUM #001  
City of Cle Elum Fire Department  
**Fire & Life Safety Plan - 2026**  
**Triple Shot 3 on 3**

**Dru Bru, 1015 E 2nd St, Cle Elum, WA 98922**

**June 13, 2026**

**Point of Contact/Responsible for emergency plans:**

**YOUR NAME AND PHONE:** John Hein 1-509-260-1240

**BUSINESS/SPONSOR NAME:** Upper County Basketball Club

**EMAIL ADDRESS:** UKCbasketballclub@gmail.com

**Additional Emergency Contact:** Beau Nicholls 1-509-260-1243

- **In the event of an emergency call 911** report all issues to KITTCOM they will page out appropriate resources.
- **Medical emergencies** call 911 stay online until the first responders arrive on scene. This will give incoming help updates on patient and scene.
- **Fire events:** stay calm, work through the safety plans.
  
- **6 Fire Extinguishers:** LOCATIONS: will be mapped through building. One class k extinguisher at cooking area. 1 will be at event staging location: Dru Bru 1015 E 2nd St Cle Elum.
  
- **Other Fire equipment:** At Building Site
  - Hydrants or water source – LOCATIONS are at north back side of building and South side toward street. One across Floral Ave at 3<sup>rd</sup> Street.
  - Smoke Alarms – LOCATIONS throughout building at Dru Bru Alarm will sound with smoke or pull station.
  - Carbon Monoxide Alarm- LOCATION in Kitchen area.
  - Nitrogen/CO2 Alarm System - LOCATION in brewing area.
  - Building is Sprinklered FDC on
- **Site Plan:** Site plan included in this application route plan included in event application packet.
  
- **Entrances/Exits** 2 sets of Double doors to the west of building.
- **Fire Suppression System** Sprinkler heads activate on heat and will charge in the event of a fire. *Extinguishers with cooking grease fires. The pull station will activate alarm and dispatch fire: Extinguishers. Be familiar with **PASS** Pull, Aim Squeeze and Sweep.*
- **The Evacuation Assembly Point (EAP) 1:** *EAP is in front of the building toward 3<sup>rd</sup> and floral. It is furthest away from structures and is the most viewable point to responders/firefighters. This is furthest away from structures and is the most viewable point to responders/firefighters. People will be out of the way of incoming responders and fire hydrants if needed.*

**For help contact: Fire Chief Mills Contact – 509-656-4062, [emills@cleelum.gov](mailto:emills@cleelum.gov)**

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

5/2026



**ADDENDUM #002**  
**City of Cle Elum Fire Department**  
**COOKING AT SPECIAL EVENTS REQUIREMENTS**

DATES FROM \_\_\_\_\_ TO: \_\_\_\_\_

COOKING TYPE (FUEL): \_\_\_\_\_

1. Food vendors or food trucks must be state certified or certified through the Cle Elum Fire Department.
2. The Kittitas County Health Department approval must be obtained for cooking on site.

**Requirements:**

NO cooking under unapproved canopies or in indoor structures. Must be permitted and have permanently affixed labeling of Flame propagation performance testing and certification. A 20-foot clearance must be maintained between the structure or booth. NFPA 701

Cooking devices using propane must have the propane bottle outside the booth and properly secured in an upright position. **Use of propane indoors is PROHIBITED.**

All fittings and hoses used with propane shall be approved for such use by an approved testing laboratory.

Propane shall be limited to the supply on site. **There shall be no remote storage area.**

Propane cylinder size is limited to a 5.76-gallon capacity.

**Limit of one propane cylinder per appliance.**

Refueling of propane cylinders on site or at other non-approved locations is prohibited.

Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

A minimum of three (3) feet clearance must be provided between the public and the cooking device by a barricade.

All cooking devices shall be secure, stable, and level and on a nonflammable surface. Cooking equipment using combustible oils or solids shall have a noncombustible lid immediately available. The lid shall be of sufficient size to cover the cooking well completely.

No Smoking within 25 feet of propane cylinder and No Smoking inside a tent or canopy.

Coals shall be fully extinguished and cold, then placed into a clean noncombustible container for disposal.

All propane connections shall be tested for leakage by performing the manufacturers recommended testing procedures.

Barbeques must be kept in a remote area where there is no public access. The barbeque device must be so isolated that any persons other than the operators may not approach nearer than five (5) feet of the device.

The location of the barbeque device should be in a non-enclosed area, and also be located at least Five (5) feet away from any combustible Material and shall have at least five (5) feet of clear working space completely around the device. There shall be a rigid restricting barrier.

Only adults should be allowed inside the barrier. Absolutely no children under twelve (12) years of age shall be within the barrier.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

One water type extinguisher of at least 2-1/2-gallon capacity shall be available inside the barrier.

Flammable liquids shall not be used to start charcoal.

At the termination of use, the embers and ashes shall be thoroughly soaked with water.

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE SIGN TWO COPIES. ONE COPY SHALL REMAIN ON SITE AND THE OTHER FOR THE FIRE DEPARTMENT. After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.



**ADDENDUM #003**  
**City of Cle Elum Fire Department**  
**TENT AND CANOPY REQUIREMENTS**

N/A

**FOR FIRE DEPARTMENT USE AND APPROVAL**

\_\_\_\_\_ Provide three sets of layouts drawn to scale showing all equipment and items inside the tent

\_\_\_\_\_ Show distance from tent to any structures or property lines on layout.  
10' away if under 1,500 sq. ft.  
30' away if between 1,501 and 15,000 sq. ft.  
50' away if over 15,000 sq. ft.

\_\_\_\_\_ **FOR TENTS OVER 1,500 SQ. FEET:** An unobstructed passageway  
Not less than six feet in width and free from guy wires or other  
Obstructions shall be maintained on all sides of tents.

\_\_\_\_\_ **EXITING**-Exit width, number of exits, aisles, cables matted or flown  
Above ground. Show location of equipment or tent lines in relation to  
Exits

\_\_\_\_\_ No parking within 50 ft. of tent(s) (most restrictive)

\_\_\_\_\_ It is understood that support vehicles (catering trucks, etc.) must be.  
At least 20' away from tent.

\_\_\_\_\_ **"NO SMOKING"** signs will be installed in tent in a conspicuous place  
(NO ASH TRAYS)

\_\_\_\_\_ \* No. of "No Smoking" signs required

\_\_\_\_\_ Fire Extinguishers will be provided in all tents and mounted in a  
Conspicuous place.

\_\_\_\_\_ \* No. of extinguishers required

\_\_\_\_\_ **NO OPEN FLAME WITHIN THE TENT**- Sterno for warming food is allowed with chafing dishes ONLY.

\_\_\_\_\_ Heaters must be approved type and located 10' away from exits. Propane tanks for heaters will be located  
outside the tent at least 10' away and secured to tent stakes.

\_\_\_\_\_ Membrane structures or tents shall have a permanently affixed label bearing the following information:

1. The identification of size and fabric or material.
2. The names and addresses of the manufacturers of the tent or air-supported structure.
3. A statement that the fabric or material meets the requirements of Section 3104.2.
4. If treated, the date the fabric or material was last treated with flame-retardant solution, the trade name or kind of chemical used in treatment, name of person or firm treating the fabric or material, and name of testing agency and test standard by which the fabric or material was tested.
5. If untreated, a statement that no treatment was applied when the fabric or material met the requirements of Section 3104.2

\_\_\_\_\_ Occupant Loads: Check on that applies.

over 49- Illuminated exit signs.

300 or more - emergency egress lighting and battery exit signs.

1,000 or more - 1 1/2" hose line provided for firefighting.

**SAFETY OFFICER(s)** required if -

\_\_\_\_\_ No. of Fire Safety Officers required for this event?

(At \$55 per hour, 4 hours minimum per Fire Safety Officer)

**CATERER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**TENT COMPANY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_ Notify Inspector Rob Ormans of the Department of Building and Safety

Of the location, phone number, and dates

\_\_\_\_\_ A set of approved plans shall be on site and made accessible to the Fire marshal.

**THE ABOVE IS CORRECT AND TRUE TO FORM:** \_\_\_\_\_

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

(Signature)

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

3/2025

ACORD

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/28/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                                  |  |                                                                                                                                                                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Gerald M. Lael<br>Lael Insurance and Financial Services<br>2301 W. Dolarway Rd Ste 5<br>Ellensburg, Wa. 98926 |  | <b>CONTACT NAME:</b> Jerry Lael<br><b>PHONE (A/C, No. Ext):</b> 509-962-8800<br><b>FAX (A/C, No):</b> 509-962-8801<br><b>E-MAIL ADDRESS:</b> glael@farmersagent.com                                                                    |  |
| <b>INSURED</b><br>UKC Basketball Club<br>104 N Montgomery Ave<br>Cle Elum, WA. 98922                                             |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Mount Vernon Fire Insurance Company<br><b>INSURER B:</b> United States Liability Company<br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|                                                                                                                                  |  | <b>NAIC #</b><br>26522<br>25895                                                                                                                                                                                                        |  |

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. \*LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

| INSR LTR | TYPE OF INSURANCE                                                                                                                               | ADDL SUBR (INSR) (WVD)                        | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                               |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------|-------------------------|-------------------------|------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                                | Y                                             | NPP2573531F   | 01/09/2026              | 01/09/2027              | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                                                  |                                               |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          |                                                                                                                                                 |                                               |               |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          |                                                                                                                                                 |                                               |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                               |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          | OTHER:                                                                                                                                          |                                               |               |                         |                         | PRODUCTS - COMP/PROP AGG \$ 2,000,000                |
|          | AUTOMOBILE LIABILITY                                                                                                                            |                                               |               |                         |                         |                                                      |
|          | <input type="checkbox"/> ANY AUTO                                                                                                               |                                               |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$               |
|          | <input type="checkbox"/> OWNED AUTOS ONLY                                                                                                       | <input type="checkbox"/> SCHEDULED AUTOS      |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                                                                       | <input type="checkbox"/> NON-OWNED AUTOS ONLY |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          |                                                                                                                                                 |                                               |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                    |
|          |                                                                                                                                                 |                                               |               |                         |                         | \$                                                   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB                                                                                               | Y                                             | CUP1584054    | 01/09/2026              | 01/09/2027              | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input checked="" type="checkbox"/> EXCESS LIAB                                                                                                 |                                               |               |                         |                         | AGGREGATE \$ 1,000,000                               |
|          | DED RETENTION \$                                                                                                                                |                                               |               |                         |                         | \$                                                   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                                                   | N/A                                           |               |                         |                         | PER STATUTE OTH-ER                                   |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                                                     |                                               |               |                         |                         | E.L. EACH ACCIDENT \$                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                          |                                               |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |                                                                                                                                                 |                                               |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder as additional insured

## CERTIFICATE HOLDER

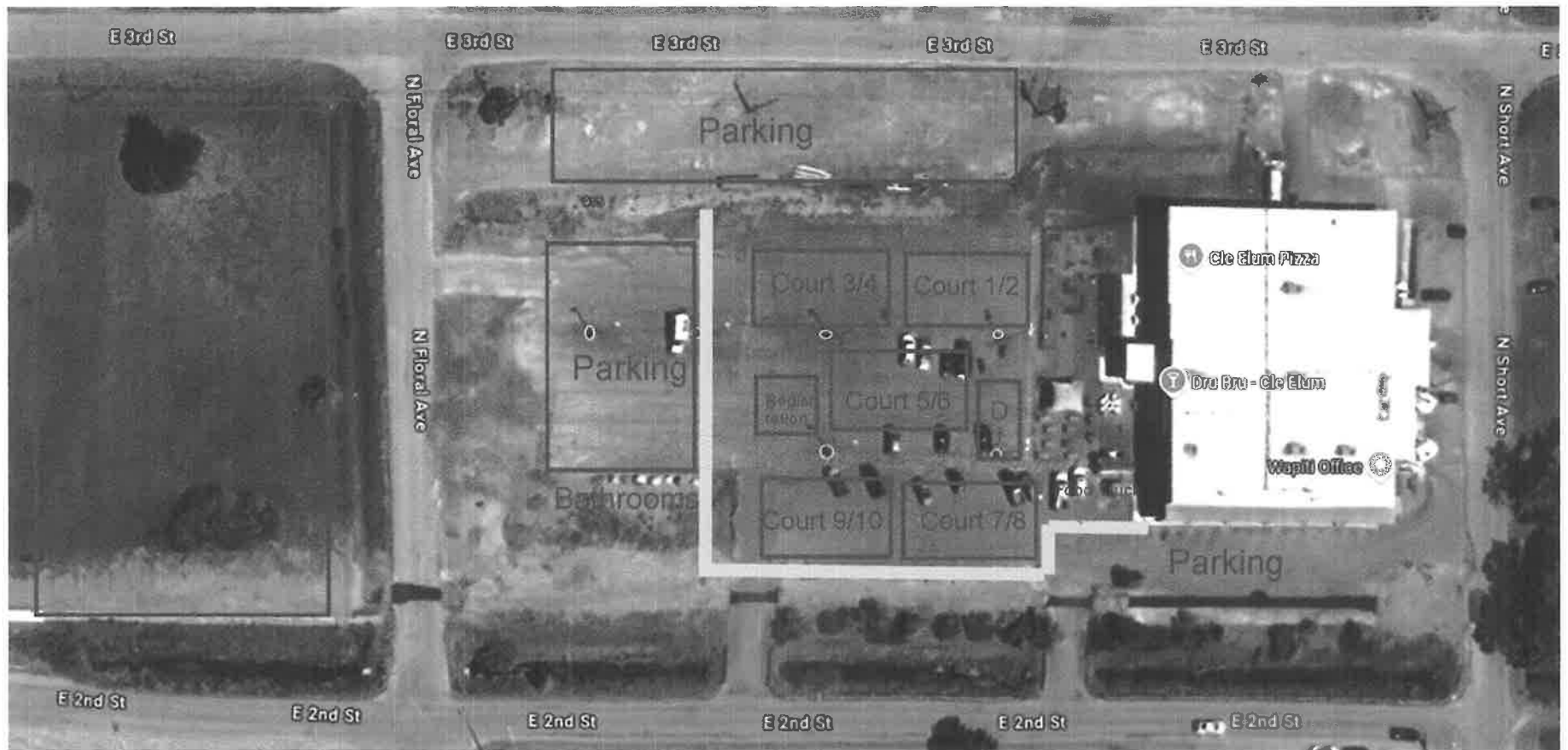
## CANCELLATION

|                                                         |                                                                                                                                                                |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City Of Cle Elum<br>119 W 1st St<br>Cle Elum, WA. 98922 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                         | AUTHORIZED REPRESENTATIVE<br>                                              |

ACORD 25 (2025/12)

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Light Blue Lines are where we need fencing and barriers

→ are the six garbage locations



Light Blue Lines are where we need fencing and barriers



**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

Approved

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

**Police Signature:** Rich Albo

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

Written approval from adjacent property owner required prior to event .

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

**Public Works Signature:** Mathew Bailey

**CLE ELUM FIRE DEPARTMENT** (509) 674-1748

Approved

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

**Fire Department Signature:** Edwin L Mills

**CITY COUNCIL REPRESENTATIVE** (509) 674-2473

Approved

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

**City Council Signature:** Leidy M

**CITY ADMINISTRATION** (509) 674-2262

**Staff Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                         |                                                            |
|-------------------------|------------------------------------------------------------|
| Title                   | Department Heads - Event Review - 3 on 3 UKC Basketball... |
| File name               | 3_On_3_UKC_...D-PC-02.pdf and 1 other                      |
| Document ID             | c4d8c47c4a1805819a376ee4c4e58b85bd8c3dec                   |
| Audit trail date format | MM / DD / YYYY                                             |
| Status                  | ● Signed                                                   |

## Document History



**05 / 05 / 2026**  
15:10:43 UTC-7

Sent for signature to Rich Albo (ralbo@cleelum.gov), Mathew Bailey (mbailey@cleelum.gov), Ed Mills (emills@cleelum.gov) and City Council Representative (amalek@cleelum.gov) by integrations@hellosign.com acting on behalf of romans@cleelum.gov  
IP: 69.55.222.60



**05 / 05 / 2026**  
15:16:15 UTC-7

Viewed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 166.181.249.43



**05 / 05 / 2026**  
15:24:42 UTC-7

Signed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 166.181.249.43



**05 / 06 / 2026**  
05:44:33 UTC-7

Viewed by Ed Mills (emills@cleelum.gov)  
IP: 166.205.132.14



**05 / 06 / 2026**  
05:45:37 UTC-7

Signed by Ed Mills (emills@cleelum.gov)  
IP: 166.205.132.14

|                         |                                                            |
|-------------------------|------------------------------------------------------------|
| Title                   | Department Heads - Event Review - 3 on 3 UKC Basketball... |
| File name               | 3_On_3_UKC_...D-PC-02.pdf and 1 other                      |
| Document ID             | c4d8c47c4a1805819a376ee4c4e58b85bd8c3dec                   |
| Audit trail date format | MM / DD / YYYY                                             |
| Status                  | ● Signed                                                   |

## Document History



**05 / 06 / 2026**  
06:33:59 UTC-7

Viewed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



**05 / 06 / 2026**  
06:34:43 UTC-7

Signed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



**05 / 07 / 2026**  
11:27:38 UTC-7

Viewed by City Council Representative (amalek@cleelum.gov)  
IP: 204.14.101.54



**05 / 07 / 2026**  
11:28:23 UTC-7

Signed by City Council Representative (amalek@cleelum.gov)  
IP: 204.14.101.54



**05 / 07 / 2026**  
11:28:23 UTC-7

The document has been completed.

119 West First Street  
 Cle Elum, WA 98922  
 Telephone · (509) 674-2262  
 Fax · (509) 674-4097  
 www.cleelum.gov



Stamp & initial

## EVENT PERMIT APPLICATION

### APPLICATION DEADLINES:

*All applications must be received a minimum of 30 days prior to the date of the event.*

*The purpose of this permit is to help the event organizer, 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.*

| OFFICAL USE ONLY |                       |
|------------------|-----------------------|
| Event Name:      | Breakthrough T10 Ride |
| Permit #:        | EVT- 2026-016-08-29   |
| Fee Total:       | 75.00                 |
| Related Permits: |                       |

#### FEES<sup>1</sup>

- \$75 if application is submitted at least 60 days prior to event.
- \$150 if application is submitted 30 days prior to event.

### WHEN IS AN EVENT PERMIT REQUIRED?

Events planned to take place on public property must submit an event application. An event application is also required for events on private property if they have the potential to substantially impact the normal operations of the city. This includes, but is not limited to, effects on pedestrian traffic flow, parking availability, vehicle traffic flow, street access (such as the need for street closures), or any potential risk to public safety. Additionally, an event application and safety plan are required when cooking in public or when there is any other known potential safety risk to the public.

Substantial, in this context, refers to any impact that is significant enough to noticeably alter or disrupt the normal operations of the city in more than a temporary or minor way. This includes but is not limited to causing delays, congestion, or increased demand on city resources, services, or infrastructure, and necessitating additional planning, resources, or measures to maintain public safety and order. The duration of the event may also be a factor in determining whether the impact is substantial.

### 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

Cle Elum Fire Department – Chief Ed Mills .....emills@cleelum.gov.....(509) 656-4062

WSDOT – Traffic Control / Right of Way use ..... (509) 577-1788

<sup>1</sup> City entities, including—but not necessarily limited to—CEFD, CERPD and CE Public Works, as well the Cle Elum Downtown Association and the Carpenter Museum, are exempt from application fees.



|                                                                                                                        |                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Applicant ("Event Organizer")</b>                                                                                   |                                   |
| Name: Anthony Geraci                                                                                                   | Business License #                |
| Title: National Director, Ride and Endurance                                                                           |                                   |
| Sponsoring Organization: Breakthrough T1D                                                                              |                                   |
| Mailing Address: 200 Vesey Street, 28th Floor, New York, NY 10281                                                      |                                   |
| Phone Number: 773-415-6537                                                                                             | Email: ageraci@breakthrough1d.org |
| <b>Primary Contact Person <u>During Event</u></b> Same as Applicant <input type="checkbox"/>                           |                                   |
| Name: Chuck Hodge                                                                                                      |                                   |
| Title: Technical Director                                                                                              |                                   |
| Local Address:                                                                                                         |                                   |
| Email: chuckhodge@mac.com                                                                                              |                                   |
| Daytime Phone Number:                                                                                                  | Mobile Phone: 864-414-9290        |
| <b>Secondary/Emergency Contact Person <u>During Event</u></b> (available to respond in the absence of Event Organizer) |                                   |
| Name: Anthony Geraci - as above                                                                                        |                                   |
| Title:                                                                                                                 |                                   |
| Local Address:                                                                                                         |                                   |
| Daytime Phone Number:                                                                                                  | Mobile Phone:                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REQUIRED – Applicant Checklist</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Event Permit Application received a minimum of 30 days prior to event, and the total fee paid to City Hall.                                                                                                                                                                                                                                                                                                                                                                                               |
| Signed and dated Hold Harmless Agreement <ul style="list-style-type: none"> <li>For parades: each parade entrant must sign and submit the Parade Entrant Hold Harmless Agreement to the event organizer. The event organizer is responsible for retaining these agreements.</li> </ul>                                                                                                                                                                                                                    |
| Certificate of Liability Insurance <ul style="list-style-type: none"> <li>"City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage</li> <li>As applicable, coverage for alcohol service must be specified</li> <li>As applicable, coverage for injury by animals must be specified</li> </ul>                                                                                                                                                      |
| Supplemental pages below with a complete and detailed description of the event, including a schedule and location of event(s). <ul style="list-style-type: none"> <li>If serving alcohol, WA Liquor and Cannabis Control Board Banquet Permit or other applicable alcohol service license measures taken to comply with State regulations must be addressed in detail: <a href="https://lcb.wa.gov/licensing/outdoor_alcohol_service">https://lcb.wa.gov/licensing/outdoor_alcohol_service</a></li> </ul> |

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Cle Elum Fire Department-approved Special Events Permit including Addendum #001 Fire and Life Safety Plan and additional Addendums as needed. Contact the Chief of CEFD for guidance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                |
| <b>Site Plan</b> including items such as the location of garbage receptacles, portable bathrooms, stage, seating, vendors, street closures, barricades, alcohol measures taken etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |
| As applicable, list of vendor names and contact details <ul style="list-style-type: none"> <li>All vendors must have or obtain a business license endorsement for the City of Cle Elum: <a href="https://dor.wa.gov/open-business/apply-business-license">https://dor.wa.gov/open-business/apply-business-license</a></li> </ul>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| If requesting street closures, event organizer must notify all adjacent residents and/or businesses of the proposed closure a minimum of three (3) weeks before the regular Lodging Tax & Event Committee meeting at which the application will be reviewed. Notification must also inform recipients they have the opportunity to comment on the proposed closure by attending the meeting (either in-person or virtually) or via email: <a href="mailto:wprosek@cleelum.gov">wprosek@cleelum.gov</a> . Include a copy of the notification. <ul style="list-style-type: none"> <li>Road closures on First Street must contact WSDOT</li> </ul> |                                                                                                                                                                                                                                |
| <b>Other Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>After approval from the Lodging Tax and Event Committee, and any Special Events Permits issued with CEFD, this Event will be subject to a Fire Safety Check on <u>the day of the Event</u> by Cle Elum Fire Department.</i> |

## EVENT DESCRIPTION:

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                               |                                                   |  |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|---------------------------------------------------|--|
| <b>Event Name:</b>                                   | Breakthrough T1D Ride                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                               |                                                   |  |
| <b>Event Type:</b>                                   | <input type="checkbox"/> Minor ( $\leq 50$ Attendees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <input checked="" type="checkbox"/> Major ( $> 50$ Attendees) |                                                   |  |
| <b>Brief Description of Event:</b>                   | Fundraising bicycle ride for Breakthrough T1D. Starting at Suncadia                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                               |                                                   |  |
|                                                      | Resort. See attached narrative for more information.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                               |                                                   |  |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                               |                                                   |  |
| <b>Parade Map:</b>                                   | <input checked="" type="checkbox"/> My event does not include a parade.<br><input type="checkbox"/> I acknowledge the Cle Elum-Roslyn Police Department has a pre-approved parade map, which has been provided. Should I wish to suggest an alternate route, I confirm that I have attached a map of this route and included a detailed explanation for it the attached event description. I understand this route is subject to CERPD approval. I further understand that approval is not guaranteed and may be rescinded at any time. |  |                                                               |                                                   |  |
| <b>Event Start Date:</b>                             | August 29, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Event End Date:</b>                                        | August 29, 2026                                   |  |
| <b>Day(s) of the Week:</b>                           | <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input checked="" type="checkbox"/> SAT                                                                                                                                                                                                                                                                                                                   |  |                                                               |                                                   |  |
| <b>Event Start Time:</b>                             | 7:00 am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Event End Time:</b>                                        | 5:00 pm                                           |  |
| <b>Date of Set Up:</b>                               | August 29, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Time of Set Up:</b>                                        | 7:00 am                                           |  |
| <b>Date of Take Down:</b>                            | August 29, 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Time of Take Down:</b>                                     | 5:00 pm                                           |  |
| <b>Facilities to be Used: (Check all that Apply)</b> | <input checked="" type="checkbox"/> Park <input checked="" type="checkbox"/> Street <input checked="" type="checkbox"/> Sidewalk <input type="checkbox"/> Private Property                                                                                                                                                                                                                                                                                                                                                              |  |                                                               |                                                   |  |
| <b>Location:</b>                                     | See attached log and map for proposed route                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                               |                                                   |  |
| <b>Expected Crowd Size:</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                               |                                                   |  |
| <b>Participants:</b>                                 | 200-300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>Spectators:</b>                                            | 0                                                 |  |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Event Personnel &amp; Volunteers:</b>                      | 15                                                |  |
| <b>Previous Occurrences:</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                               |                                                   |  |
| <b>Has the event occurred previously?</b>            | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>If yes, on which date(s)?</b>                              |                                                   |  |
| <b>Change(s) from previous year?</b>                 | <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                               | <input type="checkbox"/> See Explanation Attached |  |
| <b>Will you charge an admission fee?</b>             | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>If yes, how much?</b>                                      | Donations                                         |  |

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## STREET CLOSURES:

|                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                                                 |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Will your event require any street closures?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Street(s):</b>                                   |                                                                                                                                                                                                                                                                                                                                                                    | <b>Section(s):</b>                              |
| <b>Proposed Method(s) of Closure:</b>               | <input type="checkbox"/> Both my attached site plan and event description include full details of the location(s) and methods of my proposed closures.                                                                                                                                                                                                             |                                                 |
| <b>Neighborhood Notification:</b>                   | <input type="checkbox"/> I have attached an example of the written notice provided to the adjacent residents and/or business owners regarding the proposed street closures.                                                                                                                                                                                        |                                                 |
| <b>Traffic Control:</b>                             | <input type="checkbox"/> I acknowledge that event organizers must contract with CEFD or another organization with Washington State Flagger or Traffic Control Supervisor certification for traffic control services.                                                                                                                                               |                                                 |
| <b>Impact on SR 903:</b>                            | <input type="checkbox"/> I acknowledge that any impact to traffic on SR 903 (Second Street from Oakes Ave west toward Roslyn; Oakes Ave between First and Second Streets; First Street east from Oakes Ave), including but not limited to street closure and parking, must be discussed and approved by the Washington State Department of Transportation (WSDOT). |                                                 |

## RIGHT OF WAY (SIDEWALK) USE:

|                                                                   |                                                                                                                                                                                                                                                                        |                                                            |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Will you require use of a city sidewalk during your event?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Yes<br>Continue below. |
| <b>Description of Proposed Use:</b>                               |                                                                                                                                                                                                                                                                        |                                                            |
| <b>Use Permit Required:</b>                                       | <input type="checkbox"/> I acknowledge that I separately must request and receive approval of a Sidewalk Use Permit, the application for which is available at <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |                                                            |

## COOKING:

|                                        |                                                                                                                                       |                                                            |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Will there be on-site cooking?</b>  | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                       | <input type="checkbox"/> Yes<br>Include Fire Addendum #002 |
| <b>Description of Planned Cooking:</b> |                                                                                                                                       | <b>Purpose:</b>                                            |
| <b>Acceptable Fuels:</b>               | <input type="checkbox"/> I acknowledge that only propane, pellets or electrical fuels are acceptable during a burn ban.               |                                                            |
| <b>CEFD Requirements:</b>              | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #002). |                                                            |

## TENTS/ CANOPIES:

|                                     |                                                                                                                                                            |                                                                                    |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Will tents be erected?</b>       | <input type="checkbox"/> No<br>Skip to next section.                                                                                                       | <input checked="" type="checkbox"/> Yes<br>Include Fire Addendum #003 as necessary |
| <b>Number of Tents Anticipated:</b> | Three 10x10 tents at aid station.                                                                                                                          |                                                                                    |
| <b>CEFD Requirements:</b>           | <input checked="" type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #003 if needed). |                                                                                    |

## ALCOHOL SERVICE:

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Will alcohol be served?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Will alcohol be sold?</b>   | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes                    |
| <b>Regulatory Compliance:</b>  | <input type="checkbox"/> I acknowledge alcohol service must comply with requirements described in WAC 314-03-200, including (but not necessarily limited to): <ul style="list-style-type: none"> <li>o Barriers around service area of minimum 42 inches (3.5 feet) in height;</li> <li>o Entry/exit points to service area may not exceed 10 feet in combined total;</li> <li>o Controlled and monitored entry to service area and dedicated attendant, wait staff or server when patrons present;</li> <li>o No open containers permitted to leave service area.</li> </ul> <input type="checkbox"/> I acknowledge that these requirements are subject to change based on legislative or agency action. Should there be any discrepancy between State regulation and this document, I understand that State regulation takes precedence. |                                                 |
| <b>Security Plan:</b>          | <input type="checkbox"/> I have included a detailed security plan specific to alcohol service in my event description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |
| <b>Banquet Permit:</b>         | <input type="checkbox"/> Approved <u>WA State Liquor and Cannabis Control Board Banquet Permit</u> attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |

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## ENTERTAINMENT:

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |                                                 |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Describe Planned Entertainment:</b>                       | <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 |                                                 |
| <b>Sound system?</b>                                         | <input type="checkbox"/> Acoustic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 | <input type="checkbox"/> Amplified              |
| <b>Music/Sound Start Time:</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Music/Sound End Time:</b>                                                                                                    |                                                 |
| <b>Statutory Limitations:</b>                                | <input type="checkbox"/> I acknowledge I have read and understood <a href="#">CEMC 5.24</a> and the limitations it imposes on certain types of entertainment.<br><input type="checkbox"/> I acknowledge I have read and understood <a href="#">CEMC 8.05</a> and the limitations it imposes on noise. Generally, noise occurring between the hours of 10:00 PM to 7:00 AM and emanating more than 50 feet beyond the property line, or more than 100 feet from the property line at any other time of day, is prohibited unless granted an exception by the City. |                                                                                                                                 |                                                 |
| <b>Will you require an exception to the noise ordinance?</b> | <input type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                 | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Request Submission:</b>                                   | <input type="checkbox"/> I acknowledge that, per CEMC 8.05, a formal request must be submitted to the City Administrator no later than 30 days prior to my event.                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |                                                 |
| <b>Will there be vendors?</b>                                | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> I understand that each vender must have a valid business license endorsement for the City of Cle Elum. |                                                 |

## RISK AND LIABILITY MANAGEMENT:

|                                                   |                                                                                                                                                                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Liability Insurance:</b>                       | <input checked="" type="checkbox"/> I have attached a current, valid Certificate of Liability Insurance naming "City of Cle Elum", at 119 W First St., Cle Elum, WA 98922, "Additional Insured" to all coverages.                |
| <b>Additional Animal Liability Coverage:</b>      | <input type="checkbox"/> I have attached proof of specific additional coverage for animal liability.<br><input checked="" type="checkbox"/> My event does not involve animals.                                                   |
| <b>Additional Coverage for Alcohol Service:</b>   | <input type="checkbox"/> I have attached proof of specific additional coverage for alcohol service.<br><input checked="" type="checkbox"/> My event does not involve alcohol service.                                            |
| <b>Hold Harmless Agreement:</b>                   | <input checked="" type="checkbox"/> I have attached a complete, signed Hold Harmless Agreement.                                                                                                                                  |
| <b>Hold Harmless Agreement – Parade Entrants:</b> | <input type="checkbox"/> I understand that it is my responsibility to obtain and retain signed Hold Harmless Agreements from each parade entrant.<br><input checked="" type="checkbox"/> My event does not include a parade.     |
| <b>Traffic Control and Security</b>               | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to arrange for necessary traffic control and security; my attached site plan includes detailed information on these measures. |

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## SANITATION:

|                                       |                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Portable Toilet Facilities:</b>    | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain portable toilet facilities for my event. These are identified in the attached site map and program description.<br><input checked="" type="checkbox"/> Required ratio: 1 toilet per 50 people per 4 hours. |
| <b>Trash Collection and Disposal:</b> | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain trash receptacles for my event. These are identified in the attached site map and program description.                                                                                                     |
| <b>Post-Event Cleanup:</b>            | <input checked="" type="checkbox"/> I understand that post-event cleanup is my or my organization's responsibility. I further understand that, should any city resources—including personnel time—be required to clean up after my event, the city may elect to bill for said resources.                                              |

## PROMOTION (OPTIONAL):

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Planned Method(s) of Promotion:</b>                 | <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyers<br><input type="checkbox"/> Posters <input type="checkbox"/> Mailers <input type="checkbox"/> Social Media <input checked="" type="checkbox"/> Other (see below)                                                                                                                  |                                                     |
| <b>Do you plan to promote beyond a 50-mile radius?</b> | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes (see below) |
| <b>Lodging Tax Application:</b>                        | Events targeting attendees from beyond a 50-mile radius may be eligible for financial support—on a reimbursement basis—from Lodging Tax funds. A separate application must be submitted prior to your event; after-the-fact applications will not be accepted. We encourage you to explore this option: <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |                                                     |

## CITY DEPARTMENT COMMENT PAGE:

|                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> The page for comment and signature from City departments will be circulated electronically on behalf of the event of organizer. However, the event organizer is strongly encouraged to reach out prior to submission to discuss plans in order to proactively address concerns and incorporate advice in the final proposal. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



**Authorization**

*I acknowledge this permit application must be completed, signed, and returned to Cle Elum City Hall along with all required supplemental materials no later than 30 days prior to my event. I understand that 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. I further understand that the City retains the right to deny, revoke or cancel this permit at any time due to changes in conditions and risk potential*

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

**Applicant Signature:** *Anthony Geraci*

**Date:** 4.22.26

This application will not be processed and will be deemed incomplete if all required components are not attached to application on the day of submission.

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

wprosek@cleelum.gov  
Office (509) 674-2262  
Fax (509) 674-4097

3/2025



## HOLD HARMLESS AGREEMENT

This Agreement made this 22 day of April, 2026, between the City of  
Cie Elum, referred to as "CITY" herein, and Anthony Geraci at,  
200 Vesey St, 28<sup>th</sup> floor, New York, Ny, 10281 referred to as "USER" herein.  
Mailing Address City State Zip

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

### SECTION I

USER undertakes to indemnify and hold harmless CITY from any liability, loss or damage that the USER may suffer as a result of any claims, demands, costs, or judgments against the CITY arising out of the acts, omissions, 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. The 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 thirty (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 and indemnify CITY 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. The CITY, at its option, shall retain sole authority for the direction of the defense, and shall be the sole judge of the acceptability of any compromise 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 in cases of fraud) against USER as to fact and amount of USER'S liability hereunder.

### SECTION VI

USER covenants 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 known or unknown, developed or underdeveloped, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

Anthony Geraci  
'USER' Signature

Anthony Geraci  
Print Name

National Director, Endurance  
Title

3/2025

**City of Cle Elum Fire Department**  
**SETUP REQUIREMENTS FOR SPECIAL EVENT PERMITS**  
If event is held in the city limits of Cle Elum and has an occupancy count of over 100 persons

- ☒ **Fire and Life Safety Plan ADD #001**
- ☐ **Cooking ADD #002**
- ☐ **Cooking during burn ban ADD #002 – \*Must contact Fire Dept directly for burn ban cooking requirements\***
- ☒ **Tents/Canopy under 400 sq ft**
- ☐ **Large Tent over 400 sq ft ADD #003**
- ☐ **Generator**
- ☐ **Carnival**

☒ **Only Acknowledgement of Requirements**

All setups and operations are subject to field inspection by an inspector.

- **COOKING:** Special Event Permit is required for any open flame or cooking on premises. (Including food trucks)
  - Event organizers shall be responsible for compliance with conditions listed in **ADDENDUM #002** by all cooking vendors.
  - Event organizer(s) shall be responsible for submitting to the Fire Department a list of all cooking vendors and the signed copies of **ADDENDUM #002** (Requirement for cooking), by each cooking vendor.
- **COOKING DURING A BURN BAN:** additional requirements including **ADDENDUM #002**
  - Portable barbeques may only use propane, pellets, or electricity as fuel.
  - Any other fuels would require additional authorization and permitting.
  - Must contact Fire Dept directly for burn ban cooking requirements
- **TENTS:** For larger tents please submit **ADDENDUM #003**
  - Tents and canopies shall have a State Fire Marshal Flame Resistance Rating, and weighted properly for safety for all weather events and hazards.
- **GENERATORS:**
  - Must be placed 10 feet from the building. **Also, must have a minimum 20BC Fire Extinguisher placed nearby.**
- **CARNIVAL AREA:** Provide an additional extinguisher throughout. (within 75' of travel)
  - All rides shall have a 2A-10BC fire extinguisher. NO rides may be within 20 feet of a building.

**GENERAL SETUP: All set ups will generally require ADDENDUM #001**

- Electrical wires or cables, and any gas/water piping on ground located in public areas must be matted, taped or flown.
- If a propane tank is used, a minimum of 10 feet clearance must be kept between a tank and appliance(s).
- Compressed gas cylinders shall always be secured and capped if not being used.
- Other permits may be required for electrical lines or gas lines outside of a building, contact the Building Department.
- Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.
- ALL exits and aisles must be maintained free and clear of any items.
- All venue occupant loads shall be maintained.
- All fire protection systems shall be visible and unobstructed.
- No motor vehicles shall be operated in the event area.
- Event signs, fire lanes signs and occupant load signs shall be displayed and visible before the event is opened to the public.
- ALL decorations, etc. shall be flame retardant.
- A 7-foot overhead clearance must be maintained in all public access areas.
- A 20-foot Fire Lane with a minimum 14-foot overhead clearance must be maintained unobstructed.
- All Booths shall be a minimum of 10 feet away from structures.
- Tables shall be arranged so that the seating edges of adjacent tables are not less than 54 inches apart.
- Rectangular tables arranged to accommodate seating on one side only shall have not less than 36 inches between adjacent table edges.
- Every chair shall be within 20 feet of an aisle.
- Loose Chair seating the space between rows of chairs shall be not less than 33 inches. The space between the back of each seat and front of the seat immediately behind will not be less than 12 inches, Seats shall be arranged so that there shall be not more than six intervening seats between any seat and the nearest aisle.
- AT THE END OF EVENT: At the closing of the event, event organizers shall maintain the perimeter and not allow motor vehicles into the event area until the public is cleared.

Anthony Geraci  
SIGNATURE/TITLE

4.22.26  
DATE

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

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## **Breakthrough Ride Fire Safety Plan - 2026**

**Cle Elum City Park 615 W Second St Cle Elum, WA 98922**

**Point of Contact/Responsible for emergency plans**

**Chuck Hodge 864-414-9290 [chuckhodge@mac.com](mailto:chuckhodge@mac.com)**

**Special use Permit will be authorized and displayed**

**Additional Contacts – Anthony Geraci 773-415-6537 [Ageraci@breakthrough1d.org](mailto:Ageraci@breakthrough1d.org)**

- **In the event of an emergency call 911** report all issues to Kittcom they will page out appropriate resources.
- **Medical emergencies** call 911 stay online until the first responders arrive on scene. This will give incoming help updates on patient and scene.
- **Fire events** stay calm, remember training and work through the safety plans.
- **Fire equipment:** Hydrants are located on Pine and Alpha way. Frost free hydrant with garden hose located by picnic area.
- **Map Plan:** plans in packet
- **2 Entrances/Exits.** Alpha way to first or Second street.
- **Fire Suppression System** no planned cooking at event
- The Evacuation Assembly Point (**EAP**) is away from the buildings in the grass by the back stop on Second Street. This is furthest away from structures and is the most viewable point to responders/ firefighters. People will be out of the way of incoming responders and fire hydrants if needed.

*Fire Chief Mills Contact – 509-656-4062, [emills@cleelum.gov](mailto:emills@cleelum.gov)*

**ADDENDUM #003**  
**City of Cle Elum Fire Department**  
**TENT AND CANOPY REQUIREMENTS**

*under 400 sq ft.*

**FOR FIRE DEPARTMENT USE AND APPROVAL**

- ☒ Provide three sets of layouts drawn to scale showing all equipment and items inside the tent
  
- ☒ Show distance from tent to any structures or property lines on layout.  
10' away if under 1500 sq ft  
30' away if between 1,501 and 15,000 sq. ft.  
50' away if over 15,000 sq. ft.  
**FOR TENTS OVER 1,500 SQ. FEET:** An unobstructed passageway  
Not less than six feet in width and free from guy wires or other  
Obstructions shall be maintained on all sides of tents.
  
- ☒ **EXITING**-Exit width, number of exits, aisles, cables matted or flown  
Above ground. Show location of equipment or tent lines in relation to  
Exits
  
- ☒ No parking within 50 ft. of tent(s) (most restrictive)
  
- ☒ It is understood that support vehicles (catering trucks, etc.) must be.  
At least 20' away from tent.
  
- ☒ **"NO SMOKING"** signs will be installed in tent in a conspicuous place  
(NO ASH TRAYS)
  
- \_\_\_\_\_ \* No. of "No Smoking" signs required
  
- ☒ Fire Extinguishers will be provided in all tents and mounted in a  
Conspicuous place.  
\_\_\_\_\_ \* No. of extinguishers required
  
- ☒ **NO OPEN FLAME WITHIN THE TENT**- Sterno for warming food is allowed with chafing dishes ONLY.
  
- ☒ Heaters must be approved type and located 10' away from exits. Propane tanks for heaters will be located  
outside the tent at least 10' away and secured to tent stakes.
  
- ☒ Membrane structures or tents shall have a permanently affixed label bearing the following information:
  1. The identification of size and fabric or material.
  2. The names and addresses of the manufacturers of the tent or air-supported structure.
  3. A statement that the fabric or material meets the requirements of Section 3104.2.
  4. If treated, the date the fabric or material was last treated with flame-retardant solution, the trade name or kind of chemical used in treatment, name of person or firm treating the fabric or material,  
and name of testing agency and test standard by which the fabric or material was tested.
  5. If untreated, a statement that no treatment was applied when the fabric or material met the requirements of Section 3104.2

- ☒ Occupant Loads: Check on that applies. Under 49  
over 49- illuminated exit signs.  
300 or more - emergency egress lighting and battery exit signs.  
1,000 or more - 1 1/2" hose line provided for firefighting.

**SAFETY OFFICER(s)** required if -

\_\_\_\_\_ No. of Fire Safety Officers required for this event?  
(At \$55 per hour, 4 hours minimum per Fire Safety Officer)

**CATERER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**TENT COMPANY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**Provided by event organizer**

- ☒ Notify Inspector Rob Omans of the Department of Building and Safety  
Of the location, phone number, and dates
- ☒ A set of approved plans shall be on site and made accessible to the Fire marshal.

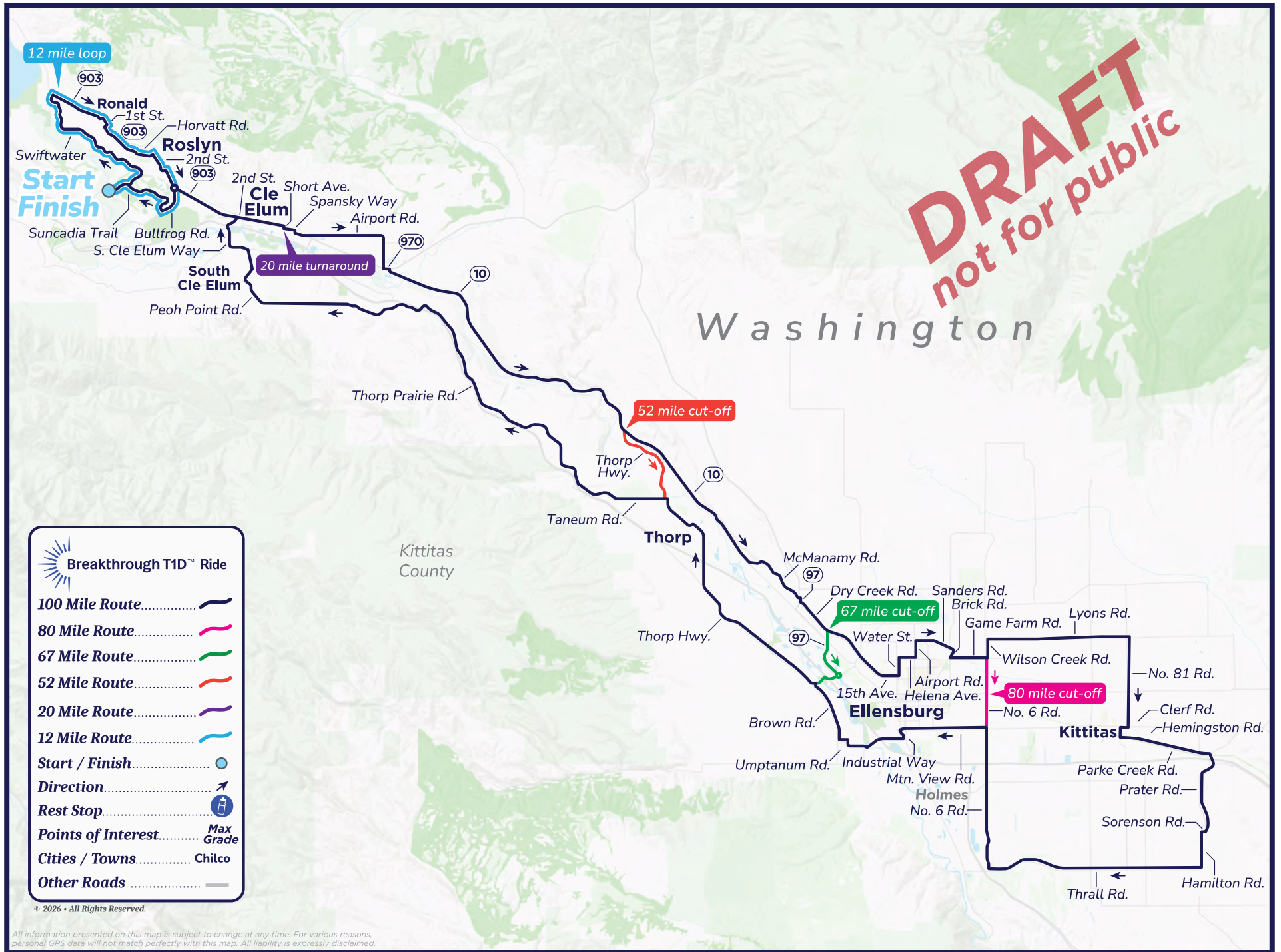
THE ABOVE IS CORRECT AND TRUE TO FORM:

*Anthony Geraci*  
(Signature)

DATE: 4.22.26

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.







| ETA @<br>10 MPH | ETA @<br>12 MPH | ETA @<br>16 MPH | ETA @<br>20 MPH | Incr. | Miles<br>Ridden | Mile<br>to<br>Go | KM<br>Ridden | Action<br>Taken | Location                       | Turning From         | Notes                    | TC     | Jurisdiction |
|-----------------|-----------------|-----------------|-----------------|-------|-----------------|------------------|--------------|-----------------|--------------------------------|----------------------|--------------------------|--------|--------------|
| 7:00 AM         | 7:00 AM         | 7:00 AM         | 7:00 AM         | 0.00  | 0.00            | 101.90           | 0.0          | Start           | Suncadia Trail @ Driving Range |                      |                          |        | Suncadia     |
| 7:02 AM         | 7:02 AM         | 7:01 AM         | 7:01 AM         | 0.45  | 0.45            | 101.45           | 0.7          | Left            | Swiftwater Dr.                 | Suncadia Trail       |                          |        | Suncadia     |
| 7:30 AM         | 7:25 AM         | 7:18 AM         | 7:15 AM         | 4.58  | 5.03            | 96.87            | 8.1          | Right           | WA 903                         | Swiftwater Dr.       | stop                     | 1      | WSDOT        |
| 7:39 AM         | 7:32 AM         | 7:24 AM         | 7:19 AM         | 1.47  | 6.50            | 95.40            | 10.5         | cs              | Enter Ronald                   |                      |                          |        | WSDOT        |
| 7:46 AM         | 7:39 AM         | 7:29 AM         | 7:23 AM         | 1.30  | 7.80            | 94.10            | 12.6         | cs              | Enter Roslyn                   |                      |                          |        | WSDOT        |
| 7:48 AM         | 7:40 AM         | 7:30 AM         | 7:24 AM         | 0.20  | 8.00            | 93.90            | 12.9         | vLeft           | stay on 903                    |                      |                          |        | WSDOT        |
| 7:49 AM         | 7:41 AM         | 7:31 AM         | 7:24 AM         | 0.30  | 8.30            | 93.60            | 13.4         | vRight          | stay on 903                    |                      |                          |        | WSDOT        |
| 7:58 AM         | 7:49 AM         | 7:36 AM         | 7:29 AM         | 1.50  | 9.80            | 92.10            | 15.8         | Left            | WA 903 - third exit            |                      | roundabout               |        | WSDOT        |
| 8:03 AM         | 7:52 AM         | 7:39 AM         | 7:31 AM         | 0.75  | 10.55           | 91.35            | 17.0         | cs              | Enter Cle Elum                 |                      |                          |        | Cle Elum     |
| 8:09 AM         | 7:57 AM         | 7:43 AM         | 7:34 AM         | 0.95  | 11.50           | 90.40            | 18.5         | cs              | Cle Elum City Park             |                      | Possible Rest Stop       |        | Cle Elum     |
| 8:10 AM         | 7:59 AM         | 7:44 AM         | 7:35 AM         | 0.30  | 11.80           | 90.10            | 19.0         | cs              | through roundabout @           |                      | now on 2nd St.           | 1      | Cle Elum     |
| 8:12 AM         | 8:00 AM         | 7:45 AM         | 7:36 AM         | 0.27  | 12.07           | 89.83            | 19.4         | cs              | Pennsylvania Ave.              |                      | stop                     |        | Cle Elum     |
| 8:18 AM         | 8:05 AM         | 7:48 AM         | 7:39 AM         | 0.95  | 13.02           | 88.88            | 21.0         | cs              | Dru Bru                        |                      |                          |        | Cle Elum     |
| 8:18 AM         | 8:05 AM         | 7:49 AM         | 7:39 AM         | 0.10  | 13.12           | 88.78            | 21.1         | Right           | Short Ave.                     |                      | stop                     |        | Cle Elum     |
| 8:19 AM         | 8:05 AM         | 7:49 AM         | 7:39 AM         | 0.06  | 13.18           | 88.72            | 21.2         | Left            | 1st Ave.                       | Short Ave.           |                          |        | Cle Elum     |
| 8:21 AM         | 8:08 AM         | 7:51 AM         | 7:40 AM         | 0.42  | 13.60           | 88.30            | 21.9         | Left            | Airport Rd.                    |                      | stop                     |        | Kittitas Co. |
| 8:42 AM         | 8:25 AM         | 8:03 AM         | 7:51 AM         | 3.40  | 17.00           | 84.90            | 27.4         | Left            | WA 970                         | Airport Rd.          | stop                     | 2      | WSDOT        |
| 8:42 AM         | 8:25 AM         | 8:04 AM         | 7:51 AM         | 0.15  | 17.15           | 84.75            | 27.6         | Right           | WA 10                          | WA 970               |                          |        | WSDOT        |
| 9:32 AM         | 9:07 AM         | 8:35 AM         | 8:16 AM         | 8.25  | 25.40           | 76.50            | 40.9         | cs              | Pullout                        |                      | Possible Rest Stop       | 1      | WSDOT        |
| 9:36 AM         | 9:10 AM         | 8:37 AM         | 8:18 AM         | 0.70  | 26.10           | 75.80            | 42.0         | cs              | Thorp Hwy.                     |                      | 50 mile turns right      |        | WSDOT        |
| 10:08 AM        | 9:37 AM         | 8:57 AM         | 8:34 AM         | 5.30  | 31.40           | 70.50            | 50.5         | Left            | McManamy Rd                    | WA 10                |                          | 1      | Cle Elum     |
| 10:19 AM        | 9:46 AM         | 9:04 AM         | 8:39 AM         | 1.90  | 33.30           | 68.60            | 53.6         | Right           | WA 97                          | McNamany Rd.         |                          | 1 opt. | WSDOT        |
| 10:20 AM        | 9:47 AM         | 9:05 AM         | 8:40 AM         | 0.10  | 33.40           | 68.50            | 53.8         | Left            | Dry Creek Rd.                  | WA 97                |                          | 1      | Kittitas Co. |
| 10:27 AM        | 9:52 AM         | 9:09 AM         | 8:43 AM         | 1.10  | 34.50           | 67.40            | 55.5         | cs              | Faust Rd.                      |                      | 67 mile turns right      |        | Ellensburg   |
| 10:34 AM        | 9:58 AM         | 9:13 AM         | 8:47 AM         | 1.20  | 35.70           | 66.20            | 57.5         | cs              | Reecer Creek Rd.               |                      | stop                     |        | Ellensburg   |
| 10:39 AM        | 10:03 AM        | 9:17 AM         | 8:49 AM         | 0.90  | 36.60           | 65.30            | 58.9         | cs              | Ellensburg School District     |                      | Possible Rest Stop       |        | Ellensburg   |
| 10:40 AM        | 10:03 AM        | 9:17 AM         | 8:50 AM         | 0.10  | 36.70           | 65.20            | 59.1         | cs              | Cora St.                       |                      | stop/school              |        | Ellensburg   |
| 10:42 AM        | 10:05 AM        | 9:18 AM         | 8:51 AM         | 0.30  | 37.00           | 64.90            | 59.5         | Left            | Water St.                      |                      | light                    | 1 opt. | Ellensburg   |
| 10:45 AM        | 10:07 AM        | 9:20 AM         | 8:52 AM         | 0.50  | 37.50           | 64.40            | 60.4         | Right           | W. Helena Ave.                 | Water St.            | stop                     |        | Ellensburg   |
| 10:48 AM        | 10:10 AM        | 9:22 AM         | 8:54 AM         | 0.50  | 38.00           | 63.90            | 61.2         | Left            | Walnut St./Airport Rd.         | Helena Ave.          | stop                     |        | Ellensburg   |
| 10:51 AM        | 10:12 AM        | 9:24 AM         | 8:55 AM         | 0.50  | 38.50           | 63.40            | 62.0         | Right           | Sanders Rd.                    | Airport Rd.          |                          |        | Ellensburg   |
| 10:57 AM        | 10:17 AM        | 9:28 AM         | 8:58 AM         | 1.00  | 39.50           | 62.40            | 63.6         | Left            | Game Farm Rd.                  | Brick Rd.            |                          |        | Ellensburg   |
| 11:06 AM        | 10:25 AM        | 9:33 AM         | 9:03 AM         | 1.50  | 41.00           | 60.90            | 66.0         | Left            | Wilson Creek Rd.               | Game Farm Rd.        | stop/80 mile turns right |        | Kittitas Co. |
| 11:09 AM        | 10:27 AM        | 9:35 AM         | 9:04 AM         | 0.50  | 41.50           | 60.40            | 66.8         | Right           | Lyons Rd.                      | Game Farm Rd.        |                          |        | Kittitas Co. |
| 11:18 AM        | 10:35 AM        | 9:41 AM         | 9:09 AM         | 1.50  | 43.00           | 58.90            | 69.2         | cs              | Naneum Rd.                     |                      | stop                     |        | Ellensburg   |
| 11:27 AM        | 10:42 AM        | 9:46 AM         | 9:13 AM         | 1.50  | 44.50           | 57.40            | 71.6         | cs              | Fairview Rd.                   |                      | stop                     |        | Kittitas Co. |
| 11:33 AM        | 10:47 AM        | 9:50 AM         | 9:16 AM         | 1.00  | 45.50           | 56.40            | 73.2         | Right           | Number 81 Rd.                  | Lyons Rd.            | stop                     |        | Kittitas Co. |
| 11:42 AM        | 10:55 AM        | 9:56 AM         | 9:21 AM         | 1.50  | 47.00           | 54.90            | 75.6         | cs              | Vantage Hwy.                   |                      | stop/busy                | 1      | Kittitas Co. |
| 11:48 AM        | 11:00 AM        | 10:00 AM        | 9:24 AM         | 1.04  | 48.04           | 53.86            | 77.3         | vRight          | onto Patrick Ave.              | No 81 Rd.            | at Clerf Rd.             |        | Kittitas     |
| 11:49 AM        | 11:01 AM        | 10:00 AM        | 9:24 AM         | 0.20  | 48.24           | 53.66            | 77.6         | Left            | Main Street                    | Patrick Ave          |                          |        | Kittitas     |
| 11:50 AM        | 11:02 AM        | 10:01 AM        | 9:25 AM         | 0.20  | 48.44           | 53.46            | 78.0         | cs              | City Hall/New Life Assembly    |                      | Possible Rest Stop       |        | Kittitas     |
| 11:51 AM        | 11:02 AM        | 10:02 AM        | 9:25 AM         | 0.10  | 48.54           | 53.36            | 78.1         | Left            | 1st Ave.                       | Main Street          | stop                     |        | Kittitas     |
| 11:52 AM        | 11:03 AM        | 10:02 AM        | 9:26 AM         | 0.15  | 48.69           | 53.21            | 78.4         | cs              | onto Parke Creek Rd            |                      | stop                     |        | Kittitas     |
| 11:56 AM        | 11:06 AM        | 10:05 AM        | 9:28 AM         | 0.70  | 49.39           | 52.51            | 79.5         | cs              | Hemington Rd.                  |                      |                          |        | Kittitas Co. |
| 12:06 PM        | 11:15 AM        | 10:11 AM        | 9:33 AM         | 1.76  | 51.15           | 50.75            | 82.3         | Right           | Prater Rd.                     | Parke Cr. Rd.        |                          |        | Kittitas Co. |
| 12:21 PM        | 11:28 AM        | 10:21 AM        | 9:40 AM         | 2.49  | 53.64           | 48.26            | 86.3         | vRight          | onto Sorenson Rd.              |                      |                          |        | Kittitas Co. |
| 12:22 PM        | 11:28 AM        | 10:21 AM        | 9:41 AM         | 0.10  | 53.74           | 48.16            | 86.5         | Left            | Hamilton Rd.                   | Sorenson Rd.         |                          |        | Kittitas Co. |
| 12:28 PM        | 11:33 AM        | 10:25 AM        | 9:44 AM         | 1.05  | 54.79           | 47.11            | 88.2         | Right           | Thrall Rd.                     | Hamilton Rd.         |                          |        | Kittitas Co. |
| 12:31 PM        | 11:36 AM        | 10:27 AM        | 9:45 AM         | 0.50  | 55.29           | 46.61            | 89.0         | vRight          | onto Thrall Rd.                | at Badger Pocket Rd. | stop                     |        | Kittitas Co. |
| 1:05 PM         | 12:04 PM        | 10:48 AM        | 10:02 AM        | 5.60  | 60.89           | 41.01            | 98.0         | Right           | Number 6 Rd.                   | Thrall Rd.           |                          |        | Kittitas Co. |
| 1:20 PM         | 12:16 PM        | 10:57 AM        | 10:10 AM        | 2.45  | 63.34           | 38.56            | 101.9        | cs              | Tjossem Rd.                    |                      | stop                     |        | Kittitas Co. |

