

CITY OF COEUR D'ALENE MUNICIPAL SERVICES DEPARTMENT 710 EAST MULLAN AVENUE COEUR D'ALENE, ID 83814 (208) 769-2229 or ksetters@cdaid.org

Date Received:	Rating of Event:			
Permit Fee: Receipt No.: Security Dep.:	High: Med: Low:			
Meeting Date:				
Security Deposit Return:				

SPECIAL EVENT PERMIT APPLICATION Must be submitted a <u>minimum of 21 days prior</u> to event

(May be submitted up to one year in advance)

Name of Event

Date(s) of Event _____ Day of the Week _____

REQUIRED DOCUMENTS (MUST BE SUBMITTED WITH APPLICATION):

- □ **INSURANCE** Please provide a Certificate of Insurance in an amount of not less than \$500,000 naming the City of Coeur d'Alene as additional insured.
- □ **MAP (site plan)** A complete map must be included indicating start location, entire route, road closures, restrooms, location of vendors and finish area.
- □ **FEE/DEPOSIT** Fees based on Resolution 11-004 included in this application.
- □ **NEIGHBOR NOTIFICATION** (see attached) needs to be signed by the property owner/tenant and submitted if a road closure affects access to properties.

SPONSOR:

Event Sponsor				
Mailing Address				
Contact Person				
Phone	E-Mail			
Return security deposit to: (Name and mailing address)				
TIME AND LOCATION:				
Setup Time	Start Time	_ End Time		
Location				
Event ends (where?)				
Number of Participants	Number of Spectators	_ Max. Number of Participants		

STREET SIDEWALK CLOSURES/PARTIAL:

What streets will be partially closed to traffic?

What streets will be fully closed to traffic? _____

Will event stop for and obey traffic signals at intersections?

How will you maintain traffic access to businesses, commercial establishments and homeowners?

Did you notify businesses and property owners affected by closures?

RESOURCES REQUIRED:

NOTE: Certified traffic flaggers at organizers expense will be required for an arterial street crossing.

Do you obey traffic control devices?	Do you remain on sidewalks only? Trail only?
Name of Certified Flagging Company:	
Contact Person:	Phone Number:
E-mail:	
NOTE: Barricades/cones provided by the	City require pick-up by appt. Mon – Thurs. before 2:00pm.
Please contact the Streets Department a	t 208-769-2233. Separate deposit fee for use of city equipment.
Will you require barricades?	If yes how many? Who is supplying?
Do you need any barricades from City? _	If yes how many?
If yes what day/time will you pick up bar	rricades?
Will you require cones? If yes ho	ow many? Do you need them from the City?
Contact Person:	Phone:
	t?NOTE: If yes cost will be paid for off duty police erk at 208-769-2229 for more information and cost.

RESTROOM FACILITIES:

NOTE: Event organizer is responsible to supply portable toilets if necessary. Indicate location on the route/site plan map, the type (ADA), and number.

 What restroom facilities will be used?
 ______How many are ADA accessible?

What company is supplying the restrooms: ______ Contact: _____

TENT PERMITS/SELLER PERMITS:

NOTE: Fire Department tent permit required for all portable tents, canopies, etc. with any food, heat or over 200 square feet. Fire Department application and fee may be submitted with this application.

NOTE: The State of Idaho requires a sellers permit for all vendors. Contact Idaho State Tax Commission at 208-334-7660

VENDORS

NOTE: Please indicate locatio	n of all vend	ors on the site p	lan map.		
How many vendors will you h	ave at the e	vent?			
Please specify number and ty	pe: Food	Beverages	Alcohol	Retail	Other
Will any cooking/warming be be used? Are any ga please specify items and show	as/propane a	ppliances used f			
Any other flammable or coml	bustible item	is on site?	Specify		
FIRST AID Where will the First Aid Static Who will man the station? — How are participants notified (For serious medical issues, p LOST CHILDREN OR PETS Where will lost children or pe	of the locati Dease instruc	ion? ct all participan	ts to call 911 fo	or assistance)	
CLEAN-UP PLAN Who is responsible for clean-up					
Contact Name		_ Phone		_ Email	
How many people are assigned	to your clean-	up committee? _	Date/1	Time completed	?
What arrangements have been	made for garb	bage removal?			
What garbage receptacles will b	e used?				
PRE-EVENT MEETING AT CITY H	ALL				

_____ (Initial) I agree to attend a pre-event meeting if requested by the City of Coeur d'Alene.

CERTIFICATION

I, ______ certify that I am a citizen of the United States, over eighteen (18) years of age, and that the information listed on this application is complete and true to the best of my knowledge, and I agree to comply with the ordinances regarding parades and special events contained in the City of Coeur d'Alene Municipal Code, of which I have received a copy.

Title
Date
Date
Date
Date

SPECIAL EVENTS OTHER PERMITS MAY BE REQUIRED

Centennial Trail along Coeur d'Alene Drive or any part of Idaho State Highway including intersections

If your event starts or continues on any portion of the Centennial Trail along Coeur d'Alene Drive, or any part of a state highway including intersections of CDA Drive, a permit is required. Idaho Transportation Department – (208) 772-1297

Centennial Trail Use

If your event uses any portion of the Centennial Trail, please contact the following agencies if appropriate as a permit is required: Idaho State Park – Randall Butte Post Falls Recreation – Dave Fair City of Coeur d'Alene Parks Department – Melissa Brandt (208) 769-2252 Idaho Transportation Department – (208) 772-1297

Bandshell Park, McEuen Park Pavilion, or Riverstone Amphitheatre

If your event uses any portion of the above-mentioned, a permit is required. Coeur d'Alene Parks Department – (208) 769-2252

City Ballfields

If your event starts, continues, or ends using any of the City's ballfields, a separate permit may be required. Paula Austin – (208) 769-2250

Serving Alcohol

If you plan on having alcohol at your event, a permit may be required

_ Fireworks

If you plan to have any fireworks displays associated with your event, a permit is required. Fire Department – (208) 769-2586

Tents/Canopies/Food Vendors

If you plan to put up tents, canopies, or will have food vendors, please contact the Fire Department as a tent permit may be required. (*An application is provided in this packet for your convenience – permit fee paid at City Hall*)

**Any gas, propane appliances, heaters, etc. will require a special fire inspection. Fire Department – (208) 769-2586

Traffic Control Plan

If your event is expected to have more than 1,000 people, you are required to submit a public safety and traffic control plan. (Chapter 4 IFC)

Musical Assembly/Concert

If your event is expected to have more than 500 people, a special permit, bond, and special fire inspection is required.

Ticket Sales or Vendors

If you plan to have vendors and/or sell tickets, a State of Idaho Temporary Sellers Permit is required. Pay Taylor – (208) 770-2063

SPECIAL EVENT FEE SCHEDULE RESOLUTION 11-004

Meeting Required? Yes or No

Participants Including Spectators	Use Hours	Route Length	Category	Permit Fee	Security Deposit
Over 500	More than 6	21 or more blocks	HIGH	\$750	\$1,000
201-500	3-6 Hours	12-20 blocks	MEDIUM	\$300	\$500
0-200	Under 3	Less than 12 blocks	LOW	\$150	\$100
	Hours	or no street closure			

To determine fees, please circle the proper number in the first three columns for your event. Your event category and pricing will be determined anytime you reach two circles in the same row.

For events that are more than one day, you will be charged an event fee per each day. The permit fee and security deposit must be remitted in <u>two separate checks</u>.

Additional security deposit for use of city equipment based on (high \$1000 med \$500 or low \$100) impact.

For questions, please contact Kelley Setters at (208) 769-2229 or email at ksetters@cdaid.org

Example: Event is set up at 8 am, starts and 9 am, and lasts until 12 pm with 550 participants/spectators, and length will equate to 13 blocks

NEIGHBOR NOTIFICATION SPECIAL EVENT: _____

EVENT DATE: ______EVENT TIME: ______

As a resident effected by the road closure (location) ______I am signing I have been notified of this closure and have no objection. Signatures of affected residences.

Signature (First, Last Name)	Addresses	Date of notification