CITY ADMINISTRATOR
ROBERT OMANS

CITY CLERK
DEBBIE LEE

FINANCE DIRECTOR
ROBIN NEWCOMB

PUBLIC WORKS

POLICE CHIEF
RICH ALBO

FIRE CHIEF
ED MILLS

PLANNER

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

119 W FIRST STREET
CLE ELUM, WA 98922

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.

---

1. **Call to Order**
2. **Unfinished Business**
   a. Potential Additional Staff Time (Events) - Discussion
3. **New Business**
   a. Approve the minutes from the from June 10, 2024 Lodging Tax & Events Committee
   b. Mouse About Foundation 2024 Event Application
   c. UKC Jam Soccer Jamboree - 2024 Event Application
   d. Cle Elum Roundup 2024 Event Application
   e. Reschedule November 11, 2024, Lodging Tax & Events Committee Meeting (due to holiday)
   f. Cle Elum Car Show - 2024 Event Application
4. **Other Committee Comments**
5. **Adjourn**

Upcoming Meetings:
Lodging Tax & Events Committee Meeting: August 12, 2024 @ 8:30 a.m.
Regular Council Meeting: July 9, 2024 @ 6:00 p.m.
Planning Commission Meeting: July 16, 2024 @ 6:00 p.m.
General Government Committee Meeting: July 24, 2024 @ 8:30 a.m.

Lodging Tax & Events Committee Agenda
July 8, 2024

119 W FIRST STREET
CLE ELUM, WA 98922

Public Safety & Health Committee Meeting: July 16, 2024 @ 1:00 p.m.
Public Works & Community Development Committee Meeting: July 11, 2024 @ 12:00 p.m.
Coal Mines Trail Commission Meeting: August 5, 2024 @ 6:00 p.m.

CLE ELUM LODGING TAX & EVENTS COMMITTEE
MINUTES
JUNE 10, 2024
8:30 AM
119 W FIRST STREET
CLE ELUM, WA 98922

1. Call to Order

Steven Cook - Committee Member present
Steven Harper - Committee Member present
Audrey Malek - Committee Member present

Debbie Lee - Clerk
Audrey Cassasa - Utility Clerk
Ed Mills - Fire Chief
Rich Albo - Police Chief
Amy Pridemore - Librarian
Aaron Barr - Public Works

Committee Chair Cook would like to add Eide Homes Beer Garden 2024 Event Application under New Business G.

2. Unfinished Business

a. Application Fee - Discussion - Yakima Special Event & Parade Permit (example)

Committee Chair Cook presented a sample code from the City of Yakima regarding charging permit application fees.

Discussion was had about what type of Event Applications would be exempt from the fee, public service or not a public service. The Committee also discussed charging the fee and if the Committee felt it fell under certain guidelines, the fee would be refunded. The Committee also discussed the importance of First Amendment Rights. The Committee decided that they will discuss this in the meeting in October and will have something ready to implement in the year 2025.

3. New Business

a. Potential Additional Staff Time (Events) - Discussion

Discussion was had that some applications take more staff time and possibly be able to pass this on to the applicant. For example, Pioneer Days takes quite a number of staff hours to attend all the meetings. The Committee would like Mayor Lundh to attend the next meeting to clarify what his exact thoughts were on having this discussion for further direction.

b. Lodging Tax & Events Committee Meeting Minutes Dated May 13, 2024

MOTION: Committee Member Harper made a motion to approve the Lodging Tax & Events Committee minutes dated May 13, 2024; seconded by Committee Member Malek.
MOTION CARRIED: 3 yes 0 no.

c. Kittitas County Chamber of Commerce July 4th 2024 Lodging Tax Application

Discussion was had about the Kittitas County Chamber of Commerce July 4, 2024 Lodging Tax Application and how it has historically been approved pending approval from the Fire Chief. Committee Member Cook had concerns regarding tracking attendance. Facebook shows the reach, Committee Member Harper stated, as long as it can be reasonably explained. The Committee talked about encouraging the Chamber to tighten up its attendance tracking and possibly use QR codes.