| ETA @<br>10 MPH | ETA @<br>12 MPH | ETA @<br>16 MPH | ETA @<br>20 MPH | Incr. | Miles<br>Ridden | Mile<br>to<br>Go | KM<br>Ridden | Action<br>Taken | Location             | Turning From   | Notes                 | TC | Jurisdiction |
|-----------------|-----------------|-----------------|-----------------|-------|-----------------|------------------|--------------|-----------------|----------------------|----------------|-----------------------|----|--------------|
| 1:29 PM         | 12:24 PM        | 11:03 AM        | 10:14 AM        | 1.55  | 64.89           | 37.01            | 104.4        | Left            | Kittitas Hwy.        | No. 6 Rd.      | stop/80 mile returns  | 1  | Kittitas Co. |
| 1:35 PM         | 12:29 PM        | 11:07 AM        | 10:17 AM        | 1.10  | 65.99           | 35.91            | 106.2        | cs              | LDS Church           |                | Possible Rest Stop    |    | Kittitas Co. |
| 1:38 PM         | 12:31 PM        | 11:08 AM        | 10:19 AM        | 0.40  | 66.39           | 35.51            | 106.8        | cs              | enter Ellensburg     |                |                       |    | Ellensburg   |
| 1:40 PM         | 12:33 PM        | 11:10 AM        | 10:20 AM        | 0.40  | 66.79           | 35.11            | 107.5        | cs              | Chestnut St.         |                | light                 |    | Ellensburg   |
| 1:42 PM         | 12:35 PM        | 11:11 AM        | 10:21 AM        | 0.30  | 67.09           | 34.81            | 108.0        | cs              | Ruby St.             |                | light                 |    | Ellensburg   |
| 1:43 PM         | 12:36 PM        | 11:12 AM        | 10:21 AM        | 0.20  | 67.29           | 34.61            | 108.3        | cs              | Main/Canyon          |                | light/busy            |    | Ellensburg   |
| 1:44 PM         | 12:36 PM        | 11:12 AM        | 10:22 AM        | 0.10  | 67.39           | 34.51            | 108.5        | cs              | RR Xing              |                |                       |    | Ellensburg   |
| 1:44 PM         | 12:37 PM        | 11:13 AM        | 10:22 AM        | 0.10  | 67.49           | 34.41            | 108.6        | Left            | Industrial Way       |                | stop                  |    | Ellensburg   |
| 1:46 PM         | 12:39 PM        | 11:14 AM        | 10:23 AM        | 0.31  | 67.80           | 34.10            | 109.1        | Right           | Umptanum rd.         | Industrial Way | stop                  |    | Ellensburg   |
| 1:53 PM         | 12:44 PM        | 11:18 AM        | 10:26 AM        | 1.09  | 68.89           | 33.01            | 110.9        | Right           | Brown Rd.            | Umptanum Rd.   |                       |    | Kittitas Co. |
| 1:58 PM         | 12:48 PM        | 11:21 AM        | 10:29 AM        | 0.90  | 69.79           | 32.11            | 112.3        | Right           | Brown Rd.            |                | stop                  |    | Kittitas Co. |
| 2:09 PM         | 12:58 PM        | 11:28 AM        | 10:34 AM        | 1.82  | 71.61           | 30.29            | 115.2        | Right           | Hanson Rd.           |                |                       |    | Kittitas Co. |
| 2:09 PM         | 12:58 PM        | 11:28 AM        | 10:34 AM        | 0.02  | 71.63           | 30.27            | 115.3        | Left            | Thorp Hwy.           |                | 67 mile returns       | 1  | Kittitas Co. |
| 2:39 PM         | 1:22 PM         | 11:47 AM        | 10:49 AM        | 4.96  | 76.59           | 25.31            | 123.3        | cs              | I-90 ramps           |                |                       |    | Kittitas Co. |
| 2:47 PM         | 1:29 PM         | 11:52 AM        | 10:53 AM        | 1.35  | 77.94           | 23.96            | 125.4        | cs              | Thorp School         |                | Possible Rest Stop    |    | Kittitas Co. |
| 2:53 PM         | 1:34 PM         | 11:55 AM        | 10:56 AM        | 0.95  | 78.89           | 23.01            | 127.0        | vLeft           | Taneum Rd.           |                | 50 mile returns       |    | Kittitas Co. |
| 3:08 PM         | 1:47 PM         | 12:05 PM        | 11:04 AM        | 2.60  | 81.49           | 20.41            | 131.1        | Right           | Thorp Pr. Rd.        | Taneum Rd.     |                       |    | Kittitas Co. |
| 4:33 PM         | 2:58 PM         | 12:58 PM        | 11:46 AM        | 14.14 | 95.63           | 6.27             | 153.9        | Left            | Lower Peoh Point Rd. |                | stop                  |    | Kittitas Co. |
| 4:35 PM         | 2:59 PM         | 12:59 PM        | 11:47 AM        | 0.26  | 95.89           | 6.01             | 154.3        | cs              | enter S. Cle Elum    |                |                       |    | S. Cle Elum  |
| 4:40 PM         | 3:03 PM         | 1:02 PM         | 11:50 AM        | 0.86  | 96.75           | 5.15             | 155.7        | cs              | RR Xing              |                |                       |    | Cle Elum     |
| 4:42 PM         | 3:05 PM         | 1:04 PM         | 11:51 AM        | 0.34  | 97.09           | 4.81             | 156.3        | cs              | 1st St.              |                | light                 |    | Cle Elum     |
| 4:43 PM         | 3:05 PM         | 1:04 PM         | 11:51 AM        | 0.10  | 97.19           | 4.71             | 156.4        | Right           | 2nd St./WA 903       |                | roundabout - 3rd exit |    | WSDOT        |
| 4:54 PM         | 3:15 PM         | 1:11 PM         | 11:57 AM        | 1.90  | 99.09           | 2.81             | 159.5        | Right           | Bullfrog Rd.         |                | roundabout - 2nd exit |    | Kittitas Co. |
| 4:58 PM         | 3:19 PM         | 1:14 PM         | 11:59 AM        | 0.73  | 99.82           | 2.08             | 160.6        | Right           | Suncadia Trail       |                | roundabout - 1st exit |    | Suncadia     |
| 5:06 PM         | 3:25 PM         | 1:18 PM         | 12:03 PM        | 1.23  | 101.05          | 0.85             | 162.6        | cs              | Suncadia Trail       |                | roundabout - 2nd exit |    | Suncadia     |
| 5:08 PM         | 3:27 PM         | 1:20 PM         | 12:04 PM        | 0.40  | 101.45          | 0.45             | 163.3        | cs              | Swiftwater Dr.       |                |                       |    | Suncadia     |
| 5:11 PM         | 3:29 PM         | 1:22 PM         | 12:05 PM        | 0.45  | 101.90          | 0.00             | 164.0        | Finish          | Driving Range        |                |                       |    | Suncadia     |



### **Breakthrough T1D Ride Event Information**

Breakthrough T1D (formerly Juvenile Diabetes Research Foundation) is producing a charity bicycle ride in the Cle Elum/Kittitas County area on August 29, 2026. The Breakthrough T1D Ride is a major fundraising effort for our organization, whose purpose is to accelerate life-changing breakthroughs to cure, prevent, and treat Type 1 Diabetes.

The ride is one of a 5-event national series and will bring approximately 250 riders from around the country to the area.

Breakthrough T1D is working with the various municipalities and agencies on the route. The ride leaves from the Suncadia resort in waves, with riders following road rules throughout the route. Attached is a map and log of the proposed route for your reference.

Although the ride quickly “stretches out” on course, we generally work with and hire local law enforcement to assist at key intersections along the route to provide for the safety of the riders as well as the general public. The Kittitas Sheriff’s Office has been contacted and provided hiring information for deputies. WSDOT has also been provided the route for notification to Washington State Patrol. Chief Albo has been contacted about off-duty hiring and or event intends on hiring at least one off-duty officer.

Our medical coordinator will head up a medical team, contracting local ambulances for the event, and notify all EMS providers along our route. A draft medical and safety plan is attached which will be updated as we finalize with our local providers.

### **Schedule and Specifics:**

#### Friday, August 28

Participants will be provided with a short route to test bicycles that have been shipped in and reassembled on site. Ride participants will have a two-hour window between 10:00 am and noon to use this voluntary ride to make sure their equipment is prepared for Saturday.



This very short route will take place on the grounds of the Suncadia Resort. There are no road closures for the ride and the Suncadia will be alerting guests and staff.

#### Saturday, August 29

Ride Day will start at 6:45 am with announcements at the start area at the Suncadia and depart in three waves to space out riders. The ride follows the attached route, passing through several towns while following the Yakima River. Riders have several distance options as indicated, with about 75% of the participants usually completing the entire distance. All riders will be done by 5:30 pm, which is enforced by a cutoff point on the route.

#### Start/Finish and Meals

The finish line and all finish activities will be held on the Suncadia property with catering provided by the resort. The attached site map shows this location at the Suncadia Inn. A tent will be used for the picnic, and the Kittitas County Fire Marshal has been contacted. A tent inspection permit will be filed once final details are confirmed.

#### Sanitation

The hotel will provide trash and recycling at the finish and all aid stations. Breakthrough T1D provides recycling containers in addition to trash cans at our events, including our aid stations.

#### Parking

Most participants are staying at the Suncadia from Thursday to Sunday of ride week. All participants will park at Suncadia. Note that many of our participants do not have autos and are shuttled to the hotel from the airport.

#### Aid Stations

We will work with private landowners to located aid stations every 12-18 miles along the route (schools, churches, etc.). We are requesting an aid station located on the north side of Cle Elum City Park. This location would be open from 7:00 am through 9:00 am on ride morning. The following items would be on site as per the attached location map:

- 3 10x10 pop up tents with one to two tables under each
- 6 portable toilets (1 ADA)
- 4 portable bike racks

The aid station provides snacks and water for riders. Food items are generally fruit and packaged energy products. Any prepared items will be purchased from a local provider.

We would like to request the use of any potable water in the park (if unavailable we will provide). Additionally in reviewing the site, we would request the ability to block sever spaces on 2<sup>nd</sup> to allow a safe location for riders to dismount when entering the park.

#### Support and Communications

Breakthrough T1D will provide marked support vehicles for mechanical and nutritional support on the route. These vehicles can also transport riders unable to complete the distance. The event will run a command center from the Suncadia with the ability to communicate with and track event staff as well as participants.

We are looking forward to a safe and successful ride in the Cle Elum area. For any questions or concerns, please feel free to contact our Technical Director, Chuck Hodge, at 864-414-9290 or [chuckhodge@mac.com](mailto:chuckhodge@mac.com)



## Medical and Safety Plan - Draft Breakthrough T1D Ride

### **Summary**

The Breakthrough T1D Ride will take place in Kittitas County on August 29, 2026. The ride will consist of approximately 250 cyclists of various skill levels riding routes between 12 and 100 miles.

A "Tuneup" ride will take place on Friday, August 28<sup>th</sup>. This is a short ride geared toward allowing the participants an opportunity to have their equipment adjusted and ready for the main ride on Saturday. The route is entirely within the Suncadia Resort property. Riders are encouraged to ride the course anytime within the 1.5-hour timeframe. Breakthrough T1D medical responders will be on the route, providing care for any illness or injury during the warmup ride. In addition, there will be staff in Supply and Gear (SAG) vehicles providing support throughout the course during this time.

The Breakthrough T1D Event ride will take place on Saturday, August 29<sup>th</sup> starting at 7 am. Riders will be released in three waves according to the anticipated pace times. The route is approximately 100 miles, with shorter options available. There is a designated hard stop of 5 pm. Medical care is available along the route.

### **Medical Plan**

#### **Coordination**

Breakthrough T1D contracts with a professional Medical Coordinator who is a retired City of Atlanta FireMedic with 20 years of service. Brock Ryan has developed and will implement the Medical Plan.

Stephanie Harpring is an assistant to Brock Ryan for Breakthrough T1D ride events. She has over 20 years in fire and emergency services. In addition, Stephanie has been a paramedic for over 10 years. Stephanie has worked with Breakthrough T1D since 2017.

### **Ambulance and Professional Services**

Breakthrough T1D will contract two local ambulances to provide ambulance support and assist with medical emergencies during the ride. On Saturday, August 29<sup>th</sup> for the Ride, Breakthrough T1D's Medical crew will drive the route in separate vehicles as medical supervisors and respond to any rider illness or injury. Contract ambulance units will evaluate riders and provide advance care when needed. The Breakthrough T1D medical team has contacted Kittitas County Fire (District 7) to begin coordinating EMS services and requirements.

In addition to ambulances, local EMS will staff a First Aid Medical Tent with medical volunteers positioned at the **Start/Finish line**. The Start/Finish line is located at the Suncadia Inn parking lot. The group will check on all riders and give medical assistance to anyone in need at the finish. Breakthrough T1D medical staff will return to the finish line mid-morning to organize medical volunteers to assist with medical services as the number of riders finishing increases.



#### **Rest Stops and additional ride support**

Rest stops are set along the route about 12-18 miles apart. Each breakpoint will have first-aid kits for first response to minor emergencies and blood glucose monitors. In addition, there will be a designated number of cycling coaches on the route who have basic first-aid training and will carry small first-aid kits. SAG vehicles will also be available to assist riders in need with mechanical breakdowns. The SAG vehicles will also carry first aid kits and blood glucose monitors. In addition, SAGs will be available to assist with the transport of riders who have reached the end of their ride.

**Communications and Medical Response Protocols** Breakthrough T1D staff, medical coordinators, medical assistants, and ambulances will have radio communications with each other. A list of cell phone numbers will be distributed by the ride director to the medical coordinator, medical assistants, ambulances, start/finish line, and rest stops.

Should an illness or injury occur on the route, Breakthrough T1D staff and the medical team will respond and call for a contracted ambulance service to respond to their location. Upon arrival, staff will turn over patient care to a contracted ambulance service. Should the patient be transported to a hospital a call will be made to summon any additional emergency equipment, including the local jurisdictional ambulance service for transport. The contracted ambulance will transfer patient care over to the local ambulance service and remain within the Breakthrough T1D ride route to be available for any additional need for a rider or staff injury or illness. Should a rider be transported to the hospital, a representative from Breakthrough T1D will meet them at the hospital to assist.

#### **Emergency Response and Guidelines**

As an outdoor event, Breakthrough T1D has developed protocols around extreme weather and course emergencies. Public safety concerns are paramount, and the rider may be delayed, shortened, rerouted or cancelled based on public safety concerns.

Breakthrough T1D has adapted USA Cycling's guidelines on extreme temperature, air quality and lightning.

The ride has implemented rider and asset tracking through the Traq app. Aside from tracking the rider, the app allows for in-app and SMS notification to all riders.







ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/02/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                             |                                                 |                       |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------|
| <b>PRODUCER</b><br><b>Fairly Consulting Group LLC</b><br><b>1800 S Washington St, Ste 400</b><br><b>Amarillo, TX 79102</b>  | <b>CONTACT NAME:</b> Fairly Group Certicates    |                       |
|                                                                                                                             | <b>PHONE (A/C, No, Ext):</b>                    | <b>FAX (A/C, No):</b> |
|                                                                                                                             | <b>E-MAIL ADDRESS:</b> certs@fairlygroup.com    |                       |
|                                                                                                                             | <b>INSURER(S) AFFORDING COVERAGE</b>            | <b>NAIC #</b>         |
|                                                                                                                             | <b>INSURER A : Clear Blue Insurance Company</b> | <b>28860</b>          |
| <b>INSURED</b><br><b>USA Cycling, Inc.</b><br><b>210 USA Cycling Pt, Suite100</b><br><b>Colorado Springs, CO 80919-2214</b> | <b>INSURER B :</b>                              |                       |
|                                                                                                                             | <b>INSURER C :</b>                              |                       |
|                                                                                                                             | <b>INSURER D :</b>                              |                       |
|                                                                                                                             | <b>INSURER E :</b>                              |                       |
|                                                                                                                             | <b>INSURER F :</b>                              |                       |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                                                                               | ADDL SUBR INSR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|-------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> <b>Gen Agg per Event</b><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: | X                  | CZ26COGL000202 | 12/31/2025              | 12/31/2026              | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,000,000<br>MED EXP (Any one person) \$Excluded<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$4,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br><b>Part Legal</b> \$2,000,000<br>COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                                                               |                    |                |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                                                                                                                                                                                                                |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                          |                    |                |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                                                                                                                                                                                        |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N <input type="checkbox"/> N / A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                                                  |                    |                |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## Named Insured Extension:

Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date(s) on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides (See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

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

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



## DESCRIPTIONS (Continued from Page 1)

additional insured status to any person or organization if required by a written contract or agreement provided such contract or agreement was executed prior to the occurrence or offense. Please see attached endorsement CG 20 26 (12/2019).

Event Number: 2026-15382

Event Name: Breakthrough T1D Cascades

Event Location: Cle Elum, WA

Event Date(s): 08-29-2026

Setup Dates(s): 08-28-2026

Practice Dates(s): 08-28-2026

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

ANY PERSON OR LEGAL ENTITY IN WHICH YOU HAVE A WRITTEN CONTRACT, AGREEMENT OR PERMIT WHICH REQUIRES THAT YOU NAME THE CONTRACTING PARTY AS AN ADDITIONAL INSURED.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.

Receipt: 2045804/27/2026  
Acct #: 3715COPY  
City Of Cle Elum  
119 W First Street  
Cle Elum, WA 98922  
5096742262

---

Breakthrough T1D (JDRF)  
200 Vesey St, 28th Floor  
New York, NY 10281

Treasurers Receipt  
Memo: EVT-2026-016-08-29 - Ride for  
Type 1 D fundraiser

|                    |                                       |
|--------------------|---------------------------------------|
| Event Fees/Permits | 75.00                                 |
| Non Taxed Amt:     | <u>75.00</u>                          |
| Total:             | 75.00                                 |
| Chk: 2656          | <u>75.00</u>                          |
| Ttl Tendered:      | 75.00                                 |
| Change:            | 0.00                                  |
| Issued By:         | Whitney Prosek<br>04/27/2026 15:12:18 |

**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

Approved

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

**Police Signature:** Rich Albo

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

Approved

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

**Public Works Signature:** Mathew Bailey

**CLE ELUM FIRE DEPARTMENT** (509) 674-1748

Approved

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

**Fire Department Signature:** Edwin L Mills

**CITY COUNCIL REPRESENTATIVE** (509) 674-2473

Approved

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

**City Council Signature:** Leidy M

**CITY ADMINISTRATION** (509) 674-2262

**Staff Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CLE ELUM EVENT APPLICATION

|                         |                                                         |
|-------------------------|---------------------------------------------------------|
| Title                   | Department Heads - Event Review Breakthrough T 1 D Ride |
| File name               | Breakthrough_T1D_Ride_Event_2026.pdf and 1 other        |
| Document ID             | 601d0935187eaded8026170b65457d4485c72579                |
| Audit trail date format | MM / DD / YYYY                                          |
| Status                  | ● Signed                                                |

## Document History



**04 / 28 / 2026**  
08:13:18 UTC-7

Sent for signature to Rich Albo (ralbo@cleelum.gov), Mathew Bailey (mbailey@cleelum.gov), Ed Mills (emills@cleelum.gov) and City Council Representative (amalek@cleelum.gov) by integrations@hellosign.com acting on behalf of romans@cleelum.gov  
IP: 69.55.222.60



**04 / 28 / 2026**  
08:15:12 UTC-7

Viewed by Rich Albo (ralbo@cleelum.gov)  
IP: 166.205.132.3



**04 / 28 / 2026**  
08:17:41 UTC-7

Signed by Rich Albo (ralbo@cleelum.gov)  
IP: 166.205.132.3



**04 / 28 / 2026**  
08:44:29 UTC-7

Viewed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162



**04 / 28 / 2026**  
08:45:40 UTC-7

Signed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162



|                         |                                                         |
|-------------------------|---------------------------------------------------------|
| Title                   | Department Heads - Event Review Breakthrough T 1 D Ride |
| File name               | Breakthrough_T1D_Ride_Event_2026.pdf and 1 other        |
| Document ID             | 601d0935187eaded8026170b65457d4485c72579                |
| Audit trail date format | MM / DD / YYYY                                          |
| Status                  | ● Signed                                                |

## Document History



**04 / 28 / 2026**  
12:29:14 UTC-7

Viewed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 209.209.16.190



**04 / 28 / 2026**  
12:38:38 UTC-7

Signed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 209.209.16.190



**05 / 07 / 2026**  
11:25:07 UTC-7

Viewed by City Council Representative (amalek@cleelum.gov)  
IP: 204.14.101.54



**05 / 07 / 2026**  
11:27:28 UTC-7

Signed by City Council Representative (amalek@cleelum.gov)  
IP: 204.14.101.54



**05 / 07 / 2026**  
11:27:28 UTC-7

The document has been completed.

119 West First Street  
Cle Elum, WA 98922  
Telephone · (509) 674-2262  
Fax · (509) 674-4097  
www.cleelum.gov



Stamp & initial

## EVENT PERMIT APPLICATION

### APPLICATION DEADLINES:

*All applications must be received a minimum of 30 days prior to the date of the event.*

*The purpose of this permit is to help the event organizer, 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.*

| OFFICIAL USE ONLY       |                                            |
|-------------------------|--------------------------------------------|
| <b>Event Name:</b>      | <b>Chamber of Commerce Members Meeting</b> |
| <b>Permit #:</b>        | EVT- 2026-012-10-21                        |
| <b>Fee Total:</b>       | \$75.00                                    |
| <b>Related Permits:</b> |                                            |

### FEES<sup>1</sup>

- \$75 if application is submitted at least 60 days prior to event.
- \$150 if application is submitted 30 days prior to event.

### WHEN IS AN EVENT PERMIT REQUIRED?

Events planned to take place on public property must submit an event application. An event application is also required for events on private property if they have the potential to substantially impact the normal operations of the city. This includes, but is not limited to, effects on pedestrian traffic flow, parking availability, vehicle traffic flow, street access (such as the need for street closures), or any potential risk to public safety. Additionally, an event application and safety plan are required when cooking in public or when there is any other known potential safety risk to the public.

Substantial, in this context, refers to any impact that is significant enough to noticeably alter or disrupt the normal operations of the city in more than a temporary or minor way. This includes but is not limited to causing delays, congestion, or increased demand on city resources, services, or infrastructure, and necessitating additional planning, resources, or measures to maintain public safety and order. The duration of the event may also be a factor in determining whether the impact is substantial.

### 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  
Cle Elum Fire Department – Chief Ed Mills .....emills@cleelum.gov.....(509) 656-4062  
WSDOT – Traffic Control / Right of Way use ..... (509) 577-1788

<sup>1</sup> City entities, including—but not necessarily limited to—CEFD, CERPD and CE Public Works, as well the Cle Elum Downtown Association and the Carpenter Museum, are exempt from application fees.

3/2025

|                                                                                                                        |                                                       |
|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <b>Applicant ("Event Organizer")</b>                                                                                   |                                                       |
| Name: <b>Katie Schepker</b>                                                                                            | Business License #                                    |
| Title: <b>Director of Chamber Outreach and Economic Advancement</b>                                                    |                                                       |
| Sponsoring Organization: <b>Kittitas County Chamber of Commerce</b>                                                    |                                                       |
| Mailing Address: <b>609 N. Main St. Ellensburg, WA 98926</b>                                                           |                                                       |
| Phone Number: <b>509-925-2002</b>                                                                                      | Email: <b>katie@kittitascountychamber.com</b>         |
| <b>Primary Contact Person <u>During Event</u></b>                                                                      | Same as Applicant <input checked="" type="checkbox"/> |
| Name:                                                                                                                  |                                                       |
| Title:                                                                                                                 |                                                       |
| Local Address:                                                                                                         |                                                       |
| Email:                                                                                                                 |                                                       |
| Daytime Phone Number:                                                                                                  | Mobile Phone: <b>360-631-9999</b>                     |
| <b>Secondary/Emergency Contact Person <u>During Event</u> (available to respond in the absence of Event Organizer)</b> |                                                       |
| Name: <b>Amy McGuffin</b>                                                                                              | <b>amy@kittitascountychamber.com</b>                  |
| Title: <b>CEO</b>                                                                                                      |                                                       |
| Local Address: <b>609 N. Main St. Ellensburg, WA 98926</b>                                                             |                                                       |
| Daytime Phone Number: <b>509-925-2002</b>                                                                              | Mobile Phone: <b>509-607-1081</b>                     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REQUIRED – Applicant Checklist</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Event Permit Application received a minimum of 30 days prior to event, and the total fee paid to City Hall.                                                                                                                                                                                                                                                                                                                                                                                               |
| Signed and dated Hold Harmless Agreement <ul style="list-style-type: none"> <li>For parades: each parade entrant must sign and submit the Parade Entrant Hold Harmless Agreement to the event organizer. The event organizer is responsible for retaining these agreements.</li> </ul>                                                                                                                                                                                                                    |
| Certificate of Liability Insurance <ul style="list-style-type: none"> <li>"City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage</li> <li>As applicable, coverage for alcohol service must be specified</li> <li>As applicable, coverage for injury by animals must be specified</li> </ul>                                                                                                                                                      |
| Supplemental pages below with a complete and detailed description of the event, including a schedule and location of event(s). <ul style="list-style-type: none"> <li>If serving alcohol, WA Liquor and Cannabis Control Board Banquet Permit or other applicable alcohol service license measures taken to comply with State regulations must be addressed in detail: <a href="https://lcb.wa.gov/licensing/outdoor_alcohol_service">https://lcb.wa.gov/licensing/outdoor_alcohol_service</a></li> </ul> |

3/2025

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <ul style="list-style-type: none"> <li>• Cle Elum Fire Department-approved Special Events Permit including Addendum #001 Fire and Life Safety Plan and additional Addendums as needed. Contact the Chief of CEFD for guidance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                   |
|  | <p><b>Site Plan</b> including items such as the location of garbage receptacles, portable bathrooms, stage, seating, vendors, street closures, barricades, alcohol measures taken etc.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|  | <p>As applicable, list of vendor names and contact details</p> <ul style="list-style-type: none"> <li>• All vendors must have or obtain a business license endorsement for the City of Cle Elum: <a href="https://dor.wa.gov/open-business/apply-business-license">https://dor.wa.gov/open-business/apply-business-license</a></li> </ul>                                                                                                                                                                                                                                                                                                                   |
|  | <p>If requesting street closures, event organizer must notify all adjacent residents and/or businesses of the proposed closure a minimum of three (3) weeks before the regular Lodging Tax &amp; Event Committee meeting at which the application will be reviewed. Notification must also inform recipients they have the opportunity to comment on the proposed closure by attending the meeting (either in-person or virtually) or via email: <a href="mailto:wprosek@cleelum.gov">wprosek@cleelum.gov</a>. Include a copy of the notification.</p> <ul style="list-style-type: none"> <li>○ Road closures on First Street must contact WSDOT</li> </ul> |
|  | <p><b>Other Information</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|  | <p><i>After approval from the Lodging Tax and Event Committee, and any Special Events Permits issued with CEFD, this Event will be subject to a Fire Safety Check on <u>the day of the Event</u> by Cle Elum Fire Department.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                       |

3/2025

## EVENT DESCRIPTION:

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                             |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------|
| <b>Event Name:</b>                                   | Membership Meeting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                               |                                                             |
| <b>Event Type:</b>                                   | <input type="checkbox"/> Minor ( $\leq 50$ Attendees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Major ( $> 50$ Attendees) |                                                             |
| <b>Brief Description of Event:</b>                   | Membership update to businesses with dinner. Open house style in our building                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               |                                                             |
|                                                      | with a presentation and dinner out back in our private parking lot.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                               |                                                             |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                             |
| <b>Parade Map:</b>                                   | <input checked="" type="checkbox"/> My event does not include a parade.<br><input checked="" type="checkbox"/> I acknowledge the Cle Elum-Roslyn Police Department has a pre-approved parade map, which has been provided. Should I wish to suggest an alternate route, I confirm that I have attached a map of this route and included a detailed explanation for it the attached event description. I understand this route is subject to CERPDP approval. I further understand that approval is not guaranteed and may be rescinded at any time. |                                                               |                                                             |
| <b>Event Start Date:</b>                             | 10/21/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Event End Date:</b>                                        | 10/21/26                                                    |
| <b>Day(s) of the Week:</b>                           | <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT                                                                                                                                                                                                                                                                                                                               |                                                               |                                                             |
| <b>Event Start Time:</b>                             | 5:30 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Event End Time:</b>                                        | 7:00 PM                                                     |
| <b>Date of Set Up:</b>                               | 10/21/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Time of Set Up:</b>                                        | 12:30 PM                                                    |
| <b>Date of Take Down:</b>                            | 10/21/26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Time of Take Down:</b>                                     | 8:00 PM                                                     |
| <b>Facilities to be Used: (Check all that Apply)</b> | <input type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input checked="" type="checkbox"/> Private Property                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                             |
| <b>Location:</b>                                     | 214 N. Pennsylvania Ave. Cle Elum, WA 98922                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                             |
| <b>Expected Crowd Size:</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                             |
| <b>Participants:</b>                                 | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Spectators:</b>                                            |                                                             |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Event Personnel &amp; Volunteers:</b>                      | 10                                                          |
| <b>Previous Occurrences:</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |                                                             |
| <b>Has the event occurred previously?</b>            | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>If yes, on which date(s)?</b>                              | Happened in Ellensburg the past 2 Octobers at CWU and KVEC. |
| <b>Change(s) from previous year?</b>                 | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                               | <input type="checkbox"/> See Explanation Attached           |
| <b>Will you charge an admission fee?</b>             | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>If yes, how much?</b>                                      | \$10 For Non-members<br>Free for members                    |

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## STREET CLOSURES:

|                                                     |                                                                                                                                                                                                                                                                                                                                                                               |                    |                                                            |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------------|
| <b>Will your event require any street closures?</b> | <input type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                          |                    | <input checked="" type="checkbox"/> Yes<br>Continue below. |
| <b>Street(s):</b>                                   | Partial Alley                                                                                                                                                                                                                                                                                                                                                                 | <b>Section(s):</b> | See proposed closure map                                   |
| <b>Proposed Method(s) of Closure:</b>               | We would like to have one or two food trucks in the proposed alley closure area, leaving our private parking lot open for tables and chairs.<br><input checked="" type="checkbox"/> Both my attached site plan and event description include full details of the location(s) and methods of my proposed closures.                                                             |                    |                                                            |
| <b>Neighborhood Notification:</b>                   | <input checked="" type="checkbox"/> I have attached an example of the written notice provided to the adjacent residents and/or business owners regarding the proposed street closures.                                                                                                                                                                                        |                    |                                                            |
| <b>Traffic Control:</b>                             | <input checked="" type="checkbox"/> I acknowledge that event organizers must contract with CEFD or another organization with Washington State Flagger or Traffic Control Supervisor certification for traffic control services.                                                                                                                                               |                    |                                                            |
| <b>Impact on SR 903:</b>                            | <input checked="" type="checkbox"/> I acknowledge that any impact to traffic on SR 903 (Second Street from Oakes Ave west toward Roslyn; Oakes Ave between First and Second Streets; First Street east from Oakes Ave), including but not limited to street closure and parking, must be discussed and approved by the Washington State Department of Transportation (WSDOT). |                    |                                                            |

## RIGHT OF WAY (SIDEWALK) USE:

|                                                                   |                                                                                                                                                                                                                                                                        |                                                 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Will you require use of a city sidewalk during your event?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                        | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Description of Proposed Use:</b>                               |                                                                                                                                                                                                                                                                        |                                                 |
| <b>Use Permit Required:</b>                                       | <input type="checkbox"/> I acknowledge that I separately must request and receive approval of a Sidewalk Use Permit, the application for which is available at <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |                                                 |

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## COOKING:

|                                        |                                                                                                                                                  |                                                                       |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Will there be on-site cooking?</b>  | <input type="checkbox"/> No<br>Skip to next section.                                                                                             | <input checked="" type="checkbox"/> Yes<br>Include Fire Addendum #002 |
| <b>Description of Planned Cooking:</b> | We would like to have 1 or 2 food trucks, but may have a caterer just bring in food if that won't work.                                          | <b>Purpose:</b><br>To provide food to our attendees                   |
| <b>Acceptable Fuels:</b>               | <input checked="" type="checkbox"/> I acknowledge that only propane, pellets or electrical fuels are acceptable during a burn ban.               |                                                                       |
| <b>CEFD Requirements:</b>              | <input checked="" type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #002). |                                                                       |

## TENTS/ CANOPIES:

|                                     |                                                                                                                                                            |                                                                                    |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Will tents be erected?</b>       | <input type="checkbox"/> No<br>Skip to next section.                                                                                                       | <input checked="" type="checkbox"/> Yes<br>Include Fire Addendum #003 as necessary |
| <b>Number of Tents Anticipated:</b> | We may have a few 10x10 tents set up in our back parking lot. We have weights for all legs and they would only be used if the weather was rainy.           |                                                                                    |
| <b>CEFD Requirements:</b>           | <input checked="" type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #003 if needed). |                                                                                    |

## ALCOHOL SERVICE:

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Will alcohol be served?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Will alcohol be sold?</b>   | <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes                    |
| <b>Regulatory Compliance:</b>  | <input type="checkbox"/> I acknowledge alcohol service must comply with requirements described in WAC 314-03-200, including (but not necessarily limited to): <ul style="list-style-type: none"> <li>Barriers around service area of minimum 42 inches (3.5 feet) in height;</li> <li>Entry/exit points to service area may not exceed 10 feet in combined total;</li> <li>Controlled and monitored entry to service area and dedicated attendant, wait staff or server when patrons present;</li> <li>No open containers permitted to leave service area.</li> </ul> <input type="checkbox"/> I acknowledge that these requirements are subject to change based on legislative or agency action. Should there be any discrepancy between State regulation and this document, I understand that State regulation takes precedence. |                                                 |
| <b>Security Plan:</b>          | <input type="checkbox"/> I have included a detailed security plan specific to alcohol service in my event description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |
| <b>Banquet Permit:</b>         | <input type="checkbox"/> Approved <a href="#">WA State Liquor and Cannabis Control Board Banquet Permit</a> attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |

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## ENTERTAINMENT:

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            |                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Describe Planned Entertainment:</b>                       | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Presentations using A/V sound system speakers                                                                                              |                                                 |
| <b>Sound system?</b>                                         | <input type="checkbox"/> Acoustic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                            | <input checked="" type="checkbox"/> Amplified   |
| <b>Music/Sound Start Time:</b>                               | 5:30 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Music/Sound End Time:</b>                                                                                                               | 7:00 PM                                         |
| <b>Statutory Limitations:</b>                                | <input checked="" type="checkbox"/> I acknowledge I have read and understood <a href="#">CEMC 5.24</a> and the limitations it imposes on certain types of entertainment.<br><input checked="" type="checkbox"/> I acknowledge I have read and understood <a href="#">CEMC 8.05</a> and the limitations it imposes on noise. Generally, noise occurring between the hours of 10:00 PM to 7:00 AM and emanating more than 50 feet beyond the property line, or more than 100 feet from the property line at any other time of day, is prohibited unless granted an exception by the City. |                                                                                                                                            |                                                 |
| <b>Will you require an exception to the noise ordinance?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Request Submission:</b>                                   | <input checked="" type="checkbox"/> I acknowledge that, per CEMC 8.05, a formal request must be submitted to the City Administrator no later than 30 days prior to my event.                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |                                                 |
| <b>Will there be vendors?</b>                                | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> I understand that each vender must have a valid business license endorsement for the City of Cle Elum. |                                                 |

## RISK AND LIABILITY MANAGEMENT:

|                                                   |                                                                                                                                                                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Liability Insurance:</b>                       | <input checked="" type="checkbox"/> I have attached a current, valid Certificate of Liability Insurance naming "City of Cle Elum", at 119 W First St., Cle Elum, WA 98922, "Additional Insured" to all coverages.                |
| <b>Additional Animal Liability Coverage:</b>      | <input type="checkbox"/> I have attached proof of specific additional coverage for animal liability.<br><input checked="" type="checkbox"/> My event does not involve animals.                                                   |
| <b>Additional Coverage for Alcohol Service:</b>   | <input type="checkbox"/> I have attached proof of specific additional coverage for alcohol service.<br><input checked="" type="checkbox"/> My event does not involve alcohol service.                                            |
| <b>Hold Harmless Agreement:</b>                   | <input checked="" type="checkbox"/> I have attached a complete, signed Hold Harmless Agreement.                                                                                                                                  |
| <b>Hold Harmless Agreement – Parade Entrants:</b> | <input type="checkbox"/> I understand that it is my responsibility to obtain and retain signed Hold Harmless Agreements from each parade entrant.<br><input checked="" type="checkbox"/> My event does not include a parade.     |
| <b>Traffic Control and Security</b>               | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to arrange for necessary traffic control and security; my attached site plan includes detailed information on these measures. |

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## SANITATION:

|                                       |                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Portable Toilet Facilities:</b>    | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain portable toilet facilities for my event. These are identified in the attached site map and program description.<br><input checked="" type="checkbox"/> Required ratio: 1 toilet per 50 people per 4 hours. |
| <b>Trash Collection and Disposal:</b> | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain trash receptacles for my event. These are identified in the attached site map and program description.                                                                                                     |
| <b>Post-Event Cleanup:</b>            | <input checked="" type="checkbox"/> I understand that post-event cleanup is my or my organization's responsibility. I further understand that, should any city resources—including personnel time—be required to clean up after my event, the city may elect to bill for said resources.                                              |

## PROMOTION (OPTIONAL):

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                          |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|
| <b>Planned Method(s) of Promotion:</b>                 | <input type="checkbox"/> TV <input type="checkbox"/> Radio <input checked="" type="checkbox"/> Newspaper <input checked="" type="checkbox"/> Flyers<br><input checked="" type="checkbox"/> Posters <input type="checkbox"/> Mailers <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Other (see below)                                                                                 |  |                                          |
| <b>Do you plan to promote beyond a 50-mile radius?</b> | <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> Yes (see below) |
| <b>Lodging Tax Application:</b>                        | Events targeting attendees from beyond a 50-mile radius may be eligible for financial support—on a reimbursement basis—from Lodging Tax funds. A separate application must be submitted prior to your event; after-the-fact applications will not be accepted. We encourage you to explore this option: <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |  |                                          |

## CITY DEPARTMENT COMMENT PAGE:

|                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> The page for comment and signature from City departments will be circulated electronically on behalf of the event of organizer. However, the event organizer is strongly encouraged to reach out prior to submission to discuss plans in order to proactively address concerns and incorporate advice in the final proposal. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

3/2025

**Authorization**

*I acknowledge this permit application must be completed, signed, and returned to Cle Elum City Hall along with all required supplemental materials no later than 30 days prior to my event. I understand that 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. I further understand that the City retains the right to deny, revoke or cancel this permit at any time due to changes in conditions and risk potential*

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

**Applicant Signature:****Date:** 4/3/26

This application will not be processed and will be deemed incomplete if all required components are not attached to application on the day of submission.

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

wprosek@cleelum.gov  
Office (509) 674-2262  
Fax (509) 674-4097

3/2025



## HOLD HARMLESS AGREEMENT

This Agreement made this 31 day of March, 2026, between the City of  
Day Month Year  
 Cle Elum, referred to as "CITY" herein, and Kittitas County Chamber of Commerce at,  
Name  
609 N. Main St. Ellensburg WA 98926 referred to as "USER" herein.  
Mailing Address City State Zip

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

### SECTION I

USER undertakes to indemnify and hold harmless CITY from any liability, loss or damage that the USER may suffer as a result of any claims, demands, costs, or judgments against the CITY arising out of the acts, omissions, 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. The 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 thirty (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 and indemnify CITY 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. The CITY, at its option, shall retain 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 in cases of fraud) against USER as to fact and amount of USER'S liability hereunder.

### SECTION VI

USER covenants 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 known or unknown, developed or underdeveloped, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

Amy McGuffin  
 'USER' Signature

Amy McGuffin  
 Print Name

CEO  
 Title

3/2025



## PARADE ENTRANT HOLD HARMLESS AGREEMENT

PARADE NAME: N/A

I and those involved with my entry hereby release City of Cle Elum from any and all claims for damages on account of injury to either my person, property or livestock in conjunction with the above event. I hereby agree to abide by the rules and regulations of the Parade and to conduct myself accordingly.

I acknowledge that I am participating in a parade that requires that I have safe equipment, floats or livestock. I will not do anything that would pose a substantial risk to any participant or spectator at said event and take full responsibility for those in my entry. I also agree to indemnify, defend and hold harmless and release said City of Cle Elum therewith from any and all claims or responsibility, whatsoever, in case I should be injured while participating in said event including any injury whatsoever that I may cause to any spectator.

I agree that the City of Cle Elum are not liable in any way or manner for any injury to me or any injury I should cause or that should occur if I choose to distribute any type of material from the parade route.

I AGREE THAT I OR THOSE INVOLVED WITH MY ENTRY WILL NOT THROW ANY TYPE OF TREATS OR MATERIAL TO THE CROWD ALONG THE PARADE ROUTE.

I have read the release and hold harmless agreement and agree to its terms and have executed the same voluntarily.

Parade Entrant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parade Entrant Print Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

3/2025

**City of Cle Elum Fire Department**  
**SETUP REQUIREMENTS FOR SPECIAL EVENT PERMITS**  
**If event is held in the city limits of Cle Elum and has an occupancy count of over 100 persons**

- ☒ **Fire and Life Safety Plan ADD #001**
- ☒ **Cooking ADD #002**
- ☐ **Cooking during burn ban ADD #002 – \*Must contact Fire Dept directly for burn ban cooking requirements\***
- ☒ **Tents/Canopy under 400 sq ft**
- ☐ **Large Tent over 400 sq ft ADD #003**
- ☐ **Generator**
- ☐ **Carnival**

☐ **Only Acknowledgement of Requirements**

All setups and operations are subject to field inspection by an inspector.

- **COOKING:** Special Event Permit is required for any open flame or cooking on premises. (Including food trucks)
  - Event organizers shall be responsible for compliance with conditions listed in **ADDENDUM #002** by all cooking vendors.
  - Event organizer(s) shall be responsible for submitting to the Fire Department a list of all cooking vendors and the signed copies of **ADDENDUM #002** (Requirement for cooking), by each cooking vendor.
- **COOKING DURING A BURN BAN:** additional requirements including **ADDENDUM #002**
  - Portable barbeques may only use propane, pellets, or electricity as fuel.
  - Any other fuels would require additional authorization and permitting.
  - Must contact Fire Dept directly for burn ban cooking requirements
- **TENTS:** For larger tents please submit **ADDENDUM #003**
  - Tents and canopies shall have a State Fire Marshal Flame Resistance Rating, and weighted properly for safety for all weather events and hazards.
- **GENERATORS:**
  - Must be placed 10 feet from the building. **Also, must have a minimum 20BC Fire Extinguisher placed nearby.**
- **CARNIVAL AREA:** Provide an additional extinguisher throughout. (within 75' of travel)
  - All rides shall have a 2A-10BC fire extinguisher. NO rides may be within 20 feet of a building.



**GENERAL SETUP: All set ups will generally require ADDENDUM #001**

- Electrical wires or cables, and any gas/water piping on ground located in public areas must be matted, taped or flown.
- If a propane tank is used, a minimum of 10 feet clearance must be kept between a tank and appliance(s).
- Compressed gas cylinders shall always be secured and capped if not being used.
- Other permits may be required for electrical lines or gas lines outside of a building, contact the Building Department.
- Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.
- ALL exits and aisles must be maintained free and clear of any items.
- All venue occupant loads shall be maintained.
- All fire protection systems shall be visible and unobstructed.
- No motor vehicles shall be operated in the event area.
- Event signs, fire lanes signs and occupant load signs shall be displayed and visible before the event is opened to the public.
- ALL decorations, etc. shall be flame retardant.
- A 7-foot overhead clearance must be maintained in all public access areas.
- A 20-foot Fire Lane with a minimum 14-foot overhead clearance must be maintained unobstructed.
- All Booths shall be a minimum of 10 feet away from structures.
- Tables shall be arranged so that the seating edges of adjacent tables are not less than 54 inches apart.
- Rectangular tables arranged to accommodate seating on one side only shall have not less than 36 inches between adjacent table edges.
- Every chair shall be within 20 feet of an aisle.
- Loose Chair seating the space between rows of chairs shall be not less than 33 inches. The space between the back of each seat and front of the seat immediately behind will not be less than 12 inches, Seats shall be arranged so that there shall be not more than six intervening seats between any seat and the nearest aisle.
- AT THE END OF EVENT: At the closing of the event, event organizers shall maintain the perimeter and not allow motor vehicles into the event area until the public is cleared.

iamcoubin

SIGNATURE/TITLE

4/2/2026

DATE

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

3/2025

# **Chamber of Commerce Building Fire Safety Plan - 2026**

**214 N Pennsylvania Ave Cle Elum, WA, 98922**

## **Point of Contact/Responsible for emergency plans:**

Amy McGuffin, CEO

[amy@kittitascountychamber.com](mailto:amy@kittitascountychamber.com) | Office: 509-925-2002 | Cell: 509-607-1081

**Business License: UBI: 601-133-921**

- **In the event of an emergency call 911** reporting all issues to KITTCOM they will page out appropriate resources.
- **Medical emergencies** call 911 stay online until first responders arrive on scene. This will give incoming help updates on patient and scene.
- **Fire events** stay calm, remember your training and work through the safety plans.
- **2 Extinguishers** On-Site: 1 located by front door, 1 located by back door
- **Fire equipment:** Fire Extinguishers
- **Floor Plan:** Main Floor – 2000 sq ft. / Units: 1-office occupied by the Small Business Development Center (SBDC), 5-Private office spaces and 2-Open Air Desks
- **4 Entrances/Exits.** 2 main entrance/exit for customers. Another 2 entrance/exit is to back of unit.
- **Fire Suppression System** Fire Extinguishers only use to try and keep fires small if safe to do before exiting the building.
- The Evacuation Assembly Point (**EAP**) is in front of the building. It is furthest away from structures and is the most viewable point to responders/ firefighter

*Fire Chief Mills Contact – 509-656-4062, [emills@cleelum.gov](mailto:emills@cleelum.gov)*

**ADDENDUM #002**  
**City of Cle Elum Fire Department**  
**COOKING AT SPECIAL EVENTS REQUIREMENTS**

DATES-FROM 10/21/26 TO: 10/21/26

COOKING TYPE (FUEL): TBD (FOOD VENDOR NOT CONFIRMED YET)

1. Food vendors or food trucks must be state certified or certified through the Cle Elum Fire Department.
2. The Kittitas County Health Department approval must be obtained for cooking on site.

**Requirements:**

NO cooking under unapproved canopies or in indoor structures. Must be permitted and have permanently affixed labeling of Flame propagation performance testing and certification. A 20-foot clearance must be maintained between the structure or booth. NFPA 701

Cooking devices using propane must have the propane bottle outside the booth and properly secured in an upright position. **Use of propane indoors is PROHIBITED.**

All fittings and hoses used with propane shall be approved for such use by an approved testing laboratory.

Propane shall be limited to the supply on site. **There shall be no remote storage area.**

Propane cylinder size is limited to a 5.76-gallon capacity.

Limit of one propane cylinder per appliance.

Refueling of propane cylinders on site or at other non-approved locations is prohibited.

Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with [Section 906.1](#).

A minimum of three (3) feet clearance must be provided between the public and the cooking device by a barricade.

All cooking devices shall be secure, stable, and level and on a nonflammable surface. Cooking equipment using combustible oils or solids shall have a noncombustible lid immediately available. The lid shall be of sufficient size to cover the cooking well completely.

No Smoking within 25 feet of propane cylinder and No Smoking inside a tent or canopy.

Coals shall be fully extinguished and cold, then placed into a clean noncombustible container for disposal.

All propane connections shall be tested for leakage by performing the manufacturers recommended testing procedures.

Barbeques must be kept in a remote area where there is no public access. The barbeque device must be so isolated that any persons other than the operators may not approach nearer than five (5) feet of the device.

The location of the barbeque device should be in a non-enclosed area, and also be located at least Five (5) feet away from any combustible Material and shall have at least five (5) feet of clear working space completely around the device. There shall be a rigid restricting barrier.

Only adults should be allowed inside the barrier. Absolutely no children under twelve (12) years of age shall be within the barrier.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

One water type extinguisher of at least 2-1/2-gallon capacity shall be available inside the barrier.

Flammable liquids shall not be used to start charcoal.

At the termination of use, the embers and ashes shall be thoroughly soaked with water.

SIGNATURE: Amgustin DATE: 4/30/26

PLEASE SIGN TWO COPIES. ONE COPY SHALL REMAIN ON SITE AND THE OTHER FOR THE FIRE DEPARTMENT.  
After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

**ADDENDUM #003**  
**City of Cle Elum Fire Department**  
**TENT AND CANOPY REQUIREMENTS**

**FOR FIRE DEPARTMENT USE AND APPROVAL**

\_\_\_\_\_ Provide three sets of layouts drawn to scale showing all equipment and items inside the tent

\_\_\_\_\_ Show distance from tent to any structures or property lines on layout.  
10' away if under 1,500 sq ft  
30' away if between 1,501 and 15,000 sq. ft.  
50' away if over 15,000 sq. ft

\_\_\_\_\_ **FOR TENTS OVER 1,500 SQ. FEET:** An unobstructed passageway  
Not less than six feet in width and free from guy wires or other  
Obstructions shall be maintained on all sides of tents.

\_\_\_\_\_ **EXITING**-Exit width, number of exits, aisles, cables matted or flown  
Above ground. Show location of equipment or tent lines in relation to  
Exits

\_\_\_\_\_ No parking within 50 ft. of tent(s) (most restrictive)

\_\_\_\_\_ It is understood that support vehicles (catering trucks, etc.) must be.  
At least 20' away from tent.

\_\_\_\_\_ **"NO SMOKING"** signs will be installed in tent in a conspicuous place  
(NO ASH TRAYS)

\_\_\_\_\_ \* No. of "No Smoking" signs required

\_\_\_\_\_ Fire Extinguishers will be provided in all tents and mounted in a  
Conspicuous place.

\_\_\_\_\_ \* No. of extinguishers required

\_\_\_\_\_ **NO OPEN FLAME WITHIN THE TENT**- Sterno for warming food is allowed with chafing dishes ONLY.

\_\_\_\_\_ Heaters must be approved type and located 10' away from exits. Propane tanks for heaters will be located  
outside the tent at least 10' away and secured to tent stakes.

\_\_\_\_\_ Membrane structures or tents shall have a permanently affixed label bearing the following information:

1. 1.The identification of size and fabric or material.
2. 2.The names and addresses of the manufacturers of the tent or air-supported structure.
3. 3.A statement that the fabric or material meets the requirements of Section 3104.2.
4. 4.If treated, the date the fabric or material was last treated with flame-retardant solution, the trade name or kind of chemical used in treatment, name of person or firm treating the fabric or material,  
and name of testing agency and test standard by which the fabric or material was tested.
5. 5.If untreated, a statement that no treatment was applied when the fabric or material met the requirements of Section 3104.2

\_\_\_\_\_ Occupant Loads: Check on that applies.  
over 49- illuminated exit signs.  
300 or more - emergency egress lighting and battery exit signs.  
1,000 or more - 1 1/2" hose line provided for firefighting.

**SAFETY OFFICER(s)** required if -

\_\_\_\_\_ No. of Fire Safety Officers required for this event?  
(At \$55 per hour, 4 hours minimum per Fire Safety Officer)

**CATERER:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**TENT COMPANY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_ Notify Inspector Rob Omans of the Department of Building and Safety  
Of the location, phone number, and dates

\_\_\_\_\_ A set of approved plans shall be on site and made accessible to the Fire marshal.

**THE ABOVE IS CORRECT AND TRUE TO FORM:** \_\_\_\_\_

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

(Signature)

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

3/2025



## Alley Closure Notification

Dear Residents,

I hope this message finds you well. On behalf of the Kittitas County Chamber of Commerce, I am writing to inform you of a temporary alley closure associated with an upcoming community event.

### Closure Details:

The alley located near your residence will experience limited access. This temporary closure is necessary to safely accommodate event activities.

- **Date:** Wednesday, October 21, 2026
- **Closure Time:** 2:00 PM – 8:00 PM
- **Location:** Alley from the back of the Catalyst BDC parking lot heading north to 2nd Street. (See attached map)
- **Event Time:** 5:30 PM – 7:00 PM

### What to Expect:

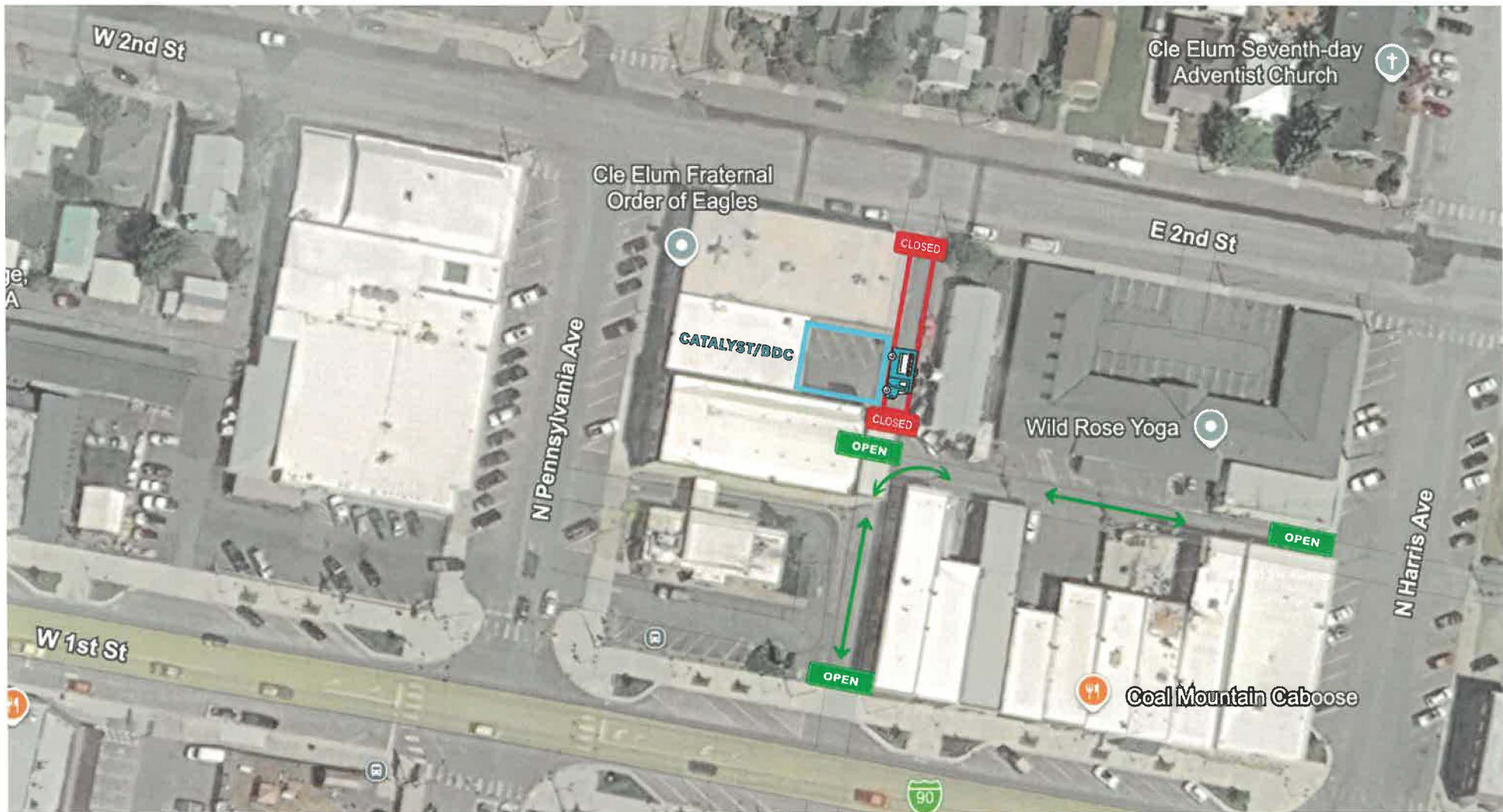
- **Continued Access:** You will still be able to access your residence via the alley off N. Harris Avenue or 1st Street during this time.
- **Parking Impacts:** Parking within or near the alley may be limited or temporarily unavailable. We are kindly asking you to park along 2nd Street if you are needing to come and go during this event.
- **Activity:** You may notice increased foot traffic and activity in the surrounding area, as well as some amplified music or speaking.

We understand that disruptions like this can be inconvenient, and we sincerely appreciate your patience and cooperation as we host this event for the benefit of our community. We invite you to attend this event, and more information can be found here:  
[www.kittitascountychamber.com/annual-membership-meeting](http://www.kittitascountychamber.com/annual-membership-meeting)

If you have any questions or concerns, please don't hesitate to contact our office at 509-925-2002 or [events@kittitascountychamber.com](mailto:events@kittitascountychamber.com). Thank you for your understanding and support.

Sincerely,  
Kristina Paquette  
Events and Communications Coordinator





## **MEMBERSHIP MEETING EVENT LAYOUT**

**Location:** 214 N. Pennsylvania Ave. and back parking lot

**Date:** Wednesday, October 21, 2026

**Event Time:** 5:30-7:00 PM

**Proposed Partial Alley Closure:** 2:30-8:00 pm



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/6/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                                  |                                                       |                                    |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| <b>PRODUCER</b><br>Gerald M. Lael<br>Lael Insurance and Financial Services<br>2301 W. Dolarway Rd Ste 5<br>Ellensburg, Wa. 98926 | <b>CONTACT NAME:</b> Jerry Lael                       |                                    |
|                                                                                                                                  | <b>PHONE (A/C, No, Ext):</b> 509-962-8800             | <b>FAX (A/C, No):</b> 509-962-8801 |
|                                                                                                                                  | <b>E-MAIL ADDRESS:</b> glael@farmersagent.com         |                                    |
| <b>INSURED</b><br>Kittitas County Chamber of Commerce<br>609 N Main St<br>Ellensburg, WA. 98926                                  | <b>INSURER(S) AFFORDING COVERAGE</b>                  |                                    |
|                                                                                                                                  | <b>INSURER A:</b> Mount Vernon Fire Insurance Company |                                    |
|                                                                                                                                  | <b>INSURER B:</b>                                     |                                    |
|                                                                                                                                  | <b>INSURER C:</b>                                     |                                    |
|                                                                                                                                  | <b>INSURER D:</b>                                     |                                    |
|                                                                                                                                  | <b>INSURER E:</b>                                     |                                    |
|                                                                                                                                  | <b>INSURER F:</b>                                     |                                    |
|                                                                                                                                  | <b>NAIC #</b> 26522                                   |                                    |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. \*LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. \*Not Applicable in WY

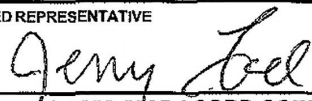
| INSR LTR | TYPE OF INSURANCE                                                                                                                     | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                               |
|----------|---------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|----------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                                      | Y         |          | NBP2553364G   | 05/10/2026              | 05/10/2027              | EACH OCCURRENCE \$ 1,000,000                                         |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                                                   |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                 |
|          |                                                                                                                                       |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                                    |
|          |                                                                                                                                       |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                                   |
|          |                                                                                                                                       |           |          |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000                                       |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                                    |           |          |               |                         |                         | PRODUCTS - COM/OP AGG \$ 2,000,000                                   |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC                              |           |          |               |                         |                         |                                                                      |
|          | OTHER:                                                                                                                                |           |          |               |                         |                         |                                                                      |
|          | <b>AUTOMOBILE LIABILITY</b>                                                                                                           |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          | <input type="checkbox"/> ANY AUTO                                                                                                     |           |          |               |                         |                         | BODILY INJURY (Per person) \$                                        |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                                                    |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                                      |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                               |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                                                                       |           |          |               |                         |                         | \$                                                                   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR                                                                                   |           |          |               |                         |                         | EACH OCCURRENCE \$                                                   |
|          | <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE                                                                               |           |          |               |                         |                         | AGGREGATE \$                                                         |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                    |           |          |               |                         |                         | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                                                                                  |           |          |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A |           |          |               |                         |                         | E.L. EACH ACCIDENT \$                                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                                       |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$                                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder as additional insured 10/21/2026. Location 214 N Pennsylvania Avenue

## CERTIFICATE HOLDER

## CANCELLATION

|                                                         |                                                                                                                                                                |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Cle Elum<br>119 W 1st St<br>Cle Elum, WA. 98922 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                         | AUTHORIZED REPRESENTATIVE<br>                                              |

Receipt: 20330 04/07/2026  
Acct #: 412 COPY  
City Of Cle Elum  
119 W First Street  
Cle Elum, WA 98922  
5096742262

---

Kittitas County Chamber of Commerce  
609 North Main St  
Ellensburg, WA 98926-

Treasurers Receipt  
Memo: EVT-2026-012-10-21 Chamber  
of Commerce Members  
meeting

|                    |              |
|--------------------|--------------|
| Event Fees/Permits | 75.00        |
| Non Taxed Amt:     | <u>75.00</u> |
| Total:             | 75.00        |
| Chk: 29031         | <u>75.00</u> |
| Ttl Tendered:      | 75.00        |
| Change:            | 0.00         |

Issued By: Whitney Prosek  
04/07/2026 10:23:33

**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

Approved

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

**Police Signature:** Rich Albo

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

Approved

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

**Public Works Signature:** Mathew Bailey

**CLE ELUM FIRE DEPARTMENT** (509) 674-1748

Inspection and updated fire and life safety plan will be complete before event.

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

**Fire Department Signature:** Edwin L Mills

**CITY COUNCIL REPRESENTATIVE** (509) 674-2473

Approved

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

**City Council Signature:** Leidy M

**CITY ADMINISTRATION** (509) 674-2262

**Staff Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                         |                                                                |
|-------------------------|----------------------------------------------------------------|
| Title                   | Department Heads - Event Review Chamber of Commerce Members... |
| File name               | Chamber_of_...nt_2026.pdf and 1 other                          |
| Document ID             | 65adab23fbc7c799157011710c51422b7987671a                       |
| Audit trail date format | MM / DD / YYYY                                                 |
| Status                  | ● Signed                                                       |

## Document History



**04 / 07 / 2026**  
10:30:31 UTC-7

Sent for signature to Rich Albo (ralbo@cleelum.gov), Mathew Bailey (mbailey@cleelum.gov), Ed Mills (emills@cleelum.gov) and City Council Representative (amalek@cleelum.gov) by integrations@hellosign.com acting on behalf of romans@cleelum.gov  
IP: 69.55.222.58



**04 / 07 / 2026**  
10:59:13 UTC-7

Viewed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



**04 / 07 / 2026**  
11:02:05 UTC-7

Signed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



**04 / 07 / 2026**  
12:07:04 UTC-7

Viewed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 209.209.16.190



**04 / 07 / 2026**  
12:10:07 UTC-7

Signed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 209.209.16.190

|                         |                                                                |
|-------------------------|----------------------------------------------------------------|
| Title                   | Department Heads - Event Review Chamber of Commerce Members... |
| File name               | Chamber_of_...nt_2026.pdf and 1 other                          |
| Document ID             | 65adab23fbc7c799157011710c51422b7987671a                       |
| Audit trail date format | MM / DD / YYYY                                                 |
| Status                  | ● Signed                                                       |

## Document History



**04 / 07 / 2026**  
20:54:41 UTC-7

Viewed by City Council Representative (amalek@cleelum.gov)  
IP: 172.56.108.182



**04 / 07 / 2026**  
20:57:34 UTC-7

Signed by City Council Representative (amalek@cleelum.gov)  
IP: 172.56.108.182



**04 / 08 / 2026**  
07:14:17 UTC-7

Viewed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162



**04 / 08 / 2026**  
07:15:44 UTC-7

Signed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162

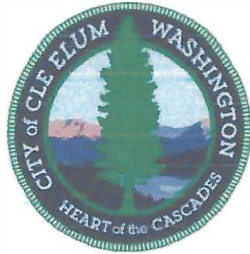


**04 / 08 / 2026**  
07:15:44 UTC-7

The document has been completed.

119 West First Street  
Cle Elum, WA 98922

Telephone · (509) 674-2262  
Fax · (509) 674-4097  
www.cleelum.gov



Stamp & initial

## EVENT PERMIT APPLICATION

### APPLICATION DEADLINES:

*All applications must be received a minimum of 30 days prior to the date of the event.*

*The purpose of this permit is to help the event organizer, 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.*

| OFFICIAL USE ONLY |                     |
|-------------------|---------------------|
| Event Name:       | WSHP Event Calendar |
| Permit #:         | EVT- 2026-013       |
| Fee Total:        | 150.00              |
| Related Permits:  |                     |

### FEES<sup>1</sup>

- \$75 if application is submitted at least 60 days prior to event.
- \$150 if application is submitted 30 days prior to event.

### WHEN IS AN EVENT PERMIT REQUIRED?

Events planned to take place on public property must submit an event application. An event application is also required for events on private property if they have the potential to substantially impact the normal operations of the city. This includes, but is not limited to, effects on pedestrian traffic flow, parking availability, vehicle traffic flow, street access (such as the need for street closures), or any potential risk to public safety. Additionally, an event application and safety plan are required when cooking in public or when there is any other known potential safety risk to the public.

Substantial, in this context, refers to any impact that is significant enough to noticeably alter or disrupt the normal operations of the city in more than a temporary or minor way. This includes but is not limited to causing delays, congestion, or increased demand on city resources, services, or infrastructure, and necessitating additional planning, resources, or measures to maintain public safety and order. The duration of the event may also be a factor in determining whether the impact is substantial.

### 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  
Cle Elum Fire Department – Chief Ed Mills .....emills@cleelum.gov.....(509) 656-4062  
WSDOT – Traffic Control / Right of Way use ..... (509) 577-1788

<sup>1</sup> City entities, including—but not necessarily limited to—CEFD, CERPD and CE Public Works, as well the Cle Elum Downtown Association and the Carpenter Museum, are exempt from application fees.

3/2025



|                                                                                                                 |                                        |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <b>Applicant ("Event Organizer")</b>                                                                            |                                        |
| Name: <u>Wendy Hensley</u>                                                                                      | Business License #                     |
| Title: <u>Executive Director</u>                                                                                |                                        |
| Sponsoring Organization: <u>WSHP</u>                                                                            |                                        |
| Mailing Address: <u>PO Box 278, Cle Elum WA</u>                                                                 |                                        |
| Phone Number: <u>877 635 4111</u>                                                                               | Email: <u>director@wahorsepark.org</u> |
| Primary Contact Person <u>During Event</u> Same as Applicant <input type="checkbox"/>                           |                                        |
| Name: <u>Wendy Hensley</u>                                                                                      |                                        |
| Title: <u>ED</u>                                                                                                |                                        |
| Local Address: <u>1202 Douglas Murro Blvd</u>                                                                   |                                        |
| Email: <u>director@wahorsepark.org</u>                                                                          |                                        |
| Daytime Phone Number: <u>877 635 4111</u>                                                                       | Mobile Phone: <u>360 526 7721</u>      |
| Secondary/Emergency Contact Person <u>During Event</u> (available to respond in the absence of Event Organizer) |                                        |
| Name: <u>Martin Luna</u>                                                                                        |                                        |
| Title: <u>Operations Lead</u>                                                                                   |                                        |
| Local Address: <u>1202 Douglas Murro Blvd</u>                                                                   |                                        |
| Daytime Phone Number: <u>877 635 4111</u>                                                                       | Mobile Phone: <u>509 304 5566</u>      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REQUIRED – Applicant Checklist</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Event Permit Application received a minimum of 30 days prior to event, and the total fee paid to City Hall.                                                                                                                                                                                                                                                                                                                                                                                               |
| Signed and dated Hold Harmless Agreement <ul style="list-style-type: none"> <li>For parades: each parade entrant must sign and submit the Parade Entrant Hold Harmless Agreement to the event organizer. The event organizer is responsible for retaining these agreements.</li> </ul>                                                                                                                                                                                                                    |
| Certificate of Liability Insurance <ul style="list-style-type: none"> <li>"City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage</li> <li>As applicable, coverage for alcohol service must be specified</li> <li>As applicable, coverage for injury by animals must be specified</li> </ul>                                                                                                                                                      |
| Supplemental pages below with a complete and detailed description of the event, including a schedule and location of event(s). <ul style="list-style-type: none"> <li>If serving alcohol, WA Liquor and Cannabis Control Board Banquet Permit or other applicable alcohol service license measures taken to comply with State regulations must be addressed in detail: <a href="https://lcb.wa.gov/licensing/outdoor_alcohol_service">https://lcb.wa.gov/licensing/outdoor_alcohol_service</a></li> </ul> |

3/2025

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Cle Elum Fire Department-approved Special Events Permit including Addendum #001 Fire and Life Safety Plan and additional Addendums as needed. Contact the Chief of CEFD for guidance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                |
| <b>Site Plan</b> including items such as the location of garbage receptacles, portable bathrooms, stage, seating, vendors, street closures, barricades, alcohol measures taken etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |
| As applicable, list of vendor names and contact details <ul style="list-style-type: none"> <li>All vendors must have or obtain a business license endorsement for the City of Cle Elum: <a href="https://dor.wa.gov/open-business/apply-business-license">https://dor.wa.gov/open-business/apply-business-license</a></li> </ul>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| If requesting street closures, event organizer must notify all adjacent residents and/or businesses of the proposed closure a minimum of three (3) weeks before the regular Lodging Tax & Event Committee meeting at which the application will be reviewed. Notification must also inform recipients they have the opportunity to comment on the proposed closure by attending the meeting (either in-person or virtually) or via email: <a href="mailto:wprosek@cleelum.gov">wprosek@cleelum.gov</a> . Include a copy of the notification. <ul style="list-style-type: none"> <li>Road closures on First Street must contact WSDOT</li> </ul> |                                                                                                                                                                                                                                |
| <b>Other Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>After approval from the Lodging Tax and Event Committee, and any Special Events Permits issued with CEFD, this Event will be subject to a Fire Safety Check on <u>the day of the Event</u> by Cle Elum Fire Department.</i> |

## EVENT DESCRIPTION:

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                   |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
| <b>Event Name:</b>                                   | WSHP Calendar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |                                                   |
| <b>Event Type:</b>                                   | <input checked="" type="checkbox"/> Minor ( $\leq 50$ Attendees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> Major ( $> 50$ Attendees) |                                                   |
| <b>Brief Description of Event:</b>                   | Equine Events hosted through                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |                                                   |
|                                                      | the year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |                                                   |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                   |
| <b>Parade Map:</b>                                   | <input checked="" type="checkbox"/> My event does not include a parade.<br><input type="checkbox"/> I acknowledge the Cle Elum-Roslyn Police Department has a pre-approved parade map, which has been provided. Should I wish to suggest an alternate route, I confirm that I have attached a map of this route and included a detailed explanation for it the attached event description. I understand this route is subject to CERPD approval. I further understand that approval is not guaranteed and may be rescinded at any time. |                                                               |                                                   |
| <b>Event Start Date:</b>                             | April 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Event End Date:</b>                                        | Oct. 31                                           |
| <b>Day(s) of the Week:</b>                           | <input checked="" type="checkbox"/> SUN <input checked="" type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input checked="" type="checkbox"/> WED <input checked="" type="checkbox"/> THU <input checked="" type="checkbox"/> FRI <input checked="" type="checkbox"/> SAT                                                                                                                                                                                                                                                 |                                                               |                                                   |
| <b>Event Start Time:</b>                             | Varies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Event End Time:</b>                                        | Varies                                            |
| <b>Date of Set Up:</b>                               | Varies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Time of Set Up:</b>                                        | Varies                                            |
| <b>Date of Take Down:</b>                            | Varies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Time of Take Down:</b>                                     | Varies                                            |
| <b>Facilities to be Used: (Check all that Apply)</b> | <input type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input checked="" type="checkbox"/> Private Property                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |                                                   |
| <b>Location:</b>                                     | 1202 Douglas Munro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                               |                                                   |
| <b>Expected Crowd Size:</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                   |
| <b>Participants:</b>                                 | Varies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Spectators:</b>                                            |                                                   |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Event Personnel &amp; Volunteers:</b>                      | Varies                                            |
| <b>Previous Occurrences:</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               |                                                   |
| <b>Has the event occurred previously?</b>            | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> Yes                       | <b>If yes, on which date(s)?</b>                  |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               | Past years                                        |
| <b>Change(s) from previous year?</b>                 | <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               | <input type="checkbox"/> See Explanation Attached |
| <b>Will you charge an admission fee?</b>             | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Yes                                  | <b>If yes, how much?</b>                          |
|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                               | Varies                                            |

Varies

3/2025

## STREET CLOSURES:

|                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                 |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------|
| <b>Will your event require any street closures?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                    |                    | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Street(s):</b>                                   |                                                                                                                                                                                                                                                                                                                                                                    | <b>Section(s):</b> |                                                 |
| <b>Proposed Method(s) of Closure:</b>               | <input type="checkbox"/> Both my attached site plan and event description include full details of the location(s) and methods of my proposed closures.                                                                                                                                                                                                             |                    |                                                 |
| <b>Neighborhood Notification:</b>                   | <input type="checkbox"/> I have attached an example of the written notice provided to the adjacent residents and/or business owners regarding the proposed street closures.                                                                                                                                                                                        |                    |                                                 |
| <b>Traffic Control:</b>                             | <input type="checkbox"/> I acknowledge that event organizers must contract with CEFD or another organization with Washington State Flagger or Traffic Control Supervisor certification for traffic control services.                                                                                                                                               |                    |                                                 |
| <b>Impact on SR 903:</b>                            | <input type="checkbox"/> I acknowledge that any impact to traffic on SR 903 (Second Street from Oakes Ave west toward Roslyn; Oakes Ave between First and Second Streets; First Street east from Oakes Ave), including but not limited to street closure and parking, must be discussed and approved by the Washington State Department of Transportation (WSDOT). |                    |                                                 |

## RIGHT OF WAY (SIDEWALK) USE:

|                                                                   |                                                                                                                                                                                                                                                                        |  |                                                 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|
| <b>Will you require use of a city sidewalk during your event?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                        |  | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Description of Proposed Use:</b>                               |                                                                                                                                                                                                                                                                        |  |                                                 |
| <b>Use Permit Required:</b>                                       | <input type="checkbox"/> I acknowledge that I separately must request and receive approval of a Sidewalk Use Permit, the application for which is available at <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |  |                                                 |



## COOKING:

|                                        |                                                                                                                                       |                                                            |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Will there be on-site cooking?</b>  | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                       | <input type="checkbox"/> Yes<br>Include Fire Addendum #002 |
| <b>Description of Planned Cooking:</b> |                                                                                                                                       | <b>Purpose:</b>                                            |
| <b>Acceptable Fuels:</b>               | <input type="checkbox"/> I acknowledge that only propane, pellets or electrical fuels are acceptable during a burn ban.               |                                                            |
| <b>CEFD Requirements:</b>              | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #002). |                                                            |

## TENTS/ CANOPIES:

|                                     |                                                                                                                                                 |                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Will tents be erected?</b>       | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                 | <input type="checkbox"/> Yes<br>Include Fire Addendum #003 as necessary |
| <b>Number of Tents Anticipated:</b> |                                                                                                                                                 |                                                                         |
| <b>CEFD Requirements:</b>           | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #003 if needed). |                                                                         |

## ALCOHOL SERVICE:

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Will alcohol be served?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Will alcohol be sold?</b>   | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes                    |
| <b>Regulatory Compliance:</b>  | <input type="checkbox"/> I acknowledge alcohol service must comply with requirements described in WAC 314-03-200, including (but not necessarily limited to): <ul style="list-style-type: none"> <li>o Barriers around service area of minimum 42 inches (3.5 feet) in height;</li> <li>o Entry/exit points to service area may not exceed 10 feet in combined total;</li> <li>o Controlled and monitored entry to service area and dedicated attendant, wait staff or server when patrons present;</li> <li>o No open containers permitted to leave service area.</li> </ul> <input type="checkbox"/> I acknowledge that these requirements are subject to change based on legislative or agency action. Should there be any discrepancy between State regulation and this document, I understand that State regulation takes precedence. |                                                 |
| <b>Security Plan:</b>          | <input type="checkbox"/> I have included a detailed security plan specific to alcohol service in my event description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |
| <b>Banquet Permit:</b>         | <input type="checkbox"/> Approved <a href="#">WA State Liquor and Cannabis Control Board Banquet Permit</a> attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                 |

## ENTERTAINMENT:

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                 |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe Planned Entertainment:</b>                       | <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                 |
| <b>Sound system?</b>                                         | <input type="checkbox"/> Acoustic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Amplified                                                                                              |
| <b>Music/Sound Start Time:</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Music/Sound End Time:</b>                                                                                                    |
| <b>Statutory Limitations:</b>                                | <input type="checkbox"/> I acknowledge I have read and understood <a href="#">CEMC 5.24</a> and the limitations it imposes on certain types of entertainment.<br><input type="checkbox"/> I acknowledge I have read and understood <a href="#">CEMC 8.05</a> and the limitations it imposes on noise. Generally, noise occurring between the hours of 10:00 PM to 7:00 AM and emanating more than 50 feet beyond the property line, or more than 100 feet from the property line at any other time of day, is prohibited unless granted an exception by the City. |                                                                                                                                 |
| <b>Will you require an exception to the noise ordinance?</b> | <input type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Yes<br>Continue below.                                                                                 |
| <b>Request Submission:</b>                                   | <input type="checkbox"/> I acknowledge that, per CEMC 8.05, a formal request must be submitted to the City Administrator no later than 30 days prior to my event.                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |
| <b>Will there be vendors?</b>                                | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> I understand that each vender must have a valid business license endorsement for the City of Cle Elum. |

## RISK AND LIABILITY MANAGEMENT:

|                                                   |                                                                                                                                                                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Liability Insurance:</b>                       | <input checked="" type="checkbox"/> I have attached a current, valid Certificate of Liability Insurance naming "City of Cle Elum", at 119 W First St., Cle Elum, WA 98922, "Additional Insured" to all coverages.                |
| <b>Additional Animal Liability Coverage:</b>      | <input type="checkbox"/> I have attached proof of specific additional coverage for animal liability.<br><input type="checkbox"/> My event does not involve animals.                                                              |
| <b>Additional Coverage for Alcohol Service:</b>   | <input type="checkbox"/> I have attached proof of specific additional coverage for alcohol service.<br><input checked="" type="checkbox"/> My event does not involve alcohol service.                                            |
| <b>Hold Harmless Agreement:</b>                   | <input checked="" type="checkbox"/> I have attached a complete, signed Hold Harmless Agreement.                                                                                                                                  |
| <b>Hold Harmless Agreement – Parade Entrants:</b> | <input type="checkbox"/> I understand that it is my responsibility to obtain and retain signed Hold Harmless Agreements from each parade entrant.<br><input checked="" type="checkbox"/> My event does not include a parade.     |
| <b>Traffic Control and Security</b>               | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to arrange for necessary traffic control and security; my attached site plan includes detailed information on these measures. |

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## SANITATION:

|                                       |                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Portable Toilet Facilities:</b>    | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain portable toilet facilities for my event. These are identified in the attached site map and program description.<br><input type="checkbox"/> Required ratio: 1 toilet per 50 people per 4 hours. |
| <b>Trash Collection and Disposal:</b> | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain trash receptacles for my event. These are identified in the attached site map and program description.                                                                                          |
| <b>Post-Event Cleanup:</b>            | <input checked="" type="checkbox"/> I understand that post-event cleanup is my or my organization's responsibility. I further understand that, should any city resources—including personnel time—be required to clean up after my event, the city may elect to bill for said resources.                                   |

## PROMOTION (OPTIONAL):

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Planned Method(s) of Promotion:</b>                 | <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Flyers<br><input type="checkbox"/> Posters <input type="checkbox"/> Mailers <input type="checkbox"/> Social Media <input checked="" type="checkbox"/> Other (see below)                                                                                                                  |                                                     |
| <b>Do you plan to promote beyond a 50-mile radius?</b> | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes (see below) |
| <b>Lodging Tax Application:</b>                        | Events targeting attendees from beyond a 50-mile radius may be eligible for financial support—on a reimbursement basis—from Lodging Tax funds. A separate application must be submitted prior to your event; after-the-fact applications will not be accepted. We encourage you to explore this option: <a href="https://clcelum.gov/forms-and-applications/">https://clcelum.gov/forms-and-applications/</a> . |                                                     |

## CITY DEPARTMENT COMMENT PAGE:

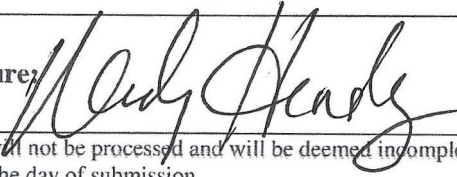
|                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> The page for comment and signature from City departments will be circulated electronically on behalf of the event of organizer. However, the event organizer is strongly encouraged to reach out prior to submission to discuss plans in order to proactively address concerns and incorporate advice in the final proposal. |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



**Authorization**

*I acknowledge this permit application must be completed, signed, and returned to Cle Elum City Hall along with all required supplemental materials no later than 30 days prior to my event. I understand that 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. I further understand that the City retains the right to deny, revoke or cancel this permit at any time due to changes in conditions and risk potential*

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

**Applicant Signature:****Date:**

This application will not be processed and will be deemed incomplete if all required components are not attached to application on the day of submission.

