



Special Event Permit for

_____ (fill in name of County Park)

**Clatsop County Public Works, Parks Division
1100 Olney Avenue, Astoria, Oregon 97103
Phone: (503) 325-8631, Fax (503) 325-9312**

Application to be made at least 60 days in advance of the date of proposed event.

Application Fee: \$100.00 _____

Name of Event: _____

Type of Event: _____

Date(s) of Event: _____

Applicant: _____ () _____
Name Phone

Address

Sponsor: _____ () _____
Name Phone

Address

Sponsor: _____ () _____
Name Phone

Address

Event Chairman: _____ () _____
Name Phone

Address

Groups anticipating 100 or more attending will:

1. *Provide at their expense and arrangement a minimum of a 1 and a half yard dumpster on site.
(Listed in the phone book under Garbage)*
2. *Provide at their expense and arrangement a minimum of 2 chemical toilets on site.
(Listed in the phone book under Toilets)*
3. *Provide a sufficient number and schedule of full-day parking attendants.*

Please allow these vendors two weeks notice prior to your event.

Number of Event Participants _____ Number of Vehicles: _____

Anticipated Public Attendance: _____ Number of Vehicles: _____

Sanitary facilities will be provided by: _____

Trash removal will be provided by: _____

How will crowd control be handled: _____

How will parking control be handled: _____

How & where will signage be handled: _____

Name of concessionaire: _____

Goods/Services to be sold at event: _____

If alcohol is to be sold at event, an OLCC Permit is required. Permit number: _____ (Attach copy of permit.)

Does this organization have prior experience for this type of activity? _____

If yes, please explain your experience, including references _____

Any other efforts that will be made to reduce or minimize the dangers and hazards to public health, safety, tranquility and welfare (such as Noise Control, First Aid, Law Enforcement, etc)? _____

Fees: Due 15 days prior to event.

Picnic Shelter Rental: _____

Additional costs for County Services, if any: _____

Total Fee for this permit: (including \$100 application fee) _____

Insurance: Single Limit policy amounts of \$1,000,000 naming County as an additional insured.

A Certificate of Insurance MUST accompany this application.

Indemnity: By signing this permit, Applicant agrees to assume the defense of and indemnify and save harmless the County, its Commissioners, Boards, officers, employees and agents, from all suits, actions, damages or claims to which the County may be subjected of any kind of nature whatsoever resulting from, caused by, arising out of or as a consequence of such special events and the activities permitted in connection therewith and Applicant agrees to comply with Clatsop County Ordinance Requiring a Permit for Special Events in County Parks.

Applicant: _____

Date: _____

For County: _____

Date: _____