MOTION: Committee Member Harper made a motion to recommend approving the Kittitas County Chamber of Commerce July 4 Lodging Tax Application for 2024 in the amount of $10,000; seconded by Committee Member Malek.
MOTION CARRIED: 3 yes 0 no.

d. Cle Elum Downtown Assoc. Pioneer Days 2024 Lodging Tax Application

Discussion was had regarding camping and short-term rentals as being counted for overnight lodging. Committee Member Harper said that they count since they still bring economic development as they are doing commerce in the City of Cle Elum. The Downtown Association uses geofencing and QR codes for their data counting.

Chief Albo stated they have been working with the Downtown Association, and they will be hiring an outside source to do traffic control and the Cle Elum Police Department can focus on actual policing activities. Chief Albo will also be coming up with an Incident Operation Plan, so it can be used for all future events.

MOTION: Committee Member Harper made a motion to approve funding the Cle Elum Downtown Association Pioneer Days 2024 Lodging Tax Application in the amount of $11,168.00; seconded by Committee Member Malek.
MOTION CARRIED: 3 yes 0 no.

e. Summer Reading at the Carpenter Memorial Library Thursday's at 11:00 a.m.

Amy from the library explained why she filled out two separate Event Applications, as two required insurance and one event was on a different day.

Fire Chief Albo stated that all departments had time to review the applications and approve them prior to this meeting.

Discussion was had about different amounts of insurance required for separate events.

MOTION: Committee Member Harper made a motion to approve both library Event Applications with one motion; seconded by Committee Member Malek.
MOTION CARRIED: 3 yes 0 no.

f. Summer Reading Program at the Carpenter Memorial Library "Meet the Reptiles & Sled Dogs"

g. Eide Homes Pioneer Days Beer Garden 2024 Event Application

The application was submitted just this morning and not completed. The Committee did not want to set a precedent for an application that was not submitted in a timely manner and not completed.

Some of the concerns that were discussed were fencing, security, blocking entry, whether the neighboring business, (Stellas), was going to be open during this time, and food trucks that were licensed by the City. The other City departments did not have ample time to review the applications, so this application is being denied.

4. Other Committee Comments

The Committee discussed having a packet available to Event Applicants that outlines all the rules and definitions, so applicants will know what is expected. This will be discussed in October.

5. Adjourn

Committee Member Cook adjourned the meeting at 9:38 a.m.

_____ _____

Steven Cook, Chair Debbie Lee, Clerk

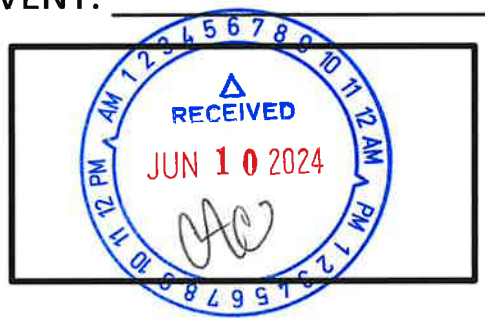
City of Cle Elum
119 West First Street
Cle Elum, WA 98922

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

EVENT PERMIT APPLICATION

NAME OF EVENT: MouseAbout Foundation

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 — Office (509) 674-2262
Cle Elum, WA 98922 — 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 MouseAbout Foundation

Event date(s): 8/10- 8/11 Day(s) of the Week Saturday and Sunday

Time: 8:00 am to 6:30pm

Event location: Memorial Park

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

Set-up: Date 8/9 Time 1pm am / pm
Take-Down: Date 8/11 Time 3:30pm am / pm

Purpose of Event: To Raise money for a local Cancer Recipient/Softball Tournament

Event Crowd Size:
Participants 250 Spectators 250 Volunteers/Personnel 12

Has Event been produced previously? No ☐ Yes ☒
If yes, what were the dates? August 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: MouseAbout Foundation

Mailing Address: Street 11809 North Atlantic Street

City Spokane State wa Zip: 99218

Applicant's Name: Donna Costello Title: Secretary/Board Memeber

Contact Information: Daytime Phone 425.530.0693

Cell Phone 425.530.0693

Fax _____

E-mail costello.d@portseattle.org

Contact Person *During Event*: Name Paul Costello

Daytime Phone 503.750.1753

Cell Phone 503.750.1753

Fax _____

E-mail _____

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: Some Music with Highlights and updates on Tournament

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) _____

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.

Donna Costello	6/7
Applicant's Signature	Date
Donna Costello	Board Member
Applicant's Printed Name	Title

HOLD HARMLESS AGREEMENT

This Agreement made this 7th (Day) day of June (Month), 2024 (Year), between the City of Cle Elum, referred to as "CITY" herein, and MouseAbout Foundation (Name) at, 11809 North Atlantic Street (Mailing Address), Spokane (City), WA (State), 99218 (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.

Donna Costello	Donna Costello	Board Memeber
'USER' Signature	Print Name	Title

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/07/2024

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 East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945	**CONTACT NAME:** Will Maddux **PHONE (A/C, No, Ext):** (530) 477-6521 **FAX (A/C, No):** **E-MAIL ADDRESS:** info@theeventhelper.com
INSURED MouseAbout Foundation c/o Donna Costello 8291 WA-903, Box 391 Ronald WA 98940	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Lloyds Syndicate 2623 / AA-1128623 **INSURER B :** Lloyds Syndicate 623 / AA-1126623 **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Host Liquor Liability [ ] Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	N	EH-771324-L3897223	08/10/2024 12:01 AM	08/12/2024 12:01 AM	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Deductible	$ 1,000
	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 Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] 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 listed below is named as additional insured per attached CG 20 26 04 13. Attendance: 200, Event Type: Softball - Amateur. Policy includes a 36 month Extended Reporting Period. Damage to Premises Rented (Other than Fire) included in the Each Occurrence Limit shown above.

CERTIFICATE HOLDER

City of Cle Elum
Cle Elum Memorial Fields
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 Will Maddux

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):
City of Cle Elum Cle Elum Memorial Fields 119 W 1st St Cle Elum, WA 98922
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 shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.


Kittitas County
WASHINGTON
Services Departments About Disclaimer Contact Us
COMPAS
Download
Cancel
Print
Field 3: Games will be played on this field
Field 2: Games, women's will be played on this field
Tent next to restroom door where mulligans, event T-shirts & tank tops, adult refreshments, 50/50 raffle tickets, and home run derby sign ups are available
Restrooms , BBQ, Concessions Stand
Field 6: Games will be played on this field
Silent Auction Area
Field 4: Kids Play Area. No adult games will be played here
Field 1: Men's home run derby will be played here
Camping Tent Area
(No stakes in the ground! No Exceptions!)
Field 5: Games and kids home run derbies will be played on this field
Porta-potty
RV Parking

YLAN BLUM

2024 Recipient

Eileen "Mouse" Costello was a dear f
the Cle Elum community who lost h
with cancer in February 2007.

Before Mouse passed in '07, she con
her wishes that a way be found to c
providing support to a local cance

The MouseAbout Foundation hosts a
annual co-ed softball tournament ar
auction. Proceeds are donated to a k
County cancer patient in need.

This year's recipient is Rylan Blum,
Elum local who celebrates his 14th b
on June 15th.

ıte Online at
seAboutFoundation.org

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:_____

**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: _____Rich Albo_____

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

Public Works Conditions: looks good on my end

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

Public Works Signature: Aaron Barr AB

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: a permit is requiered for any onsite cooking,use of generators, tents and requires inspected fire exstinguisher. Set up fire and life safety plans with fire department.

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:_____

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 Jam

Received: 

This is a 2 day Soccer Jamboree. It is small. 4 Teams each day. 7 thirty minute games each day. The UKC Pumas (KVJSA) are hosting.

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.

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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 ☒ Team tents for shade. Some parents brought shade tents last year
Will there be Alcohol served or available? No ☒ Yes ☐

Do you plan on playing Music at the event? No ☐ Yes ☐ If its allowed we might play some music for the kids. Small outdoor speakers. No big equipment.
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 — Office (509) 674-2262
Cle Elum, WA 98922 — 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. 4 Team Jamboree each day. One game at a time of 35 min in town games to clear. 7 thirty min games each day.

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

Event Name UKC Jam

Event date(s): July 20-21 Day(s) of the Week Sat & Sun

Time: All Day 9am-7pm Saturday - Boys 2013 bracket Sunday - Boys 2015 bracket

Event location: Centennial Park

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

Set-up: Date Sat July 20th Time 8 (am) / pm
Take-Down: Date Sun July 21st Time 8 am / (pm)

Tents will be taken down each day

Purpose of Event: Get our local teams ready for the fall with a fun jamboree!

Event Crowd Size:
Participants 40 (Saturday) 30 (Sunday) Spectators 50-60 (Saturday) 35-45 (Sunday) Volunteers/Personnel ~~#'s~~, team parents included in these #'s

Has Event been produced previously? No ☐ Yes ☒ We switched to the school though
If yes, what were the dates? _____

Any change from previous years? No ☐ Yes ☒ If yes, please list changes on separate sheet.
Last year was just 1 day w/the 2013's; this year 2nd day w/ 2015's

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: KVJSA Upper County Ponies (Boys 2013 + 2015 teams)

Mailing Address: Street PO Box 1450

City Ellensburg State WA Zip: 98926

Applicant's Name: Tiffany Green Title: UKC Team Coordinator Team Manager for UKC 2013 Ponies + KVJSA Volunteer

Contact Information: Daytime Phone 206-719-6591

Cell Phone 206-719-6591

Fax 425-396-0614

E-mail drtgreen@msn.com

Contact Person *During Event*: Name Tiffany Green

Daytime Phone 206-719-6591

Cell Phone same ?

Fax 425-396-0614

E-mail drtgreen@msn.com

FEES AND PROCEEDS:

Will you charge an admission fee? No ☐ Yes ☐ If yes, how much? No admission fee to spectators. Teams split costs of event. -refs, garbage, any additional porta potties, medals for the winners

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: Possible outdoor speaker ? music at the field if you say yes

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 personal invite

STREET CLOSURES:

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

List Street(s) _____

INSURANCE INFORMATION: will be sent to the city

☐ 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.

_____	6/21/24
Applicant's Signature	Date
Tiffany Green	Upper County Pumas Teams Coordinator KVJSA Volunteer
Applicant's Printed Name	Title

HOLD HARMLESS AGREEMENT

This Agreement made this 12th day of June, 2023, between the City of Cle Elum, referred to as "CITY" herein, and Tiffany Green-UVC Pumas at, PO Box 1450 Ellensburg WA 98926 Name
1010 W 2nd St, Cle Elum, WA, 98922 referred to as "USER" herein.
Pumas Tiffany Green
Mailing Address City State Zip

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 | Tiffany Green (Print Name) | Team (Title)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/26/2024

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 Insurance Office of America, Inc. 1855 West State Road 434 Longwood FL 32750	**CONTACT NAME:** **PHONE (A/C, No, Ext):** **FAX (A/C, No):** **E-MAIL ADDRESS:**
INSURED USCLUBS-01 National Association of Competitive Soccer Clubs dba US Club Soccer 774 S Shelmore Blvd Ste 104 Mount Pleasant SC 29464	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** United States Fire Insurance Company — 21113 **INSURER B :** Accredited Surety & Cas Co Inc — 26379 **INSURER C :** HDI Global Specialty SE **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 40072925 **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	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE / X OCCUR X Participant LL GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC X OTHER: Sanctioned Event	Y	Y	1-TRE-SC-17-01338515-01	8/1/2023	8/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Abuse & Molestation	$ 2,000,000 $ 2,000,000 $ 5,000 $ 2,000,000 $ 4,000,000 $ 2,000,000 $ 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)	$ $ $ $
B	**UMBRELLA LIAB** X OCCUR X **EXCESS LIAB** CLAIMS-MADE DED / RETENTION $	Y	Y	1-TRE-SC-17-01338516-01	8/1/2023	8/1/2024	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(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	$ $ $
A C	Accident Medical Full Excess Excess Liability	Y	Y	US1929851 HDHX003701036	8/1/2023 8/1/2023	8/1/2024 8/1/2024	Medical Maximum Med. Deductible Excess of $3mm primar	200,000 500 1,000,000

