

**CITY OF SISTERS
PUBLIC EVENT PERMIT**



(As required under Municipal Code Section 5.06)

APPLICATION FOR:			
<input type="checkbox"/> PARADE	<input type="checkbox"/> SMALL EVENT (UP TO 24)	<input type="checkbox"/> MEDIUM EVENT (25 TO 100)	<input type="checkbox"/> LARGE EVENT (OVER 100)
ORGANIZATION INFORMATION			
Organizational Name:			
Applicant: (Last, First, Middle)			
Mailing Address:			
Daytime Telephone ()	Fax Number ()	Cell Number ()	
EVENT			
Nature of the Event: (e.g. concert, race, festival)			
Event Location:			
Date (s) of Event:	Time (s) of Event:	Expected Attendance:	
<input type="checkbox"/> Attached Site Plan/Traffic Plan/Event Narrative: 1 or 2 paragraphs describing the event.			

Liability

The applicant must be at least 21 years of age and must assume financial responsibility for payment of fees, set-up and clean up, and any damages to equipment and/or property which may be incurred. Abuse of facilities or violation of regulations shall result in subsequent denial of use of parks/facilities. Applicant must provide adequate supervision of scheduled event. The City of Sisters is not responsible for the security of personal items of the applicant or attendees/guests of the event. The City of Sisters reserves the right to deny use of facilities to the applicant. Parking allowed only in designated area, unless other arrangements have been made.

Additional Fees

The City of Sisters reserves the right to charge an extra fee for special services rendered. Example: location for tent stakes, extra tables, extra garbage containers or pickups, and electricity.

Waiver

I, and/or the organization I represent understand that any violation of these agreements or City Code will result in forfeiture of event fee, immediate termination of event, and jeopardize future use of City of Sisters facilities. User agrees to indemnify, defend, and save and hold City of Sisters, its affiliates and their respective directors, officers, and employees, and agents of the City of Sisters harmless from and against any claims (including without limitation, third party claims for personal injury or real or personal property damage), actions, administrative proceedings, judgments, damages, punitive damages, penalties, fines, cost, liabilities, (including sums paid in settlement of claims), interest, or losses, including reasonable attorney's and paralegal's fees and expenses (including without limitation, any such fees and expenses incurred in enforcing this agreement or City Code, or collecting any sums due hereunder), costs, consultants' fees, together with all other costs and expenses of any kind or nature that arise directly or indirectly from the use of the facilities by user.

As a condition of use of the City of Sisters' facilities, the applicant agrees that it will not discriminate or permit discrimination at or in relation to applicant's event against any person on the basis of race, color, creed, national origin, age gender or disability.

Applicant Signature _____	Title _____	Date _____
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INSURANCE

Liability Insurance in the amounts and for the purposes required by the City of Sisters has been obtained by the applicant. Certification of Insurance is attached.

Received by: _____ Date: _____

DEPOSIT

Small Event (up to 24)	\$ 50.00	\$ _____
Medium Event (25 to 100)	\$ 100.00	\$ _____
Large Event (over 100)	\$ 250.00	\$ _____

FEE CALCULATION

	FEE	QUANTITY	TOTAL
Alcohol Consumption Permit	\$ 10.00		\$ _____
Auctioneer's Permit	\$ 25.00		\$ _____
Beer Garden Permit	\$ 250.00		\$ _____
Gaming Permit	\$ 25.00		\$ _____
Parade Permit/Road Closure (per block)	\$ 50.00	x _____	\$ _____
Public Event:			
Small Event (up to 24)			
Application Fee (per event)	\$ 30.00		\$ _____
Park Fee (per day)	\$ 50.00	x _____	\$ _____
Medium Event (25 to 100)			
Application Fee (per event)	\$ 75.00		\$ _____
Park Fee (per day)	\$ 100.00	x _____	\$ _____
Large Event (over 100)			
Application Fee (per event)	\$ 200.00		\$ _____
Park Fee (per day)	\$ 300.00	x _____	\$ _____
Non-Profit			
Application Fee (per event)	\$ 30.00		\$ _____
Park Fee (per day)	\$ 25.00	x _____	\$ _____
Cones			
	\$ 2.50	x _____	\$ _____
Barricades/Signs			
	\$ 5.00	x _____	\$ _____
City			
Labor per hour	\$ 65.00	x _____	\$ _____
Other:			
_____	\$	x _____	\$ _____
_____	\$	x _____	\$ _____
TOTAL FEE			\$ _____
DEPOSIT			\$ _____
TOTAL DUE			\$ _____
DEPOSIT RELEASE			\$ _____

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FOR OFFICE USE ONLY:

PERMIT REQUIREMENTS			
Sanitary Facilities:	_____ Yes	_____ No	_____ N/A
Parking Facilities:	_____ Yes	_____ No	_____ N/A
Fire Protection:	_____ Yes	_____ No	_____ N/A
Parade:	_____ Yes	_____ No	_____ N/A
Medical Services:	_____ Yes	_____ No	_____ N/A
Street Closure:	_____ Yes	_____ No	_____ N/A

Public Works Director:	Date:	ODOT:	Date:
Deschutes County Sherriff's Office:	Date:	Sisters/Camp Sherman Fire Department:	Date:
Comments			

PERMIT FOR PUBLIC EVENT: Permission for the above-named applicant to conduct the Public Event specified herein is hereby granted:

City Manager

Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW LINE	
Application Received Date:	Cash Receipt Number:
Email & Scanned To: <input type="checkbox"/> D.C. Health Dept	<input type="checkbox"/> Sisters /Camp Sherman Fire Dept <input type="checkbox"/> Brown & Brown Insurance
<input type="checkbox"/> Application Approved & Confirmed	<input type="checkbox"/> Posted to Public Event Calendar
Deposit Release:	Date: