CITY ADMINISTRATOR
ROBERT OMANS

CITY CLERK
DEBBIE LEE

CITY TREASURER
ROBIN NEWCOMB

PUBLIC WORKS

POLICE CHIEF
RICH ALBO

FIRE CHIEF
ED MILLS

PLANNER

Lodging Tax & Events Committee
Agenda
April 15, 2024
4:00 PM

119 W FIRST STREET
CLE ELUM, WA 9922

MAYOR
MATTHEW LUNDH

MAYOR PRO TEM
STEVEN HARPER

LODGING TAX & EVENTS COMMITTEE
STEVEN COOK - CHAIR
STEVEN HARPER
AUDREY MALEK

CITY ATTORNEY
ALEXANDRA KENYON

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

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

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

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1. **Call to Order**
2. **Unfinished Business**
   a. UKC 3 on 3 Basketball Tournament
3. **New Business**
   a. UKC'S Annual Kids Bicycle Safety Rodeo 2024 Event Application
4. **Other Committee Comments**
5. **Adjourn**

Upcoming Meetings:
Next Lodging Tax & Events Committee Meeting: May 13, 2024 @ 8:30 a.m.
Regular Council Meeting: April 23, 2024 @ 6:00 p.m.
Planning Commission Meeting: May 7, 2024 @ 6:00 p.m.
General Government Committee Meeting: April 24, 2024 @ 8:30 a.m.
Public Safety & Health Committee Meeting: April 16, 2024 @ 1:00 p.m.
Public Works & Community Development Committee Meeting: May 2, 2024 @ 12:00 p.m.

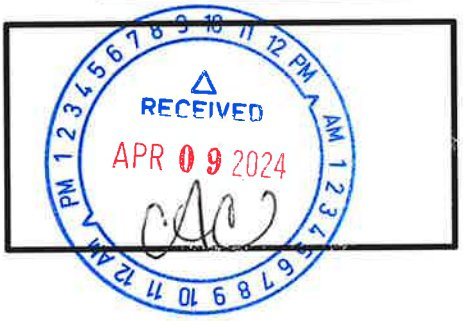
City of Cle Elum
119 West First Street
Cle Elum, WA 98922

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

EVENT PERMIT APPLICATION

NAME OF EVENT: UKC'S ANNUAL KIDS BICYCLE SAFETY RODEO

Received:



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

ADDITIONAL CONTACT INFORMATION:

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

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

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

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

TYPE OF EVENT

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

"Minor Event" (50 and Under)

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

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

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

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

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

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

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

Approved: No ☐ Yes ☐

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

"Major Event" (Over 50)

Will you need any Street Closures? No ☐ Yes ■

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

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

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

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

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

Will you be cooking on site? No ■ Yes ☐

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

EVENT 'FULL PERMIT APPLICATION'

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

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

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

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

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

EVENT DESCRIPTION: Required.

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

Event Name UKC'S ANNUAL KID'S BICYCLE SAFETY RODEO

Event date(s): 05/04/2024 Day(s) of the Week SATURDAY

Time: 10AM-1PM

Event location: CLE ELUM FIRE DEPARTMENT

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

Set-up: Date 08:00AM Time 09:45AM am / pm
Take-Down: Date 01:00PM Time 02:00PM am / pm

Purpose of Event: BIKE SAFETY

Event Crowd Size:
Participants 45 Spectators UNKNOWN Volunteers/Personnel 25

Has Event been produced previously? No ☐ Yes ■
If yes, what were the dates? 05/06/2023
Any change from previous years? No ■ Yes ☐ If yes, please list changes on separate sheet.

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

APPLICANT INFORMATION:

Organization Name: CLE ELUM VOLUNTEER FIRE DEPARTMENT

Mailing Address: Street 301 N PENNSYLVANIA AVE

City CLE ELUM State WA Zip: 98922

Applicant's Name: KATIE BATTON Title: PIO

Contact Information: Daytime Phone _____

Cell Phone 425-591-4273

Fax _____

E-mail KBATTON@CLEELUM.GOV

Contact Person *During Event*: Name KATIE BATTON

Daytime Phone _____

Cell Phone 425-591-4273

Fax _____

E-mail KBATTON@CLEELUM.GOV

FEES AND PROCEEDS:

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

Will alcohol be served or available? No ■ Yes ☐

Will alcohol be sold? No ■ Yes ☐

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

ENTERTAINMENT AND PROMOTIONS:

Sound system: Acoustic ☐ Amplified ☐

Describe Entertainment: NONE

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

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

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

STREET CLOSURES:

Is this event going to require any street closures? No ☐ Yes ■

If Yes, please list streets requested to be closed and attach map, highlighting streets.

List Street(s) PENNSYLVANIA/2ND & PENNSYLVANIA/3RD

INSURANCE INFORMATION:

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

TRAFFIC CONTROL AND SECURITY:

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

HOLD HARMLESS AGREEMENT(S):

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

CITY DEPARTMENT COMMENT PAGE:

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

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

Applicant's Signature — Date: 04/01/2024

KATIE BATTON — Applicant's Printed Name

PIO — Title

HOLD HARMLESS AGREEMENT

This Agreement made this 01 (Day) day of APRIL (Month), 2024 (Year), between the City of Cle Elum, referred to as "CITY" herein, and CEFD (KATIE BATTON) (Name) at, 301 N PENNSYLVANIA AVE (Mailing Address), CLE ELUM (City), WA (State), 98922 (Zip) referred to as "USER" herein.

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

SECTION I

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

SECTION II

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

SECTION III

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

SECTION IV

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

SECTION V

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

SECTION VI

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

'USER' Signature

KATIE BATTON
Print Name

PIO
Title

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

CLE ELUM POLICE DEPARTMENT (509) 674-2991

Police Chiefs Conditions: _____

_____

_____

_____

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

Police Signature: _____

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

Public Works Conditions: _____

_____

_____

_____

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

Public Works Signature: _____

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: _____

_____

_____

_____

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

Fire Department Signature: _____

CITY COUNCIL REPRESENTATIVE (509) 674-2473

City Council Representative's Conditions: _____

_____

_____

_____

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

City Council Signature: _____

_____

CITY ADMINISTRATION (509) 674-2262

Administrator Approval: _____ Date: _____

Road closure

Bike Rodeo

Bike safety stations

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/24/2023

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 Elliott Insurance Service 127 W Yakima Ave Suite 201 Yakima WA 98902	**CONTACT NAME:** Jessica Gott **PHONE (A/C, No, Ext):** (509) 248-7711 **FAX (A/C, No):** **E-MAIL ADDRESS:** jessica@elliott-insurance.com
INSURED Cle Elum Volunteer Firefighter Association 301 N Pennsylvania Ave Cle Elum WA 98922-1159	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Mount Vernon Fire Insurance Co **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 23-24 COI **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		NBP2555413	04/29/2023	04/29/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 5,000 $ $ 2,000,000 $ $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT 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 is additional insured per written contract.

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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mandi Klein