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

The Certificate Holder is included as an Additional Insured under the General Liability and Excess Liability policies when required by written contract but only with respect to the operations of the Named Insured. The below referenced club is Included as a Named Insured per form (IL1201 1185) but only for liability arising directly from participation in an event or activity sanctioned or approved by US Club Soccer. MEDICAL EXPENSE coverage only applies to Spectators at Covered Events and visitors at the National Association of Competitive Soccer Club's office location

This Certificate is issued on behalf of all valid YOUTH US CLUB SOCCER registered and approved players and staff participating with:

Kittitas Valley Junior Soccer Association

CERTIFICATE HOLDER

City of Cle Elum
719 E. Third 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

John Burkart

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: Looks good

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

Public Works Signature: Aaron Barr

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: Make sure all persons using tents or canopys secure them properly for all weather events. Make sure all participants are aware of the traffic hazards on Third street. Have a designated person or persons to retrieve any lost balls going into the road.

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: _____

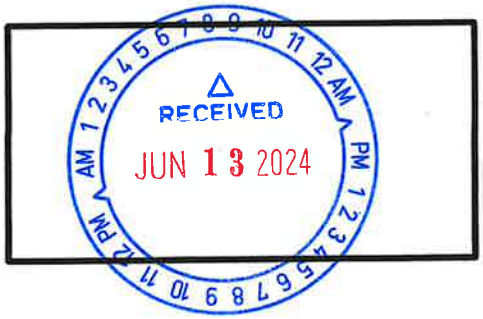
City of Cle Elum
119 West First Street
Cle Elum, WA 98922

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

EVENT PERMIT APPLICATION

NAME OF EVENT: 2024 CLE ELUM ROUNDUP

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 2024 CLE ELUM ROUNDUP

Event date(s): 7/26/2024-7/27/2024 Day(s) of the Week FRIDAY/SATURDAY

Time: 4PM-11PM

Event location: WASHINGTON STATE HORSE PARK

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

Set-up: Date N/A Time N/A am / pm
Take-Down: Date N/A Time N/A am / pm

Purpose of Event: PRCA RODEO, FAMILY ACTIVITIES, VENDORS

Event Crowd Size:
Participants 150 Spectators 2500 Volunteers/Personnel 100

Has Event been produced previously? No ☐ Yes ■
If yes, what were the dates? ANNUALLY - THIS IS THE 10TH YEAR
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 ROUNDUP ASSOCIATION

Mailing Address: Street PO BOX 671

City CLE ELUM State WA Zip: _____

Applicant's Name: JULIE CLONINGER Title: PRESIDENT

Contact Information: Daytime Phone _____

Cell Phone 509.607.3665

Fax _____

E-mail _____

Contact Person *During Event*: Name JULIE CLONINGER

Daytime Phone _____

Cell Phone 509.607.3665

Fax _____

E-mail _____

FEES AND PROCEEDS:

Will you charge an admission fee? No ☐ Yes ■ If yes, how much? $20-$35

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: RODEO ANNOUNCER AND LIVE BAND

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

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

TV ■ Radio ■ Paper ■ Flyers ■ Posters ■ Other ■ Specify SOCIAL MEDIA

STREET CLOSURES:

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

List Street(s) _____

INSURANCE INFORMATION:

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

TRAFFIC CONTROL AND SECURITY:

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

HOLD HARMLESS AGREEMENT(S):

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

CITY DEPARTMENT COMMENT PAGE:

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

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

JULIE CLONINGER — 5/7/24
Applicant's Signature — Date

Julie Cloninger — 5/7/24
Applicant's Printed Name — Title

HOLD HARMLESS AGREEMENT

This Agreement made this 2 (Day) day of JUNE (Month), 2024 (Year), between the City of Cle Elum, referred to as "CITY" herein, and CLE ELUM ROUNDUP ASSOCIATION (Name) at, PO BOX 671 (Mailing Address), CLE ELUM (City), WA (State), _____ (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	JULIE CLONINGER (Print Name)	PRESIDENT (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: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/19/2024

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	CONTACT NAME: Tami Ford	
Western Specialty Insurors, LLC 1116 Remington Plaza, Suite C Raymore MO 64083	PHONE (A/C, No, Ext): (888) 866-3550	FAX (A/C, No): (816) 623-5982
	E-MAIL ADDRESS: tford@rodeoins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Nautilus Insurance Company	
INSURED Cle Elum Roundup Association P O Box 671 Cle Elum WA 98922	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CL2441926966 **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: [ ] POLICY [ ] PRO-JECT [ ] LOC [X] OTHER: Event	Y		CLA752124011	05/01/2024	05/01/2025	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Liquor Liability	$ 1,000,000
	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 Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] 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)

City of Cle Elum is additional insured, where their interests may appear, with respects to the Cle Elum Roundup Rodeo and events held at Washington State Horse Park, Cle Elum, WA. Stock Contractor: Summit Pro Rodeo is named insured for this event only.
Move in Date: 6/23/2024
Event Dates: 7/26-27/2024
Slack Date: 7/27/2024

CERTIFICATE HOLDER

City of Cle Elum
119 W 1st 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

Tamara S Brown

Washington State Liquor and Cannabis Board
Olympia, Washington

SPECIAL OCCASION LICENSE

License Number: 097432

In accordance with and subject to the provisions of the Washington State Liquor Control Act and the rules and regulations of the Washington State Liquor and Cannabis Board:

CLE ELUM ROUNDUP ASSOCIATION
C/O: COURTNEY CUNNIFF
PO BOX 671
CLE ELUM, WA 98922

is hereby licensed to sell, beer, wine, and spirituous liquor to be consumed on site only at the location, date(s), and time(s) listed below:

WASHINGTON STATE HORSE PARK - 1202 DOUNGLAS MUNRO BLVD, CLE ELUM

JULY 26, 2024	**5PM TO 11:59PM**
JULY 27, 2024	**5PM TO 11:59PM**

No one under the age of 21 may buy, consume, or possess alcohol at any time.

You must ask for approved identification from all people who order alcohol at the point of sale.

No one under the age of 21 may enter the enclosed area where alcohol is being served.

The operation of the beer garden must be in compliance with the local authority rules and regulations.

Per RCW 66.28.090, the licensed premises shall, at all times, be open to any enforcement officer, inspector, or peace officer.

If you have any questions, please contact Customer Service at (360) 664-1600, email: specialoccasions@lcb.wa.gov, or your Enforcement Officer at (509) 625-5513.

Dated in Olympia, Washington on Thursday, May 30, 2024.

David Postman
Board Chair

LIQ906 4/2019

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: ~~Beer Garden is required to provide security. Audrey signed for Rich per his request.~~

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

Police Signature: Rich Ablo

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

Public Works Conditions: looks good on my end

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

Public Works Signature: Aaron Barr

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: All food trucks must be certified. Special events permit packet should be filled out by each vendor using, generators, propane, canopys, cooking, tents, and ~~fire department inspections and permits when required shall be on hand at event. Each vendor should have a fire and life safety plan on site.~~

