



City of Coos Bay

Public Works and Development Dept.

500 Central Ave., Coos Bay, Oregon 97420 • Phone (541) 269-8918

Fax (541) 269-8916

SPECIAL EVENT PERMIT APPLICATION

(Please submit 30 days prior to event)

Name of Event & Sponsoring Organization: _____

Contact Person: _____ 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 and electrical hookup): _____

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

Number and location of Trash Receptacles: _____

Current business License: Yes No

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

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 with a minimum aggregate coverage limit of not less than \$2,000,000, 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.

_____ further agrees to provide the City of Coos Bay with a certificate of liability insurance 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 within the time required herein, this Special Event Permit will automatically be revoked.

Signature of Authorized Agent

Date

Printed Name of Authorized Agent