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

wprosek@cleelum.gov  
Office (509) 674-2262  
Fax (509) 674-4097



## HOLD HARMLESS AGREEMENT

This Agreement made this 15 day of April, 2024 between the City of  
Cle Elum, referred to as "CITY" herein, and WSHP at,  
PO Box 278, Cle Elum, WA, 99009 referred to as "USER" herein.  
Mailing Address City State Zip

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

### SECTION I

USER undertakes to indemnify and hold harmless CITY from any liability, loss or damage that the USER may suffer as a result of any claims, demands, costs, or judgments against the CITY arising out of the acts, omissions, 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. The 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 thirty (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 and indemnify CITY 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. The CITY, at its option, shall retain 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 in cases of fraud) against USER as to fact and amount of USER'S liability hereunder.

### SECTION VI

USER covenants 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 known or unknown, developed or underdeveloped, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

[Signature]  
"USER" Signature

Wendy Hendley  
Print Name

ED  
Title

3/2025



## PARADE ENTRANT HOLD HARMLESS AGREEMENT

PARADE NAME: \_\_\_\_\_

I and those involved with my entry hereby release City of Cle Elum from any and all claims for damages on account of injury to either my person, property or livestock in conjunction with the above event. I hereby agree to abide by the rules and regulations of the Parade and to conduct myself accordingly.

I acknowledge that I am participating in a parade that requires that I have safe equipment, floats or livestock. I will not do anything that would pose a substantial risk to any participant or spectator at said event and take full responsibility for those in my entry. I also agree to indemnify, defend and hold harmless and release said City of Cle Elum therewith from any and all claims or responsibility, whatsoever, in case I should be injured while participating in said event including any injury whatsoever that I may cause to any spectator.

I agree that the City of Cle Elum are not liable in any way or manner for any injury to me or any injury I should cause or that should occur if I choose to distribute any type of material from the parade route.

I AGREE THAT I OR THOSE INVOLVED WITH MY ENTRY WILL NOT THROW ANY TYPE OF TREATS OR MATERIAL TO THE CROWD ALONG THE PARADE ROUTE.

I have read the release and hold harmless agreement and agree to its terms and have executed the same voluntarily.

Parade Entrant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parade Entrant Print Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**City of Cle Elum Fire Department**  
**SETUP REQUIREMENTS FOR SPECIAL EVENT PERMITS**  
If event is held in the city limits of Cle Elum and has an occupancy count of over 100 persons

- ☒ **Fire and Life Safety Plan ADD #001**
- ☐ **Cooking ADD #002**
- ☐ **Cooking during burn ban ADD #002 – \*Must contact Fire Dept directly for burn ban cooking requirements\***
- ☒ **Tents/Canopy under 400 sq ft**
- ☐ **Large Tent over 400 sq ft ADD #003**
- ☐ **Generator**
- ☐ **Carnival**

☐ **Only Acknowledgement of Requirements**

All setups and operations are subject to field inspection by an inspector.

- **COOKING:** Special Event Permit is required for any open flame or cooking on premises. (Including food trucks)
  - Event organizers shall be responsible for compliance with conditions listed in **ADDENDUM #002** by all cooking vendors.
  - Event organizer(s) shall be responsible for submitting to the Fire Department a list of all cooking vendors and the signed copies of **ADDENDUM #002** (Requirement for cooking), by each cooking vendor.
- **COOKING DURING A BURN BAN:** additional requirements including **ADDENDUM #002**
  - Portable barbeques may only use propane, pellets, or electricity as fuel.
  - Any other fuels would require additional authorization and permitting.
  - Must contact Fire Dept directly for burn ban cooking requirements
- **TENTS:** For larger tents please submit **ADDENDUM #003**
  - Tents and canopies shall have a State Fire Marshal Flame Resistance Rating, and weighted properly for safety for all weather events and hazards.
- **GENERATORS:**
  - Must be placed 10 feet from the building. **Also, must have a minimum 20BC Fire Extinguisher placed nearby.**
- **CARNIVAL AREA:** Provide an additional extinguisher throughout. (within 75' of travel)
  - All rides shall have a 2A-10BC fire extinguisher. NO rides may be within 20 feet of a building.

**GENERAL SETUP: All set ups will generally require ADDENDUM #001**

- Electrical wires or cables, and any gas/water piping on ground located in public areas must be matted, taped or flown.
- If a propane tank is used, a minimum of 10 feet clearance must be kept between a tank and appliance(s).
- Compressed gas cylinders shall always be secured and capped if not being used.
- Other permits may be required for electrical lines or gas lines outside of a building, contact the Building Department.
- Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.
- ALL exits and aisles must be maintained free and clear of any items.
- All venue occupant loads shall be maintained.
- All fire protection systems shall be visible and unobstructed.
- No motor vehicles shall be operated in the event area.
- Event signs, fire lanes signs and occupant load signs shall be displayed and visible before the event is opened to the public.
- ALL decorations, etc. shall be flame retardant.
- A 7-foot overhead clearance must be maintained in all public access areas.
- A 20-foot Fire Lane with a minimum 14-foot overhead clearance must be maintained unobstructed.
- All Booths shall be a minimum of 10 feet away from structures.
- Tables shall be arranged so that the seating edges of adjacent tables are not less than 54 inches apart.
- Rectangular tables arranged to accommodate seating on one side only shall have not less than 36 inches between adjacent table edges.
- Every chair shall be within 20 feet of an aisle.
- Loose Chair seating the space between rows of chairs shall be not less than 33 inches. The space between the back of each seat and front of the seat immediately behind will not be less than 12 inches. Seats shall be arranged so that there shall be not more than six intervening seats between any seat and the nearest aisle.
- AT THE END OF EVENT: At the closing of the event, event organizers shall maintain the perimeter and not allow motor vehicles into the event area until the public is cleared.

  
\_\_\_\_\_  
SIGNATURE/TITLE

4-15-26  
DATE

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

3/2025



**ADDENDUM #002**  
**City of Cle Elum Fire Department**  
**COOKING AT SPECIAL EVENTS REQUIREMENTS**

DATES-FROM \_\_\_\_\_ TO: \_\_\_\_\_

COOKING TYPE (FUEL): \_\_\_\_\_

1. Food vendors or food trucks must be state certified or certified through the Cle Elum Fire Department.
2. The Kittitas County Health Department approval must be obtained for cooking on site.

**Requirements:**

NO cooking under unapproved canopies or in indoor structures. Must be permitted and have permanently affixed labeling of Flame propagation performance testing and certification. A 20-foot clearance must be maintained between the structure or booth. NFPA 701

Cooking devices using propane must have the propane bottle outside the booth and properly secured in an upright position. **Use of propane indoors is PROHIBITED.**

All fittings and hoses used with propane shall be approved for such use by an approved testing laboratory.

Propane shall be limited to the supply on site. **There shall be no remote storage area.**

Propane cylinder size is limited to a 5.76-gallon capacity.

Limit of one propane cylinder per appliance.

Refueling of propane cylinders on site or at other non-approved locations is prohibited.

Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with [Section 906.1](#).

A minimum of three (3) feet clearance must be provided between the public and the cooking device by a barricade.

All cooking devices shall be secure, stable, and level and on a nonflammable surface. Cooking equipment using combustible oils or solids shall have a noncombustible lid immediately available. The lid shall be of sufficient size to cover the cooking well completely.

No Smoking within 25 feet of propane cylinder and No Smoking inside a tent or canopy.



Coals shall be fully extinguished and cold, then placed into a clean noncombustible container for disposal.

All propane connections shall be tested for leakage by performing the manufacturers recommended testing procedures.

Barbeques must be kept in a remote area where there is no public access. The barbeque device must be so isolated that any persons other than the operators may not approach nearer than five (5) feet of the device.

The location of the barbeque device should be in a non-enclosed area, and also be located at least Five (5) feet away from any combustible Material and shall have at least five (5) feet of clear working space completely around the device. There shall be a rigid restricting barrier.

Only adults should be allowed inside the barrier. Absolutely no children under twelve (12) years of age shall be within the barrier.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

One water type extinguisher of at least 2-1/2-gallon capacity shall be available inside the barrier.

Flammable liquids shall not be used to start charcoal.

At the termination of use, the embers and ashes shall be thoroughly soaked with water.

RECEIVED BY:



DATE.

4-29-20

PLEASE SIGN TWO COPIES. ONE COPY SHALL REMAIN ON SITE AND THE OTHER FOR THE FIRE DEPARTMENT.

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

# **WSHP Fire Safety Plan - 2026**

**1202 Douglas Munro Blvd Cle Elum, WA, 98922**

## **Point of Contact/Responsible for emergency plans**

Wendy Hensley 360-567-7211 -**contact email [director@wahorsepark.org](mailto:director@wahorsepark.org)**

- **In the event of an emergency call 911** reporting all issues to KITTCOM they will page out appropriate resources.
- **Medical emergencies** call 911 stay online until first responders arrive on scene. This will give incoming help updates on patient and scene.
- **Fire events** stay calm, remember your training and work through the safety plans.
- **Extinguishers** On-Site: marked on map of locations
- **Fire equipment:** Fire Extinguishers water trucks on site. Hydrants at location.
- **Emergency Plan: Follow the updated emergency preparedness and evacuation plan.**
- **1 Entrances/Exits.** Marked on Map.
- The Evacuation Assembly Point (**EAP**) If needed to shelter in place the main covered arena or open arenas. It is furthest away from structures and is the most viewable point to responders/ firefighters. Being in a safe protected area away from possible fire events.

*Fire Chief Mills Contact – 509-656-4062, [emills@cleelum.gov](mailto:emills@cleelum.gov)*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/30/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Sea-Mountain Insurance Brokers, Inc.  
19630 76th Avenue West  
Lynnwood WA 98036

CONTACT  
NAME:PHONE  
(A/C, No, Ext): 425-775-1410FAX  
(A/C, No): 425-774-4177E-MAIL  
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Western National Insurance

24465

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

License#: 49412

WASHINH001

INSURED  
Washington State Horse Park Authority  
PO Box 278  
Cle Elum WA 98922

## COVERAGES

CERTIFICATE NUMBER: 408331459

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR<br>LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                   | ADDL<br>INSD | SUBR<br>WVD | POLICY NUMBER | POLICY EFF<br>(MM/DD/YYYY) | POLICY EXP<br>(MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                         |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------|---------------|----------------------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y            | N           | CPP1317691    | 7/27/2025                  | 7/27/2026                  | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
|             | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                          |              |             |               |                            |                            | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                          |
| A           | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$<br><input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE                                                           | Y            | N           | UMB1053307    | 7/27/2025                  | 7/27/2026                  | EACH OCCURRENCE \$ 3,000,000<br>AGGREGATE \$<br>\$                                                                                                                                                                                             |
|             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y/N          | N/A         |               |                            |                            | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                               |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is ADDITIONAL INSURED as OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

## CERTIFICATE HOLDER

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

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**RCW 4.24.540 Limitations on liability for equine activities—**

**Exceptions.** (1) Except as provided in subsection (2) of this section, an equine activity sponsor or an equine professional shall not be liable for an injury to or the death of a participant engaged in an equine activity, and, except as provided in subsection (2) of this section, no participant nor participant's representative may maintain an action against or recover from an equine activity sponsor or an equine professional for an injury to or the death of a participant engaged in an equine activity.

(2) (a) RCW 4.24.530 and 4.24.540 do not apply to the horse racing industry as regulated in chapter 67.16 RCW.

(b) Nothing in subsection (1) of this section shall prevent or limit the liability of an equine activity sponsor or an equine professional:

(i) If the equine activity sponsor or the equine professional:

(A) Provided the equipment or tack and the equipment or tack caused the injury; or

(B) Provided the equine and failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity, determine the ability of the equine to behave safely with the participant, and determine the ability of the participant to safely manage the particular equine;

(ii) If the equine activity sponsor or the equine professional owns, leases, rents, or otherwise is in lawful possession and control of the land or facilities upon which the participant sustained injuries because of a dangerous latent condition which was known to or should have been known to the equine activity sponsor or the equine professional and for which warning signs have not been conspicuously posted;

(iii) If the equine activity sponsor or the equine professional commits an act or omission that constitutes willful or wanton disregard for the safety of the participant and that act or omission caused the injury;

(iv) If the equine activity sponsor or the equine professional intentionally injures the participant;

(v) Under liability provisions as set forth in the products liability laws; or

(vi) Under liability provisions in chapter 16.04, \*16.13, or \*16.16 RCW. [1989 c 292 s 2.]

**\*Reviser's note:** Chapters 16.13 and 16.16 RCW were each recodified and/or repealed in their entirety by 1989 c 286. For disposition of chapters 16.13 and 16.16 RCW, see Table of Disposition of Former RCW Sections.

**Application—1989 c 292 ss 1 and 2:** See note following RCW 4.24.530.

## April

- Park opens to day use — **April 1**
- WSHP Ranch Horse Schooling Clinic/Show — **April 9–12** – 75 participants
- Steve Rother — **April 16–19** – 25 participants
- Woodbrook Hunt Spring Hunter Trials & Hunter Pace with Jumpernite — **April 24–26** – 60 participants

## May

- El Adult Camp — **May 1–3** - 50 participants
- Karen O’Neal Clinic — **April 29–May 3** – 30 participants
- WSHP Dressage & Jumper Schooling Show — **May 8–10** – 75 participants
- El Dressage Show — **May 15–17** – 150 participants
- **Performance Edge Experience** — **May 22–24** – 30 participants
- El Horse Trials — **May 29–31** – 200 participants

## June

- Pacific Northwest Ranch Horse Association — **June 5–7** - 100 participants
- Karen O’Neal Clinic 2 — **June 4–7** – 30 participants
- Preview – Cascade Horse Shows — **June 10–14** – 50 participants
- Classic – Cascade Horse Shows — **June 16–21** – 200 participants
- Open – Cascade Horse Shows — **June 22–28** – 250 participants

## July

- WSHP Ranch Horse Schooling Show & Clinic — **July 3–5** - 50 participants
- Northwest Reined Cowhorse — **July 9–12** – 75 participants
- AQHA Bronze Classic — **July 17–19** – 200 participants
- Cle Elum Roundup — **July 24–25**

## August

- Evergreen Classic H/J — **July 28–August 2** – 100 participants

- Cowboy Dressage — **August 7–9** – 30 participants
- El Dressage Show — **August 14–16** – 200 participants
- WSHP Ranch Horse Schooling Show & Clinic — **August 20–23** – 75 participants
- El Fall Horse Trials — **August 27–30** – 200 participants

## **September**

- Cascade Finals — **September 3–6** – 200 participants
- WSHP Ranch Horse Schooling Clinic & Show — **September 10–13** – 75 participants
- El Adult Camp Fall — **September 18–20** – 50 participants
- Steve Rother — **September 26–29** – 40 participants

## **October**

- Park closes to all users — **October 31**



Vendor list for: WSTP Events  
(Event name)

Event Contact Person Wendy Hensley Phone 877-635-4111

CEFD Fire &

Life Safety  
Plan

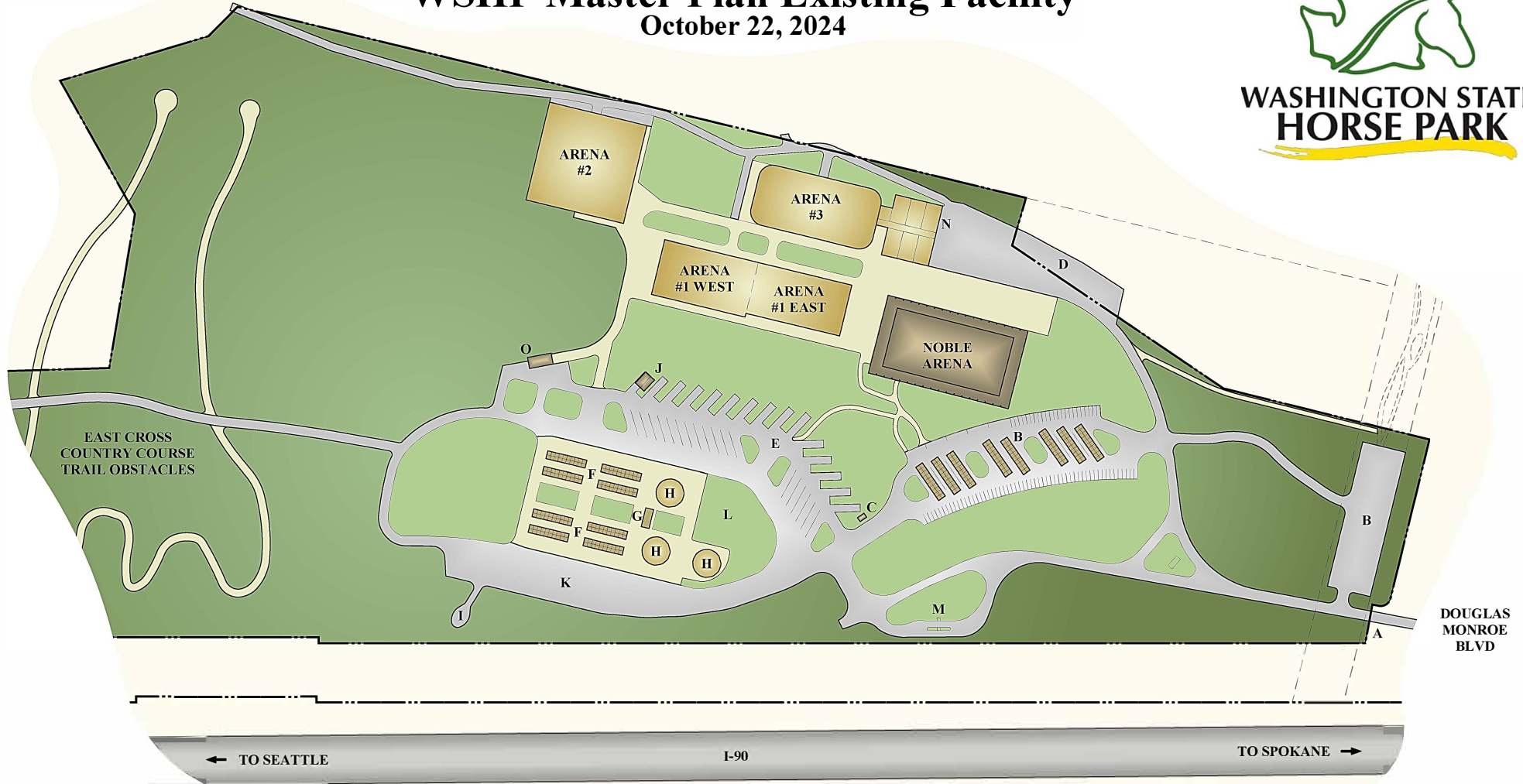
| Business Name | Contact Name | Contact<br>Phone number | WA State UBI | Kittitas Co. Health<br>Food Permit |  |
|---------------|--------------|-------------------------|--------------|------------------------------------|--|
| Aardvark      | Dan          | 425-578-4456            | Active       |                                    |  |
|               |              |                         |              |                                    |  |
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# WSHP Master Plan Existing Facility

October 22, 2024



WASHINGTON STATE  
HORSE PARK



## LEGEND

|   |                                  |   |                      |   |                        |
|---|----------------------------------|---|----------------------|---|------------------------|
| A | Park Entrance                    | G | Wash Racks           | M | RV Sanitation Station  |
| B | Parking & Temporary Stalls       | H | Lunging Areas        | N | Livestock Holding Pens |
| C | Showers                          | I | Manure Bunker        | O | Office                 |
| D | Maintenance & Storage area       | J | Hospitality Pavilion |   |                        |
| E | RV Trailer Parking with Hook-ups | K | Loading/Parking      |   |                        |
| F | Stalls                           | L | Tent Camping         |   |                        |

## ARENAS

|               |                               |
|---------------|-------------------------------|
| Noble Arena   | Covered Arena 150 ft x 300 ft |
| Arena #1 East | 130 ft x 240 ft               |
| Arena #1 West | 140 ft x 245 ft               |
| Arena #2      | 250 ft x 250 ft               |
| Arena #3      | 150 ft x 310 ft               |



Receipt: 20477 04/30/2026  
Acct #: 692 COPY  
City Of Cle Elum  
119 W First Street  
Cle Elum, WA 98922  
5096742262

---

WA State Horse Park  
Atten: Leslie Thurston  
PO Box 278  
Cle Elum, WA 98922

Treasurers Receipt  
Memo: EVT-2026-013 Season

|                    |               |
|--------------------|---------------|
| Event Fees/Permits | 150.00        |
| Non Taxed Amt:     | <u>150.00</u> |
| Total:             | 150.00        |
| Chk: 3583          | <u>150.00</u> |
| Ttl Tendered:      | 150.00        |
| Change:            | 0.00          |

Issued By: Whitney Prosek  
04/30/2026 10:35:28

**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

Approved

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

**Police Signature:** Rich Albo

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

Approved

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

**Public Works Signature:** Mathew Bailey

**CLE ELUM FIRE DEPARTMENT** (509) 674-1748

Inspection complete on 4-30 for horse park. They will be adding gravel under the bailed wood shavings with a 15 ft separation to flammables and vegetation.

Aardvark will need to email his L&I copy of business license and copy of health permit and license. He is cooking outdoors and has extinguishers in place.

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

**Fire Department Signature:** Edwin L Mills

**CITY COUNCIL REPRESENTATIVE** (509) 674-2473

Approved

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

**City Council Signature:** Leidy M

**CITY ADMINISTRATION** (509) 674-2262

**Staff Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                         |                                                              |
|-------------------------|--------------------------------------------------------------|
| Title                   | Department Heads - Event Review - WA Horse Park Season of... |
| File name               | WA_Horse_Park_Events_2026.pdf and 1 other                    |
| Document ID             | bbb60ce028c022d442005e80d1e6c595402905f2                     |
| Audit trail date format | MM / DD / YYYY                                               |
| Status                  | ● Signed                                                     |

## Document History



**04 / 30 / 2026**  
10:55:44 UTC-7

Sent for signature to Rich Albo (ralbo@cleelum.gov), Mathew Bailey (mbailey@cleelum.gov), Ed Mills (emills@cleelum.gov) and City Council Representative (amalek@cleelum.gov) by integrations@hellosign.com acting on behalf of romans@cleelum.gov  
IP: 69.55.222.60



**04 / 30 / 2026**  
10:56:05 UTC-7

Viewed by Rich Albo (ralbo@cleelum.gov)  
IP: 166.205.132.3



**04 / 30 / 2026**  
10:58:41 UTC-7

Signed by Rich Albo (ralbo@cleelum.gov)  
IP: 166.205.132.3



**04 / 30 / 2026**  
11:32:18 UTC-7

Viewed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 166.181.255.42



**04 / 30 / 2026**  
12:54:55 UTC-7

Viewed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162

|                         |                                                              |
|-------------------------|--------------------------------------------------------------|
| Title                   | Department Heads - Event Review - WA Horse Park Season of... |
| File name               | WA_Horse_Park_Events_2026.pdf and 1 other                    |
| Document ID             | bbb60ce028c022d442005e80d1e6c595402905f2                     |
| Audit trail date format | MM / DD / YYYY                                               |
| Status                  | ● Signed                                                     |

## Document History



**04 / 30 / 2026**  
13:02:59 UTC-7

Signed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162



**05 / 04 / 2026**  
07:28:20 UTC-7

Signed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 209.209.16.190



**05 / 04 / 2026**  
07:49:05 UTC-7

Viewed by City Council Representative (amalek@cleelum.gov)  
IP: 172.56.108.62



**05 / 04 / 2026**  
07:56:30 UTC-7

Signed by City Council Representative (amalek@cleelum.gov)  
IP: 172.56.108.62



**05 / 04 / 2026**  
07:56:30 UTC-7

The document has been completed.



119 West First Street  
 Cle Elum, WA 98922  
 Telephone · (509) 674-2262  
 Fax · (509) 674-4097  
 www.cleelum.gov



Stamp & initial

## EVENT PERMIT APPLICATION

### APPLICATION DEADLINES:

*All applications must be received a minimum of 30 days prior to the date of the event.*

*The purpose of this permit is to help the event organizer, 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.*

| OFFICIAL USE ONLY |                        |
|-------------------|------------------------|
| Event Name:       | Summer Reading Program |
| Permit #:         | EVT- 2026-014          |
| Fee Total:        | N/A                    |
| Related Permits:  |                        |

#### FEES<sup>1</sup>

- \$75 if application is submitted at least 60 days prior to event.
- \$150 if application is submitted 30 days prior to event.

### WHEN IS AN EVENT PERMIT REQUIRED?

Events planned to take place on public property must submit an event application. An event application is also required for events on private property if they have the potential to substantially impact the normal operations of the city. This includes, but is not limited to, effects on pedestrian traffic flow, parking availability, vehicle traffic flow, street access (such as the need for street closures), or any potential risk to public safety. Additionally, an event application and safety plan are required when cooking in public or when there is any other known potential safety risk to the public.

Substantial, in this context, refers to any impact that is significant enough to noticeably alter or disrupt the normal operations of the city in more than a temporary or minor way. This includes but is not limited to causing delays, congestion, or increased demand on city resources, services, or infrastructure, and necessitating additional planning, resources, or measures to maintain public safety and order. The duration of the event may also be a factor in determining whether the impact is substantial.