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

Fire Department Signature: EM

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: _____

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: Cle Elum Car Show

Received: RECEIVED JUL 02 2024

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 Cle Elum Car Show

Event date(s): August 3rd 2024 Day(s) of the Week Saturday

Time: 3pm-8pm

Event location: Peoh Ave between Bakery and Mike's Tavern

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

Set-up: Date August 3rd Time 2 PM am / pm
Take-Down: Date August 3rd Time 9 PM am / pm

Purpose of Event: Hold a community car show

Event Crowd Size:
Participants 35 Spectators 200 Volunteers/Personnel 4

Has Event been produced previously? No ☐ Yes ■
If yes, what were the dates? This is year 5 of the car show
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: Mike's Tavern

Mailing Address: Street 427 E 1st Street

City Cle ELum State WA Zip: 98922

Applicant's Name: Ruston Weaver Title: Owner

Contact Information: Daytime Phone 206-304-8982

Cell Phone _____

Fax _____

E-mail _____

Contact Person *During Event*: Name Russ Weaver

Daytime Phone _____

Cell Phone _____

Fax _____

E-mail _____

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: Rusty Cage Band

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

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

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

STREET CLOSURES:

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

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

List Street(s) Peoh between 2nd & 1st

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: 7-2-24
Ruston Weaver	Owner
Applicant's Printed Name	Title

HOLD HARMLESS AGREEMENT

This Agreement made this 3 (Day) day of August (Month), 2024 (Year), between the City of Cle Elum, referred to as "CITY" herein, and Mike's Tavern / Ruston Weaver (Name) at, 427 E 1st Street (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	Ruston Weaver (Print Name)	Owner (Title)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/13/2022

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: Carter Insurance Agency 5720 E Lake Sammamish Pkwy #100 Issaquah WA 98029	CONTACT NAME: Austin Carter PHONE (A/C, No, Ext): 425-557-9275 FAX (A/C, No): E-MAIL ADDRESS: office@insuredwithfarmers.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Mount Vernon Fire Insurance Company	14420
INSURED: Mikes Tavern 427 East First Street Cle Elum WA 98922 Chez Weaver LLC	INSURER B : Century Surety Company	26905
	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	
	☑ COMMERCIAL GENERAL LIABILITY			CP 2616498B	11/30/2021	11/30/2022	EACH OCCURRENCE	$ 1,000,000
	☐ CLAIMS-MADE ☑ 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
	☑ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
B	Property Coverage			2207979	11/30/2021	11/30/2022	Building coverage	$250,000
							Deductible	$5,000

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

CHEZ WEAVER LLC DBA MIKE'S TAVERN
BUILDING OWNED BY RUSTON WEAVER

I will send updated copy

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF INSURANCE ONLY	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 Julian Carter

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: Rich Hall

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

Public Works Conditions: MB

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

Public Works Signature: MB

CLE ELUM FIRE DEPARTMENT (509) 674-1748

Fire Chiefs Conditions: Fire and Life Safety Plans for Event
Current Inspection on Mike Tauer with contacts listed.
Food or cooking vendors have all current certificates and
inspections.

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

Fire Department Signature: Al Nill

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: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/02/2024

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PRODUCER	Carter Insurance Agency 11411 NE 124th Street, Suite 265 Kirkland WA 98034	CONTACT NAME: Austin Carter PHONE (A/C, No, Ext): 425-557-9275 FAX (A/C, No): E-MAIL ADDRESS: office@insuredwithfarmers.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Obsidian Specialty Insurance Company	
INSURED	Chez Weaver, LLC DBA Mike's Tavern 427 East First Street Cle Elum WA 98922 Chez Weaver LLC	INSURER B : Century Surety Company	26905
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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

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	☐ CLAIMS-MADE ✓ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
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	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	✓ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A (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	$
B	Property Coverage			2207979	12/16/2023	12/16/2024	Building coverage	$250,000
							Deductible	$5,000

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

CHEZ WEAVER LLC DBA MIKE'S TAVERN
BUILDING OWNED BY RUSTON WEAVER

City of Cle Elum listed as additional insured.

CERTIFICATE HOLDER

City of Cle Elum

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