



City of Coos Bay
Community Development Department
500 Central Avenue, Coos Bay, Oregon 97420
Phone 541-269-8918 Fax 541-269-8916

SPECIAL EVENT PERMIT APPLICATION
Please submit application at least 30 days prior to event

Event Name: _____
Sponsoring Organization: _____
Contact Person: _____ Address: _____
Email Address: _____ Phone: _____
Date(s) and Time(s) of Event: _____ Estimated Attendance: _____
Type of Event Activities: _____
(Please attach rules governing the event)
Location of Event (attach site drawing, race or parade route, or floor plan): _____

Describe City services or equipment needed (e.g. street or parking lot closure, traffic control, barricades, security, electrical hookup): _____

Private Security Provided? Yes No If yes, provider: _____

Number and Location of Trash Receptacles: _____

City of Coos Bay Business License: Yes No If yes, license number: _____

*Sale or Consumption of Alcohol: Yes No OLCC approval? Yes No

**Insurance requirements change if alcohol is served*

AGREEMENT OF INDEMNIFICATION AND INSURANCE

_____ agrees to defend, save and hold harmless the City of Coos Bay, its officers, agents and employees from all claims, suits, or actions of whatsoever nature resulting from or arising out of the activities of the _____, its officers, agents and employees acting within the scope of this permit or the duties in the performance of this agreement.

_____ agrees to maintain liability insurance coverage of not less than \$1,000,000 per occurrence for commercial general liability and automobile liability, to cover any liability arising out of or associated with this event, **and agrees to name the City of Coos Bay, its officers, agents and employees as an additional insured on such policy with a copy of the endorsement attached to the certificate of insurance.**

_____ further agrees to provide the City of Coos Bay with a certificate of liability insurance including additional insured endorsement not less than two weeks prior to the scheduled event and shall amend the notification for cancellation of coverage to 30 days. If _____ fails to provide the certificate of insurance and endorsements within the time required herein, this Special Event Permit will automatically be revoked.

Signature of Authorized Agent

Date

Printed Name of Authorized Agent