### 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

Cle Elum Fire Department – Chief Ed Mills .....emills@cleelum.gov.....(509) 656-4062

WSDOT – Traffic Control / Right of Way use ..... (509) 577-1788

<sup>1</sup> City entities, including—but not necessarily limited to—CEFD, CERPDP and CE Public Works, as well the Cle Elum Downtown Association and the Carpenter Museum, are exempt from application fees.

| Applicant ("Event Organizer")                                                                                   |                                      |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|
| Name: <i>Amy Pridemore</i>                                                                                      | Business License #                   |
| Title: <i>Library Director</i>                                                                                  |                                      |
| Sponsoring Organization: <i>Carpenter Memorial Library</i>                                                      |                                      |
| Mailing Address: <i>302 N Pennsylvania Ave Cle Elum, WA 98922</i>                                               |                                      |
| Phone Number: <i>509-674-2313</i>                                                                               | Email: <i>Apridemore@cleelum.gov</i> |
| Primary Contact Person <u>During Event</u> Same as Applicant <input checked="" type="checkbox"/>                |                                      |
| Name: <i>Amy Pridemore</i>                                                                                      |                                      |
| Title: <i>Library Director</i>                                                                                  |                                      |
| Local Address: <i>302 N Pennsylvania Ave Cle Elum, WA 98922</i>                                                 |                                      |
| Email: <i>Apridemore@cleelum.gov</i>                                                                            |                                      |
| Daytime Phone Number: <i>509-674-2313</i>                                                                       | Mobile Phone: <i>408 209-3808</i>    |
| Secondary/Emergency Contact Person <u>During Event</u> (available to respond in the absence of Event Organizer) |                                      |
| Name:                                                                                                           |                                      |
| Title:                                                                                                          |                                      |
| Local Address:                                                                                                  |                                      |
| Daytime Phone Number:                                                                                           | Mobile Phone:                        |

| REQUIRED – Applicant Checklist                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Event Permit Application received a minimum of 30 days prior to event, and the total fee paid to City Hall.                                                                                                                                                                                                                                                                                                                                                                                               |
| Signed and dated Hold Harmless Agreement <ul style="list-style-type: none"> <li>For parades: each parade entrant must sign and submit the Parade Entrant Hold Harmless Agreement to the event organizer. The event organizer is responsible for retaining these agreements.</li> </ul>                                                                                                                                                                                                                    |
| Certificate of Liability Insurance <ul style="list-style-type: none"> <li>"City of Cle Elum" at 119 W First St., Cle Elum, WA 98922 must be named as "Additional Insured" to all coverage</li> <li>As applicable, coverage for alcohol service must be specified</li> <li>As applicable, coverage for injury by animals must be specified</li> </ul>                                                                                                                                                      |
| Supplemental pages below with a complete and detailed description of the event, including a schedule and location of event(s). <ul style="list-style-type: none"> <li>If serving alcohol, WA Liquor and Cannabis Control Board Banquet Permit or other applicable alcohol service license measures taken to comply with State regulations must be addressed in detail: <a href="https://lcb.wa.gov/licensing/outdoor_alcohol_service">https://lcb.wa.gov/licensing/outdoor_alcohol_service</a></li> </ul> |

3/2025

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Cle Elum Fire Department-approved Special Events Permit including Addendum #001 Fire and Life Safety Plan and additional Addendums as needed. Contact the Chief of CEFD for guidance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                |
| <b>Site Plan</b> including items such as the location of garbage receptacles, portable bathrooms, stage, seating, vendors, street closures, barricades, alcohol measures taken etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                |
| As applicable, list of vendor names and contact details <ul style="list-style-type: none"> <li>All vendors must have or obtain a business license endorsement for the City of Cle Elum: <a href="https://dor.wa.gov/open-business/apply-business-license">https://dor.wa.gov/open-business/apply-business-license</a></li> </ul>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |
| If requesting street closures, event organizer must notify all adjacent residents and/or businesses of the proposed closure a minimum of three (3) weeks before the regular Lodging Tax & Event Committee meeting at which the application will be reviewed. Notification must also inform recipients they have the opportunity to comment on the proposed closure by attending the meeting (either in-person or virtually) or via email: <a href="mailto:wprosek@cleelum.gov">wprosek@cleelum.gov</a> . Include a copy of the notification. <ul style="list-style-type: none"> <li>Road closures on First Street must contact WSDOT</li> </ul> |                                                                                                                                                                                                                                |
| <b>Other Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <i>After approval from the Lodging Tax and Event Committee, and any Special Events Permits issued with CEFD, this Event will be subject to a Fire Safety Check on <u>the day of the Event</u> by Cle Elum Fire Department.</i> |

## EVENT DESCRIPTION:

|                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                             |                                           |     |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------|-------------------------------------------|-----|
| <b>Event Name:</b>                                   | Carpenter Memorial Library Summer Reading Programming                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                                             |                                           |     |
| <b>Event Type:</b>                                   | <input type="radio"/> Minor (≤ 50 Attendees)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <input checked="" type="radio"/> Major (> 50 Attendees) attendance variable |                                           |     |
| <b>Brief Description of Event:</b>                   | 16 weeks of weekly events promoting the library & reading through activities & incentives                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |                                                                             |                                           |     |
| <b>Parade Map:</b>                                   | <input checked="" type="checkbox"/> My event does not include a parade.<br><input type="checkbox"/> I acknowledge the Cle Elum-Roslyn Police Department has a pre-approved parade map, which has been provided. Should I wish to suggest an alternate route, I confirm that I have attached a map of this route and included a detailed explanation for it the attached event description. I understand this route is subject to CERPDP approval. I further understand that approval is not guaranteed and may be rescinded at any time. |                    |                                                                             |                                           |     |
| <b>Event Start Date:</b>                             | 7/1/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | <b>Event End Date:</b>                                                      | 8/11/2020                                 |     |
| <b>Day(s) of the Week:</b>                           | <input type="checkbox"/> SUN <input type="checkbox"/> MON <input checked="" type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT                                                                                                                                                                                                                                                                                                                    |                    |                                                                             |                                           |     |
| <b>Event Start Time:</b>                             | 11am<br>except: 7/21 @ 10am<br>+ 7/28 @ 11am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | <b>Event End Time:</b>                                                      | 12pm<br>except: 7/21 @ 11am<br>7/28 @ 1pm |     |
| <b>Date of Set Up:</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | <b>Time of Set Up:</b>                                                      |                                           |     |
| <b>Date of Take Down:</b>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    | <b>Time of Take Down:</b>                                                   |                                           |     |
| <b>Facilities to be Used: (Check all that Apply)</b> | <input checked="" type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Private Property                                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                                             |                                           |     |
| <b>Location:</b>                                     | Cle Elum Volunteer Fire Department, Centennial Park + UKCS C                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |                                                                             |                                           |     |
| <b>Expected Crowd Size:</b>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                             |                                           |     |
| <b>Participants:</b>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Spectators:</b> | 40-100                                                                      | <b>Event Personnel &amp; Volunteers:</b>  | 2-4 |
| <b>Previous Occurrences:</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                             |                                           |     |
| <b>Has the event occurred previously?</b>            | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | <b>If yes, on which date(s)?</b>                                            | July - August Annually                    |     |
| <b>Change(s) from previous year?</b>                 | <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    | <input type="checkbox"/> See Explanation Attached                           |                                           |     |
| <b>Will you charge an admission fee?</b>             | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    | <b>If yes, how much?</b>                                                    |                                           |     |

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## STREET CLOSURES:

|                                                     |                                                                                                                                                                                                                                                                                                                                                                    |                    |                                                 |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------|
| <b>Will your event require any street closures?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                    |                    | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Street(s):</b>                                   |                                                                                                                                                                                                                                                                                                                                                                    | <b>Section(s):</b> |                                                 |
| <b>Proposed Method(s) of Closure:</b>               | <input type="checkbox"/> Both my attached site plan and event description include full details of the location(s) and methods of my proposed closures.                                                                                                                                                                                                             |                    |                                                 |
| <b>Neighborhood Notification:</b>                   | <input type="checkbox"/> I have attached an example of the written notice provided to the adjacent residents and/or business owners regarding the proposed street closures.                                                                                                                                                                                        |                    |                                                 |
| <b>Traffic Control:</b>                             | <input type="checkbox"/> I acknowledge that event organizers must contract with CEFD or another organization with Washington State Flagger or Traffic Control Supervisor certification for traffic control services.                                                                                                                                               |                    |                                                 |
| <b>Impact on SR 903:</b>                            | <input type="checkbox"/> I acknowledge that any impact to traffic on SR 903 (Second Street from Oakes Ave west toward Roslyn; Oakes Ave between First and Second Streets; First Street east from Oakes Ave), including but not limited to street closure and parking, must be discussed and approved by the Washington State Department of Transportation (WSDOT). |                    |                                                 |

## RIGHT OF WAY (SIDEWALK) USE:

|                                                                   |                                                                                                                                                                                                                                                                        |  |                                                 |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------|
| <b>Will you require use of a city sidewalk during your event?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                        |  | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Description of Proposed Use:</b>                               |                                                                                                                                                                                                                                                                        |  |                                                 |
| <b>Use Permit Required:</b>                                       | <input type="checkbox"/> I acknowledge that I separately must request and receive approval of a Sidewalk Use Permit, the application for which is available at <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |  |                                                 |

## COOKING:

|                                        |                                                                                                                                       |                                                            |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Will there be on-site cooking?</b>  | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                       | <input type="checkbox"/> Yes<br>Include Fire Addendum #002 |
| <b>Description of Planned Cooking:</b> |                                                                                                                                       | <b>Purpose:</b>                                            |
| <b>Acceptable Fuels:</b>               | <input type="checkbox"/> I acknowledge that only propane, pellets or electrical fuels are acceptable during a burn ban.               |                                                            |
| <b>CEFD Requirements:</b>              | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #002). |                                                            |

## TENTS/ CANOPIES: ?

|                                     |                                                                                                                                                 |                                                                         |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Will tents be erected?</b>       | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                 | <input type="checkbox"/> Yes<br>Include Fire Addendum #003 as necessary |
| <b>Number of Tents Anticipated:</b> |                                                                                                                                                 |                                                                         |
| <b>CEFD Requirements:</b>           | <input type="checkbox"/> Completed Cle Elum Fire Department Special Events Permit application is attached below (incl Addendum #003 if needed). |                                                                         |

## ALCOHOL SERVICE:

|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Will alcohol be served?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes<br>Continue below. |
| <b>Will alcohol be sold?</b>   | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Yes                    |
| <b>Regulatory Compliance:</b>  | <input type="checkbox"/> I acknowledge alcohol service must comply with requirements described in WAC 314-03-200, including (but not necessarily limited to): <ul style="list-style-type: none"> <li>o Barriers around service area of minimum 42 inches (3.5 feet) in height;</li> <li>o Entry/exit points to service area may not exceed 10 feet in combined total;</li> <li>o Controlled and monitored entry to service area and dedicated attendant, wait staff or server when patrons present;</li> <li>o No open containers permitted to leave service area.</li> </ul> <input type="checkbox"/> I acknowledge that these requirements are subject to change based on legislative or agency action. Should there be any discrepancy between State regulation and this document, I understand that State regulation takes precedence. |                                                 |
| <b>Security Plan:</b>          | <input type="checkbox"/> I have included a detailed security plan specific to alcohol service in my event description.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |
| <b>Banquet Permit:</b>         | <input type="checkbox"/> Approved <u>WA State Liquor and Cannabis Control Board Banquet Permit</u> attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |

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## ENTERTAINMENT:

|                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                 |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <b>Describe Planned Entertainment:</b>                       | <input checked="" type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                 |
| <b>Sound system?</b>                                         | <input type="checkbox"/> Acoustic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Amplified                                                                                              |
| <b>Music/Sound Start Time:</b>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Music/Sound End Time:</b>                                                                                                    |
| <b>Statutory Limitations:</b>                                | <input type="checkbox"/> I acknowledge I have read and understood <u>CEMC 5.24</u> and the limitations it imposes on certain types of entertainment.<br><input type="checkbox"/> I acknowledge I have read and understood <u>CEMC 8.05</u> and the limitations it imposes on noise. Generally, noise occurring between the hours of 10:00 PM to 7:00 AM and emanating more than 50 feet beyond the property line, or more than 100 feet from the property line at any other time of day, is prohibited unless granted an exception by the City. |                                                                                                                                 |
| <b>Will you require an exception to the noise ordinance?</b> | <input checked="" type="checkbox"/> No<br>Skip to next section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes<br>Continue below.                                                                                 |
| <b>Request Submission:</b>                                   | <input type="checkbox"/> I acknowledge that, per CEMC 8.05, a formal request must be submitted to the City Administrator no later than 30 days prior to my event.                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                 |
| <b>Will there be vendors?</b>                                | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> I understand that each vender must have a valid business license endorsement for the City of Cle Elum. |

## RISK AND LIABILITY MANAGEMENT:

|                                                   |                                                                                                                                                                                                                                  |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Liability Insurance:</b>                       | <input checked="" type="checkbox"/> I have attached a current, valid Certificate of Liability Insurance naming "City of Cle Elum", at 119 W First St., Cle Elum, WA 98922, "Additional Insured" to all coverages.                |
| <b>Additional Animal Liability Coverage:</b>      | <input checked="" type="checkbox"/> I have attached proof of specific additional coverage for animal liability.<br><input type="checkbox"/> My event does not involve animals.                                                   |
| <b>Additional Coverage for Alcohol Service:</b>   | <input type="checkbox"/> I have attached proof of specific additional coverage for alcohol service.<br><input checked="" type="checkbox"/> My event does not involve alcohol service.                                            |
| <b>Hold Harmless Agreement:</b>                   | <input type="checkbox"/> I have attached a complete, signed Hold Harmless Agreement.                                                                                                                                             |
| <b>Hold Harmless Agreement – Parade Entrants:</b> | <input type="checkbox"/> I understand that it is my responsibility to obtain and retain signed Hold Harmless Agreements from each parade entrant.<br><input checked="" type="checkbox"/> My event does not include a parade.     |
| <b>Traffic Control and Security</b>               | <input checked="" type="checkbox"/> I understand that it is my or my organization's responsibility to arrange for necessary traffic control and security; my attached site plan includes detailed information on these measures. |

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## SANITATION:

|                                       |                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Portable Toilet Facilities:</b>    | <input type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain portable toilet facilities for my event. These are identified in the attached site map and program description.<br><input type="checkbox"/> Required ratio: 1 toilet per 50 people per 4 hours. |
| <b>Trash Collection and Disposal:</b> | <input type="checkbox"/> I understand that it is my or my organization's responsibility to provide and maintain trash receptacles for my event. These are identified in the attached site map and program description.                                                                                          |
| <b>Post-Event Cleanup:</b>            | <input checked="" type="checkbox"/> I understand that post-event cleanup is my or my organization's responsibility. I further understand that, should any city resources—including personnel time—be required to clean up after my event, the city may elect to bill for said resources.                        |

## PROMOTION (OPTIONAL):

|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Planned Method(s) of Promotion:</b>                 | <input type="checkbox"/> TV <input type="checkbox"/> Radio <input checked="" type="checkbox"/> Newspaper <input type="checkbox"/> Flyers<br><input type="checkbox"/> Posters <input type="checkbox"/> Mailers <input checked="" type="checkbox"/> Social Media <input type="checkbox"/> Other (see below)                                                                                                       |                                                     |
| <b>Do you plan to promote beyond a 50-mile radius?</b> | <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Yes (see below) |
| <b>Lodging Tax Application:</b>                        | Events targeting attendees from beyond a 50-mile radius may be eligible for financial support—on a reimbursement basis—from Lodging Tax funds. A separate application must be submitted prior to your event; after-the-fact applications will not be accepted. We encourage you to explore this option: <a href="https://cleelum.gov/forms-and-applications/">https://cleelum.gov/forms-and-applications/</a> . |                                                     |

## CITY DEPARTMENT COMMENT PAGE:

|                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The page for comment and signature from City departments will be circulated electronically on behalf of the event of organizer. However, the event organizer is strongly encouraged to reach out prior to submission to discuss plans in order to proactively address concerns and incorporate advice in the final proposal. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Authorization**

*I acknowledge this permit application must be completed, signed, and returned to Cle Elum City Hall along with all required supplemental materials no later than 30 days prior to my event. I understand that 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. I further understand that the City retains the right to deny, revoke or cancel this permit at any time due to changes in conditions and risk potential*

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

**Applicant Signature:****Date:**

4/14/2020

This application will not be processed and will be deemed incomplete if all required components are not attached to application on the day of submission.

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

wprosek@cleelum.gov  
Office (509) 674-2262  
Fax (509) 674-4097



N/A

## HOLD HARMLESS AGREEMENT

This Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, between the City of  
Cle Elum, referred to as "CITY" herein, and \_\_\_\_\_ at,  
\_\_\_\_\_, referred to as "USER" herein.  
Mailing Address City State Zip

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

### SECTION I

USER undertakes to indemnify and hold harmless CITY from any liability, loss or damage that the USER may suffer as a result of any claims, demands, costs, or judgments against the CITY arising out of the acts, omissions, 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. The 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 thirty (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 and indemnify CITY 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. The CITY, at its option, shall retain 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 in cases of fraud) against USER as to fact and amount of USER'S liability hereunder.

### SECTION VI

USER covenants 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 known or unknown, developed or underdeveloped, past, present, or future, arising out of activities that USER conducts under a license/permit issued to USER by CITY.

\_\_\_\_\_  
'USER' Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

3/2025



N/A

## PARADE ENTRANT HOLD HARMLESS AGREEMENT

PARADE NAME: \_\_\_\_\_

I and those involved with my entry hereby release City of Cle Elum from any and all claims for damages on account of injury to either my person, property or livestock in conjunction with the above event. I hereby agree to abide by the rules and regulations of the Parade and to conduct myself accordingly.

I acknowledge that I am participating in a parade that requires that I have safe equipment, floats or livestock. I will not do anything that would pose a substantial risk to any participant or spectator at said event and take full responsibility for those in my entry. I also agree to indemnify, defend and hold harmless and release said City of Cle Elum therewith from any and all claims or responsibility, whatsoever, in case I should be injured while participating in said event including any injury whatsoever that I may cause to any spectator.

I agree that the City of Cle Elum are not liable in any way or manner for any injury to me or any injury I should cause or that should occur if I choose to distribute any type of material from the parade route.

I AGREE THAT I OR THOSE INVOLVED WITH MY ENTRY WILL NOT THROW ANY TYPE OF TREATS OR MATERIAL TO THE CROWD ALONG THE PARADE ROUTE.

I have read the release and hold harmless agreement and agree to its terms and have executed the same voluntarily.

Parade Entrant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parade Entrant Print Name: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**City of Cle Elum Fire Department**  
**SETUP REQUIREMENTS FOR SPECIAL EVENT PERMITS**  
**If event is held in the city limits of Cle Elum and has an occupancy count of over 100 persons**

- ☒ **Fire and Life Safety Plan ADD #001**
- ☐ **Cooking ADD #002**
- ☐ **Cooking during burn ban ADD #002 – \*Must contact Fire Dept directly for burn ban cooking requirements\***
- ☐ **Tents/Canopy under 400 sq ft**
- ☐ **Large Tent over 400 sq ft ADD #003**
- ☐ **Generator**
- ☐ **Carnival**

☐ **Only Acknowledgement of Requirements**

All setups and operations are subject to field inspection by an inspector.

- **COOKING:** Special Event Permit is required for any open flame or cooking on premises. (Including food trucks)
  - Event organizers shall be responsible for compliance with conditions listed in **ADDENDUM #002** by all cooking vendors.
  - Event organizer(s) shall be responsible for submitting to the Fire Department a list of all cooking vendors and the signed copies of **ADDENDUM #002** (Requirement for cooking), by each cooking vendor.
- **COOKING DURING A BURN BAN:** additional requirements including **ADDENDUM #002**
  - Portable barbeques may only use propane, pellets, or electricity as fuel.
  - Any other fuels would require additional authorization and permitting.
  - Must contact Fire Dept directly for burn ban cooking requirements
- **TENTS:** For larger tents please submit **ADDENDUM #003**
  - Tents and canopies shall have a State Fire Marshal Flame Resistance Rating, and weighted properly for safety for all weather events and hazards.
- **GENERATORS:**
  - Must be placed 10 feet from the building. **Also, must have a minimum 20BC Fire Extinguisher placed nearby.**
- **CARNIVAL AREA:** Provide an additional extinguisher throughout. (within 75' of travel)
  - All rides shall have a 2A-10BC fire extinguisher. NO rides may be within 20 feet of a building.

**GENERAL SETUP: All set ups will generally require ADDENDUM #001**

- Electrical wires or cables, and any gas/water piping on ground located in public areas must be matted, taped or flown.
- If a propane tank is used, a minimum of 10 feet clearance must be kept between a tank and appliance(s).
- Compressed gas cylinders shall always be secured and capped if not being used.
- Other permits may be required for electrical lines or gas lines outside of a building, contact the Building Department.
- Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.
- ALL exits and aisles must be maintained free and clear of any items.
- All venue occupant loads shall be maintained.
- All fire protection systems shall be visible and unobstructed.
- No motor vehicles shall be operated in the event area.
- Event signs, fire lanes signs and occupant load signs shall be displayed and visible before the event is opened to the public.
- ALL decorations, etc. shall be flame retardant.
- A 7-foot overhead clearance must be maintained in all public access areas.
- A 20-foot Fire Lane with a minimum 14-foot overhead clearance must be maintained unobstructed.
- All Booths shall be a minimum of 10 feet away from structures.
- Tables shall be arranged so that the seating edges of adjacent tables are not less than 54 inches apart.
- Rectangular tables arranged to accommodate seating on one side only shall have not less than 36 inches between adjacent table edges.
- Every chair shall be within 20 feet of an aisle.
- Loose Chair seating the space between rows of chairs shall be not less than 33 inches. The space between the back of each seat and front of the seat immediately behind will not be less than 12 inches, Seats shall be arranged so that there shall be not more than six intervening seats between any seat and the nearest aisle.
- AT THE END OF EVENT: At the closing of the event, event organizers shall maintain the perimeter and not allow motor vehicles into the event area until the public is cleared.

**Amy Pridemore - Library Director**

**4/20/26**

SIGNATURE/TITLE

DATE

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

3/2025



**ADDENDUM #002**  
**City of Cle Elum Fire Department**  
**COOKING AT SPECIAL EVENTS REQUIREMENTS**

N/A

DATES-FROM \_\_\_\_\_ TO: \_\_\_\_\_

COOKING TYPE (FUEL): \_\_\_\_\_

1. Food vendors or food trucks must be state certified or certified through the Cle Elum Fire Department.
2. The Kittitas County Health Department approval must be obtained for cooking on site.

**Requirements:**

NO cooking under unapproved canopies or in indoor structures. Must be permitted and have permanently affixed labeling of Flame propagation performance testing and certification. A 20-foot clearance must be maintained between the structure or booth. NFPA 701

Cooking devices using propane must have the propane bottle outside the booth and properly secured in an upright position. **Use of propane indoors is PROHIBITED.**

All fittings and hoses used with propane shall be approved for such use by an approved testing laboratory.

Propane shall be limited to the supply on site. **There shall be no remote storage area.**

Propane cylinder size is limited to a 5.76-gallon capacity.

Limit of one propane cylinder per appliance.

Refueling of propane cylinders on site or at other non-approved locations is prohibited.

Portable extinguisher for combustibles shall be provided along egress path. Minimum 2A:10B:C in addition to Class K (if required), 20B:C for generator use, and 2A:40B:C for LP-gas/propane. Must be certified or bought within one year.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m<sup>3</sup>) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

A minimum of three (3) feet clearance must be provided between the public and the cooking device by a barricade.

All cooking devices shall be secure, stable, and level and on a nonflammable surface. Cooking equipment using combustible oils or solids shall have a noncombustible lid immediately available. The lid shall be of sufficient size to cover the cooking well completely.

No Smoking within 25 feet of propane cylinder and No Smoking inside a tent of canopy.

Coals shall be fully extinguished and cold, then placed into a clean noncombustible container for disposal.

All propane connections shall be tested for leakage by performing the manufacturers recommended testing procedures.

Barbeques must be kept in a remote area where there is no public access. The barbeque device must be so isolated that any persons other than the operators may not approach nearer than five (5) feet of the device.

The location of the barbeque device should be in a non-enclosed area, and also be located at least Five (5) feet away from any combustible Material and shall have at least five (5) feet of clear working space completely around the device. There shall be a rigid restricting barrier.

Only adults should be allowed inside the barrier. Absolutely no children under twelve (12) years of age shall be within the barrier.

Solid fuel cooking appliances, whether or not under a hood, with fireboxes 5 cubic feet (0.14 m3) or less in volume shall have a minimum 2.5-gallon (9 L) or two 1.5-gallon (6 L) Class K wet-chemical portable fire extinguishers located in accordance with Section 906.1.

One water type extinguisher of at least 2-1/2-gallon capacity shall be available inside the barrier.

Flammable liquids shall not be used to start charcoal.

At the termination of use, the embers and ashes shall be thoroughly soaked with water.

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SIGN TWO COPIES. ONE COPY SHALL REMAIN ON SITE AND THE OTHER FOR THE FIRE DEPARTMENT.**

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

# **Carpenter Memorial Library Fire Safety Plan - 2026**

302 N Pennsylvania Ave Cle Elum, WA, 98922

## **Point of Contact/Responsible for emergency plans**

Amy Pridemore -**contact email** [Apridemore@cleelum.gov](mailto:Apridemore@cleelum.gov) 674-2313

Additional Contacts – Rob Omans [Romans@cleelum.gov](mailto:Romans@cleelum.gov)

- **In the event of an emergency:** Call 911, reporting all issues to KITTCOM. They will page out appropriate resources.
- **Medical emergencies:** Call 911, stay on the line until first responders arrive on scene. This will give incoming help updates on patient and scene.
- **Fire events:** Stay calm, remember your training and work through the safety plans.
- **3 Extinguishers On-Site:** 1 located in children's area, 1 located by mechanical room door, 1 upstairs.
- **Fire equipment:** Fire Extinguishers
- **Floor Plan:** Main Floor – 2,000 sq. ft. Upstairs - 650 sq. ft. w/stairs.
- **2 Entrances/Exits:** Only 1 main entrance/exit for customers. Another entrance/exit to the south side only exits outside into fenced area.
- **Fire Suppression System:** Fire Extinguishers should only be used to try and keep fires small, if safe to do so, before exiting the building.
- **The Evacuation Assembly Point (EAP)** is in front of the building on Pennsylvania slightly towards 2<sup>rd</sup> St. It is furthest away from structures and is the most viewable point to responders/ firefighters.

*Fire Chief Mills Contact – 509-656-4062, [emills@cleelum.gov](mailto:emills@cleelum.gov)*

**ADDENDUM #003**  
**City of Cle Elum Fire Department**  
**TENT AND CANOPY REQUIREMENTS**

**N/A**

**FOR FIRE DEPARTMENT USE AND APPROVAL**

\_\_\_\_\_ Provide three sets of layouts drawn to scale showing all equipment and items inside the tent

\_\_\_\_\_ Show distance from tent to any structures or property lines on layout.  
10' away if under 1500 sq ft  
30' away if between 1,501 and 15,000 sq. ft.  
50' away if over 15,000 sq. ft

\_\_\_\_\_ **FOR TENTS OVER 1,500 SQ. FEET:** An unobstructed passageway  
Not less than six feet in width and free from guy wires or other  
Obstructions shall be maintained on all sides of tents.

\_\_\_\_\_ **EXITING**-Exit width, number of exits, aisles, cables matted or flown  
Above ground. Show location of equipment or tent lines in relation to  
Exits

\_\_\_\_\_ No parking within 50 ft. of tent(s) (most restrictive)

\_\_\_\_\_ It is understood that support vehicles (catering trucks, etc.) must be.  
At least 20' away from tent.

\_\_\_\_\_ **"NO SMOKING"** signs will be installed in tent in a conspicuous place  
(NO ASH TRAYS)

\_\_\_\_\_ \* No. of "No Smoking" signs required

\_\_\_\_\_ Fire Extinguishers will be provided in all tents and mounted in a  
Conspicuous place.

\_\_\_\_\_ \* No. of extinguishers required

\_\_\_\_\_ **NO OPEN FLAME WITHIN THE TENT**- Sterno for warming food is allowed with chafing dishes ONLY.

\_\_\_\_\_ Heaters must be approved type and located 10' away from exits. Propane tanks for heaters will be located  
outside the tent at least 10' away and secured to tent stakes.

\_\_\_\_\_ Membrane structures or tents shall have a permanently affixed label bearing the following information:

1. The identification of size and fabric or material.
2. The names and addresses of the manufacturers of the tent or air-supported structure.
3. A statement that the fabric or material meets the requirements of Section 3104.2.
4. If treated, the date the fabric or material was last treated with flame-retardant solution, the trade name or kind of chemical used in treatment, name of person or firm treating the fabric or material, and name of testing agency and test standard by which the fabric or material was tested.
5. If untreated, a statement that no treatment was applied when the fabric or material met the requirements of Section 3104.2

\_\_\_\_\_ Occupant Loads: Check on that applies.  
over 49- illuminated exit signs.  
300 or more - emergency egress lighting and battery exit signs.  
1,000 or more - 1 1/2" hose line provided for firefighting.

**SAFETY OFFICER(s)** required if -

\_\_\_\_\_ No. of Fire Safety Officers required for this event?  
(At \$55 per hour, 4 hours minimum per Fire Safety Officer)

**CATERER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

**TENT COMPANY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

\_\_\_\_\_ Notify Inspector Rob Omans of the Department of Building and Safety  
Of the location, phone number, and dates  
\_\_\_\_\_ A set of approved plans shall be on site and made accessible to the Fire marshal.

**THE ABOVE IS CORRECT AND TRUE TO FORM:**

**DATE:**

(Signature)

After receiving this completed application, the Fire Department will review and issue a special events permit. It must be active and on site during the event.

3/2025



# SPECIALTY CERTIFICATE OF LIABILITY INSURANCE

INSURANCE AGENCY

DATE  
(MM/DD/YYYY)  
04/16/2026

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                                                       |  |                                                                                                                                                      |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>Specialty Insurance Agency<br>Performers of the U.S.<br>3432 Denmark Ave #231<br>Eagan, MN 55123                                   |  | <b>Contact Name:</b> Heather Weiss Zenzen<br><b>Phone:</b> 715-246-8908 <b>FAX:</b> 715-246-8908<br><b>Email:</b> certs@specialtyinsuranceagency.com |               |
| <b>INSURED PERFORMERS OF THE U.S. AND ITS PARTICIPATING MEMBERS:</b><br>Isaac M. Louie<br>DBA Louie Foxx<br>1412 SE 5th Way<br>Battle Gound, WA 98604 |  | <b>INSURERS AFFORDING COVERAGE</b>                                                                                                                   | <b>NAIC #</b> |
|                                                                                                                                                       |  | INSURER A: Evanston Insurance Company                                                                                                                | 35378         |
|                                                                                                                                                       |  | INSURER B:                                                                                                                                           |               |
|                                                                                                                                                       |  | INSURER C:                                                                                                                                           |               |
|                                                                                                                                                       |  | INSURER D:                                                                                                                                           |               |

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

|   | TYPE OF INSURANCE                                                              | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM /DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                    |              |
|---|--------------------------------------------------------------------------------|--------------|-------------|---------------|--------------------------------------|--------------------------------------|-------------------------------------------|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |              |             |               |                                      |                                      | EACH OCCURRENCE                           | \$ 1,000,000 |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |              |             |               |                                      |                                      | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000   |
|   | GEN'L AGGREGATE LIMIT                                                          | X            | X           | 2CN0186-3301  | 06/04/2026                           | 06/04/2027 12:01am                   | MED EXP (Any one person)                  | \$ 5,000     |
|   | APPLIES PER:                                                                   |              |             |               |                                      |                                      | PERSONAL & ADV INJURY                     | \$ 1,000,000 |
|   | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT    |              |             |               |                                      |                                      | GENERAL AGGREGATE                         | \$ 2,000,000 |
|   | <input type="checkbox"/> LOC                                                   |              |             |               |                                      |                                      | PRODUCTS - COMP/OP AGG                    | \$ 2,000,000 |
|   | PERFORMER ASSISTANT(S)                                                         |              |             |               |                                      |                                      | EACH OCCURRENCE                           | \$           |
|   |                                                                                |              |             |               |                                      |                                      | AGGREGATE                                 | \$           |
|   | BUSINESS PERSONAL PROPERTY - INLAND MARINE                                     |              |             |               |                                      |                                      | AGGREGATE                                 | \$           |
|   | SEXUAL ABUSE AND MOLESTATION                                                   |              |             |               |                                      |                                      | EACH OCCURRENCE                           | \$           |
|   | <input type="checkbox"/> OCCUR                                                 |              |             |               |                                      |                                      | AGGREGATE                                 | \$           |
|   | DATA BREACH AND CYBER LIABILITY COVERAGE                                       |              |             |               |                                      |                                      | AGGREGATE                                 | \$           |
|   | EQUIPMENT LEASED OR RENTED                                                     |              |             |               |                                      |                                      | AGGREGATE                                 | \$           |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.:

Isaac M. Louie DBA Louie Foxx  
Additional Insured: City of Cle Elum

Email: apriemore@cleelum.gov Event Dates: 08/11/2026 - 08/11/2026

Insured for: Author, Bubble Artist, Childrens Entertainer, Circus Side Show Performer, Comedian, Emcee, Escape Artist, Illusionist, Juggler, Magician, Mentalist, Musician, Public Speaker, Puppeteer, Western Performer, Whip Cracker. Note: Athletic audience participation exclusion applies.

## CERTIFICATE HOLDER

City of Cle Elum  
119 W 1st st  
Cle Elum, WA 98922

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Heather Weiss Zenzen*



KIMBCHR-02

COBRYAN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                                    |                                                                  |                                             |                                      |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------|--------------------------------------|
| <b>PRODUCER</b><br>Highstreet Insurance & Financial Services<br>PO Box 1658<br>Edmonds, WA 98020-1658              | <b>CONTACT NAME:</b>                                             | <b>PHONE (A/C, No, Ext):</b> (425) 775-6446 | <b>FAX (A/C, No):</b> (425) 640-9225 |
|                                                                                                                    | <b>E-MAIL ADDRESS:</b>                                           |                                             |                                      |
| <b>INSURED</b><br><br>Kimberly Christine Connolly DBA Animal Encounters<br>26614 SE 168th St<br>Issaquah, WA 98027 | <b>INSURER(S) AFFORDING COVERAGE</b>                             |                                             | <b>NAIC #</b>                        |
|                                                                                                                    | <b>INSURER A : Mesa Underwriters Specialty Insurance Company</b> |                                             | <b>36838</b>                         |
|                                                                                                                    | <b>INSURER B : United Financial Casualty Company</b>             |                                             | <b>11770</b>                         |
|                                                                                                                    | <b>INSURER C : Scottsdale Insurance Company</b>                  |                                             | <b>41297</b>                         |
|                                                                                                                    | <b>INSURER D :</b>                                               |                                             |                                      |
|                                                                                                                    | <b>INSURER E :</b>                                               |                                             |                                      |
| <b>INSURER F :</b>                                                                                                 |                                                                  |                                             |                                      |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                        | ADDL INSD                                           | SUBR W/D                          | POLICY NUMBER     | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                               |
|----------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------|-------------------|-------------------------|-------------------------|------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                         | X                                                   |                                   | MP004600602050013 | 7/6/2025                | 7/6/2026                | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                                                     |                                   |                   |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          |                                                                                                          |                                                     |                                   |                   |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          |                                                                                                          |                                                     |                                   |                   |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                       |                                                     |                                   |                   |                         |                         | GENERAL AGGREGATE \$ 2,000,000                       |
|          | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                                     |                                   |                   |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                  |
|          | OTHER:                                                                                                   |                                                     |                                   |                   |                         |                         | \$                                                   |
| B        | AUTOMOBILE LIABILITY                                                                                     |                                                     |                                   | 02578315-6        | 7/22/2025               | 7/22/2026               | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000       |
|          | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY                                                       | <input checked="" type="checkbox"/> SCHEDULED AUTOS | BODILY INJURY (Per person) \$     |                   |                         |                         |                                                      |
|          | <input type="checkbox"/> HIRED AUTOS ONLY                                                                | <input type="checkbox"/> NON-OWNED AUTOS ONLY       | BODILY INJURY (Per accident) \$   |                   |                         |                         |                                                      |
|          |                                                                                                          |                                                     | PROPERTY DAMAGE (Per accident) \$ |                   |                         |                         |                                                      |
| C        | <input checked="" type="checkbox"/> UMBRELLA LIAB                                                        | <input checked="" type="checkbox"/> OCCUR           |                                   | CXS4055769        | 7/6/2025                | 7/6/2026                | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input type="checkbox"/> EXCESS LIAB                                                                     | <input type="checkbox"/> CLAIMS-MADE                | AGGREGATE \$ 1,000,000            |                   |                         |                         |                                                      |
|          | DED                                                                                                      | RETENTION \$                                        | \$                                |                   |                         |                         |                                                      |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                            |                                                     | PER STATE                         |                   |                         |                         | OTH-ER                                               |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | Y/N                                                 | N/A                               |                   |                         |                         | E.L. EACH ACCIDENT \$                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   |                                                     |                                   |                   |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
|          |                                                                                                          |                                                     |                                   |                   |                         |                         | E.L. DISEASE - POLICY LIMIT \$                       |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Cle Elum is named as Additional insured

## CERTIFICATE HOLDER

## CANCELLATION

City of Cle Elum  
119 W 1st st  
Cle Elum, WA 98922

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# SPECIALTY CERTIFICATE OF LIABILITY INSURANCE

DATE  
(MM/DD/YYYY)  
03/30/2026

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Specialty Insurance Agency  
Performers of the U.S.  
3432 Denmark Ave #231  
Eagan, MN 55123

**Contact Name:** Heather Weiss Zenzen

**Phone:** 715-246-8908

**FAX:** 715-246-8908

**Email:** certs@specialtyinsuranceagency.com

## INSURERS AFFORDING COVERAGE

## NAIC #

## INSURED PERFORMERS OF THE U.S. AND ITS PARTICIPATING MEMBERS:

Hillary Matson  
DBA Hillary Matson of Hillia Productions  
1204 N B Street, Apt. C  
Ellensburg, WA 98926

INSURER A: Evanston Insurance Company

35378

INSURER B:

INSURER C:

INSURER D:

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

|   | TYPE OF INSURANCE                                                              | ADDL<br>INSR | SUBR<br>WVD | POLICY NUMBER | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                                  |
|---|--------------------------------------------------------------------------------|--------------|-------------|---------------|-------------------------------------|--------------------------------------|---------------------------------------------------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL<br>LIABILITY            |              |             |               |                                     |                                      | EACH OCCURRENCE \$ 1,000,000                            |
|   | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |              |             |               |                                     |                                      | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) \$ 300,000 |
|   | GEN'L AGGREGATE LIMIT                                                          | X            | X           | 2CN0186-36537 | 05/29/2026                          | 05/29/2027 12:01am                   | MED EXP (Any one person) \$ 5,000                       |
|   | APPLIES PER:                                                                   |              |             |               |                                     |                                      | PERSONAL & ADV INJURY \$ 1,000,000                      |
|   | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT    |              |             |               |                                     |                                      | GENERAL AGGREGATE \$ 2,000,000                          |
|   | <input type="checkbox"/> LOC                                                   |              |             |               |                                     |                                      | PRODUCTS - COMP/OP<br>AGG \$ 2,000,000                  |
| A | PERFORMER ASSISTANT(S)                                                         |              |             |               |                                     |                                      | EACH OCCURRENCE \$<br>AGGREGATE \$                      |
| A | BUSINESS PERSONAL<br>PROPERTY - INLAND MARINE                                  |              |             |               |                                     |                                      | AGGREGATE \$                                            |
| A | SEXUAL ABUSE AND<br>MOLESTATION                                                |              |             |               |                                     |                                      | EACH OCCURRENCE \$<br>AGGREGATE \$                      |
| A | DATA BREACH AND CYBER<br>LIABILITY COVERAGE                                    |              |             |               |                                     |                                      | AGGREGATE \$                                            |
| A | EQUIPMENT LEASED OR<br>RENTED                                                  |              |             |               |                                     |                                      | AGGREGATE \$                                            |

## DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

PERFORMER IS A NAMED INSURED AS A MEMBER OF PERFORMERS OF THE U.S.:

Hillary Matson DBA Hillary Matson of Hillia Productions

Additional Insured: The Carpenter Memorial Library and Cle Elum at 119 W 1st St, Cle Elum, WA 98922

Event Dates: 07/14/2026 - 07/14/2026 Includes Setup And Teardown

Insured for: Hula Hooper. Note: Athletic audience participation exclusion applies.

Policy Exclusions of Note: Fire Performing

## CERTIFICATE HOLDER

Carpenter Memorial Library  
302 N Pennsylvania Ave  
Cle Elum, WA 98926

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Heather Weiss Zenzen*



POLICY NUMBER: RHS8168150 20 COMMERCIAL GENERAL LIABILITY  
Named Insured: Northwest Sled Dog Association  
Policy Effective: 9/29/2025 Policy Expiration Date: 9/29/2026

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s): # 3 - \$50**

**City of Cle Elum/ Cle Elum Downtown Association  
119 W. First Street/ 123 E. First Street  
Cle Elum, WA 98922**

A. **Section II - Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**\*\*USING CLUB DESIGNATED AREAS THROUGHOUT THE POLICY PERIOD FOR ORGANIZED DOG CLUB ACTIVITIES.**



NORTSLE-01

JJARVIS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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|                                                                                               |                                                     |                       |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|
| <b>PRODUCER</b><br>Sportsmen's Insurance Agency<br>PO Box #799<br>Cape Vincent, NY 13618-0799 | <b>CONTACT NAME:</b>                                |                       |
|                                                                                               | <b>PHONE (A/C, No, Ext):</b> (929) 294-7297         | <b>FAX (A/C, No):</b> |
| <b>INSURED</b><br><br>Northwest Sled Dog Association<br>6-113th PL SE<br>Everett, WA 98208    | <b>E-MAIL ADDRESS:</b> info@sportsmensinsurance.com |                       |
|                                                                                               | <b>INSURER(S) AFFORDING COVERAGE</b>                |                       |
|                                                                                               | <b>INSURER A:</b> Hanover Insurance Company         | <b>NAIC #</b> 22292   |
|                                                                                               | <b>INSURER B:</b>                                   |                       |
|                                                                                               | <b>INSURER C:</b>                                   |                       |
|                                                                                               | <b>INSURER D:</b>                                   |                       |
| <b>INSURER E:</b>                                                                             |                                                     |                       |
| <b>INSURER F:</b>                                                                             |                                                     |                       |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                   |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | X         |          | RHS8168150 20 | 9/29/2025               | 9/29/2026               | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                                        |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                                                                          |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED \$ RETENTION \$                                                                                                                                                                                                              |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$                                                                                                                                                                                                       |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                         |           | N/A      |               |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Using club designated areas throughout the policy period for organized dog activities.

## CERTIFICATE HOLDER

## CANCELLATION

City of Cle Elum/ Cle Elum Downtown Association  
119 W First St/ 123 E First St  
Cle Elum, WA 98922

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**7/7**

### **Summer Reading Kickoff Party**

**Tuesday 11 AM at Cle Elum Fire Department**

Sign up for summer reading and enjoy a special storytime event featuring Mayor Lundh. You don't want to miss out on the fun giveaways!

**7/14**

### **Hillia Hula**

**Tuesday 11 AM at Upper Kittitas County Senior Center**

Hillia will captivate kids with a high-energy, interactive hoop performance filled with dazzling tricks and vibrant colors.

**7/21**

### **Northwest Sled Dog Association**

**Tuesday 10 AM at Centennial Park next to the Upper Kittitas County Senior Center**

Welcome back the sled dogs to summer reading!

**7/28**

### **Bug Out! Drop in Live Bug Exhibit**

**Tuesday 11AM-1PM at the Cle Elum Fire Department.**

Learn about adaptations, exoskeletons, defense mechanisms, and more! Many creatures can be held. An exciting and informative program!

**8/4**

### **Explore the Cle Elum Fire Station**

**Tuesday 11 AM at Cle Elum Fire Department**

Explore the fire station with the Cle Elum volunteer firefighters! Touch a truck, shoot the fire hose and learn about fire safety

**8/11**

### **Magician Louie Foxx**

**11AM at the Upper Kittitas County Senior Center**

Louie is a two-time Guinness World Record Holder and was voted the Best Live Entertainment for Families by the readers of the Parent Map Magazine, two years in a row! This is a show you don't want to miss! Fun for all Ages!



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509-674-2313**



**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

Approved

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

**Police Signature:** Rich Albo

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

Approved

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

**Public Works Signature:** Mathew Bailey

**CLE ELUM FIRE DEPARTMENT** (509) 674-1748

Approved

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

**Fire Department Signature:** Edwin L Mills

**CITY COUNCIL REPRESENTATIVE** (509) 674-2473

Approved

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

**City Council Signature:** Leidy M

**CITY ADMINISTRATION** (509) 674-2262

**Staff Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CLE ELUM EVENT APPLICATION

|                         |                                                             |
|-------------------------|-------------------------------------------------------------|
| Title                   | Department Heads - Event Review Summer Reading Program 2026 |
| File name               | Carpenter_M...am_2026.pdf and 1 other                       |
| Document ID             | 7a11b456b27c96175771e05c28a30c12b1b9b82f                    |
| Audit trail date format | MM / DD / YYYY                                              |
| Status                  | ● Signed                                                    |

## Document History



**04 / 21 / 2026**  
09:20:41 UTC-7

Sent for signature to Rich Albo (ralbo@cleelum.gov), Mathew Bailey (mbailey@cleelum.gov), Ed Mills (emills@cleelum.gov) and City Council Representative (amalek@cleelum.gov) by integrations@hellosign.com acting on behalf of romans@cleelum.gov  
IP: 69.55.222.60



**04 / 21 / 2026**  
10:26:19 UTC-7

Viewed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



**04 / 21 / 2026**  
10:27:01 UTC-7

Signed by Rich Albo (ralbo@cleelum.gov)  
IP: 192.183.184.178



**04 / 21 / 2026**  
12:40:21 UTC-7

Viewed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162



**04 / 21 / 2026**  
12:42:06 UTC-7

Signed by Ed Mills (emills@cleelum.gov)  
IP: 192.183.184.162

|                         |                                                             |
|-------------------------|-------------------------------------------------------------|
| Title                   | Department Heads - Event Review Summer Reading Program 2026 |
| File name               | Carpenter_M...am_2026.pdf and 1 other                       |
| Document ID             | 7a11b456b27c96175771e05c28a30c12b1b9b82f                    |
| Audit trail date format | MM / DD / YYYY                                              |
| Status                  | ● Signed                                                    |

## Document History



**04 / 24 / 2026**  
10:20:50 UTC-7

Viewed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 209.209.16.190



**04 / 24 / 2026**  
10:22:11 UTC-7

Signed by Mathew Bailey (mbailey@cleelum.gov)  
IP: 209.209.16.190



**04 / 26 / 2026**  
18:39:06 UTC-7

Viewed by City Council Representative (amalek@cleelum.gov)  
IP: 172.56.105.57



**04 / 26 / 2026**  
18:39:24 UTC-7

Signed by City Council Representative (amalek@cleelum.gov)  
IP: 172.56.105.57



**04 / 26 / 2026**  
18:39:24 UTC-7

The document has been completed.



| Lodging Tax Awards 2026      | Awarded      | Paid Out    |
|------------------------------|--------------|-------------|
| Night at the Museum          | \$7,295.00   |             |
| Pioneer Queen Coronation     | \$2,700.00   |             |
| Christmas Parade & Fireworks | \$7,750.00   |             |
| Downtown Lighting            | \$72,783.98  |             |
| Placer Labs                  | \$12,996.00  |             |
| Pioneer Days                 | \$35,873.00  |             |
| Visitor Center               | \$33,976.35  | \$2,451.40  |
| AED                          | \$25,000.00  | \$25,000.00 |
| UKC Basketball 2025          | \$6,000.00   | \$6,000.00  |
|                              | \$204,374.33 |             |

| Lodging Tax Awards 2025                                  | awarded   | paid out     | requested no |
|----------------------------------------------------------|-----------|--------------|--------------|
| Mountain To Sounds Greenway                              | \$6,700   |              | \$6,700      |
| Boulet Theater Spring Production                         | \$2,500   | \$2,491.54   |              |
| CEDA Christmas In Cle Elum Fireworks                     | \$7,750   |              | \$7,750      |
| CEDA Pioneer Days/fireworks                              | \$30,879  | \$17,221.03  |              |
| Christmas Holiday Lighting                               | \$67,720  | \$69,180     | 1,430.00     |
| Pioneer Days Queen Meet & Greet                          | \$2,400   | \$2,159.85   |              |
| CEDA Visitor Center                                      | \$27,974  | \$7,502      | 8,297.62     |
| Visitor Center/Downtown Association                      | \$62,300  | \$62,257.86  |              |
| UKC Rec Center                                           | \$73,610  | \$69,179.71  |              |
| UKC Senior Center Spaghetti Western Cemetery Irrigation  | \$2,500   | \$2,500      |              |
| CLATC                                                    | \$28,000  |              | \$28,000     |
| CEDA Placer Labs                                         | \$11,480  | \$11,479.80  |              |
| Mtn. to Madness Bball                                    | \$6,000   |              | \$6,000      |
| Northern Kittitas County Historical Community Rec Center | \$5,840   | \$5,840.44   |              |
|                                                          | \$75,000  | \$73,609.61  |              |
|                                                          | \$410,653 | \$323,421.55 | \$62,053.95  |



t paid yet

|                              |             |
|------------------------------|-------------|
| Lodging Tax Awards 2024      |             |
| UKC Boulet Theater           | \$2,500     |
| CEDA Christmas in Cle Elum   | \$10,522    |
| Pioneer Day Queen            | \$2,300     |
| Chamber fireworks 4th July   | \$10,000    |
| UKC Basketball               | \$10,000    |
| CEDA Pioneer Days            | \$11,168    |
| CEDA 2023 & 2024             | \$29,815.90 |
| City signage equip for parks | \$5,782     |
| UKC Community Rec Center     | \$75,000    |
| Skate Park                   | \$170,000   |
|                              | \$327,088   |

# Event Tracker

2026

| Permit #        | DATES                             | LOCATION                                                     | TIME              | EVENT                                         | ASSOCIATION                                                   | COMMITTEE STATUS | FIRE DEPT STATUS | Outstanding items for permit packet |             |                        | COI           | Payment    | Circulate to Dept Heads | Add to Agenda | Day of the Event    | Contact Info                 |
|-----------------|-----------------------------------|--------------------------------------------------------------|-------------------|-----------------------------------------------|---------------------------------------------------------------|------------------|------------------|-------------------------------------|-------------|------------------------|---------------|------------|-------------------------|---------------|---------------------|------------------------------|
|                 |                                   |                                                              |                   |                                               |                                                               |                  |                  | item 1                              | item 2      | item 3                 |               |            |                         |               |                     |                              |
| 2026-001-07-03  | Friday, July 3 - July 5           |                                                              | 9:00am - 7:00pm   | Pioneer Days - Dock Diving Dogs 2026          | Cle Elum Downtown Assoc                                       | Approved         |                  |                                     |             |                        |               | N/A        |                         |               | Fire & Safety check | Kaylee Thompson 509-859-0526 |
| 2026-002-07-04  | Saturday, July 4                  |                                                              | 8:00am - 12:00pm  | Pioneer Days - Parade 2026                    | Cle Elum Downtown Assoc                                       | Approved         |                  |                                     |             |                        |               | N/A        |                         |               | Fire & Safety check | Kaylee Thompson 509-859-0526 |
| 2026-003-07-04  | Saturday, July 4                  |                                                              | 5:00pm - 10:15pm  | Pioneer Days - Fireworks 2026                 | Cle Elum Downtown Assoc                                       | Approved         |                  |                                     |             | Fireworks permit       |               | N/A        |                         |               | Fire & Safety check | Kaylee Thompson 509-859-0526 |
| 2026-006-07-04  | Saturday, July 4                  |                                                              | 12:00pm - 3:00pm  | Pioneer Days Queen Meet and Greet             | Pioneer Queen Coronation Committee                            | Approved         | Permitted        |                                     |             |                        |               | Paid \$75  |                         |               | Fire & Safety check | Michael Richard 206-795-7007 |
| 2026-009-06-06  | Saturday, June 6                  | Cle Elum                                                     | 8:00am - 5:00pm   | HI90 Grindy Bicycle Ride 2026                 | Ephrata Bikes                                                 | Approved         | Permitted        |                                     |             |                        |               | Paid \$75  |                         |               | Fire & Safety check | Jake Maedke 509-750-0977     |
| 2026-010-08-04  | Tuesday, August 4                 | City Park                                                    | 4:00pm - 7:00pm   | National Night Out                            | Cle Elum Police Dept                                          | Approved         | Permitted        |                                     |             |                        |               | N/A        |                         |               |                     | Brad Helgeson 509-607-4827   |
| 2026-011-07-24  | Friday, July 24- July 25          | WA State Horse Park                                          | 8:00am - 11:00pm  | Cle Elum Roundup 2026                         | Cle Elum Roundup Association                                  | not complete     |                  | Site Plan                           | Vendor list | Needs to Circulate for |               | paid \$75  |                         |               | Fire & Safety check | Julie Cloninger 509-607-3665 |
| 2026-013        | 2026 Season                       | WA State Horse Park                                          | All Day           | WA State Horse Park Event Calendar            | WA State Horse Park Authority                                 | Pending          |                  |                                     |             |                        | after 7/27/26 | Paid \$150 |                         |               | Fire & Safety check | Wendy Hensley 360-567-7211   |
| 2026-014        | 2026 Season                       | Cle Elum                                                     | Varies            | Summer Reading Program                        | Carpenter Memorial Library                                    | Pending          |                  |                                     |             |                        | after 7/6/26  | N/A        |                         |               | Fire & Safety check | Amy Pridemore                |
| 2026-015-08-015 | Saturday and Sunday, August 15-16 | Memorial Park Ball Fields                                    | 8:00am - 6:00pm   | Mouse About Softball Tournament 2026          | Mouse About Foundation                                        | Pending          |                  |                                     |             |                        |               | paid \$75  |                         |               | Fire & Safety check | Paul Costello 503-750-1753   |
| 2026-016-08-29  | Saturday, August 29               | Cle Elum                                                     | 7:00am - 5:00pm   | Breakthrough T I D Ride                       | Breakthrough T I D - Ride and Endurance                       | Pending          |                  |                                     |             |                        |               | paid \$75  |                         |               | Fire & Safety check | Chuck Hodge 864-414-9290     |
| 2026-012-10-21  | Wednesday, October 21             | 214 N Pennsylvania Ave                                       | 12:30pm - 8:00pm  | Chamber of Commerce Members October Meeting   | Chamber of Commerce                                           | Pending          |                  |                                     |             |                        |               | Paid \$75  |                         |               | Fire & Safety check | Katie Schepker 509-925-2002  |
| 2026-017-06-13  | Saturday, June 13                 | Dru Bru - 1015 E Second St                                   | 9:00am - 7:00pm   | UKC 3 on 3 Basketball Tournament Fundraiser   | UKC Basketball Club                                           | Pending          |                  |                                     |             |                        |               | Paid \$150 |                         |               | Fire & Safety check | John Hein 509-260-1240       |
| 2026-018-07-04  | Saturday, July 4                  | W Railroad - street closure between SCE Way and Billings Ave | 10:00am - 10:00pm | Pioneer Village - mini street fair fundraiser | Cle Elum Volunteer Firefighters Association                   | Pending          |                  | add signature copy to next agenda   |             |                        |               | not paid   |                         |               | Fire & Safety check | Maggie Bator 509-304-4433    |
| 2026-019-06-07  | Sunday June 7, 2026               | Wye Park                                                     | 9:00am - 12:00pm  | Corpus Christi Outdoor Mass                   | St John the Baptist Catholic Church                           | not received yet |                  |                                     |             |                        |               | not paid   |                         |               |                     |                              |
| 2026-020-08-09  | Sunday August 9, 2026             | Fireman's Park                                               | 10:00am - 3:00pm  | Parish Picnic                                 | St John the Baptist and Immaculate Conception Catholic Church | Pending          |                  | send out for signature              | COI         |                        |               | not paid   |                         |               |                     |                              |
| 2026-021-07-05  | Sunday July 5, 2026               | Fireman's Park                                               | 6:00am - 1:00pm   | Pioneer Days - Fireman's Pancake Breakfast    | Cle Elum Volunteer Firefighters Association                   | Pending          |                  | send out for signature              |             |                        |               | not paid   |                         |               | Fire & Safety check | Maggie Bator 509-304-4433    |

|                       |                 |                                        |                         |         |                          |             |     |     |  |  |                     |                              |
|-----------------------|-----------------|----------------------------------------|-------------------------|---------|--------------------------|-------------|-----|-----|--|--|---------------------|------------------------------|
| Saturday, October 31  | 3:30pm - 7:00p  | Boo Elum 2026                          | Cle Elum Downtown Assoc | Pending | Waiting for Fire and COI | Life Safety | COI | N/A |  |  | Fire & Safety check | Kaylee Thompson 509-859-0526 |
| Saturday, November 28 | 4:30pm - 7:45pm | Christmas Tree Lighting 2026           | Cle Elum Downtown Assoc | Pending | Waiting for Fire and COI | Life Safety | COI | N/A |  |  | Fire & Safety check | Kaylee Thompson 509-859-0526 |
| Saturday, December 5  | 4:30pm - 7:30pm | Christmas in Cle Elum - Parade 2026    | Cle Elum Downtown Assoc | Pending | Waiting for Fire and COI | Life Safety | COI | N/A |  |  | Fire & Safety check | Kaylee Thompson 509-859-0526 |
| Saturday, December 5  | 4:00pm - 7:30pm | Christmas in Cle Elum - Fireworks 2026 | Cle Elum Downtown Assoc | Pending | Waiting for Fire and COI | Life Safety | COI | N/A |  |  | Fire & Safety check | Kaylee Thompson 509-859-0526 |