

SPECIAL EVENT APPLICATION



Applications **must be submitted 30 business days** prior to the date of the proposed event.

[Link to Event Fee Schedule](#)

Applicant Information

Applicant

Organization

Non-profit 501(C)(3) Profit

Mailing Address

Phone number

e-mail address

Event Details

Event title

Park name or location

Crescent Bar - large picnic shelter

Attach a map of activity location, parking plan, and show routes if event is run/walk, race or parade

Event setup date

Event setup time

Event start date

Event start time

Event end date

Event end time

Dismantle date

Dismantle time

Activity Description

Maximum group size

Will there be paid admission?

 Yes No

Event open to the public?

 Yes No

If "no" specify how area will be identified as off limits to public

Specify how crowd and traffic flow will be managed. Provide a map of planned parking, seating and traffic flow. Please provide staffing plans for security personnel, event coordinator etc.

Describe your sanitation plan (number and location of toilets, garbage cans, dumpsters, potable water, event clean-up):

Activity Components

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Entertainment | <input type="checkbox"/> Stage |
| <input type="checkbox"/> Amplified sound | <input type="checkbox"/> Equipment rental | <input type="checkbox"/> Table/chairs |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Fencing (temporary) | <input type="checkbox"/> Vehicles/parking |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Parade | <input type="checkbox"/> Cooking/barbecue |
| <input type="checkbox"/> Concert/live music | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Tents/canopies |
| <input type="checkbox"/> Food/vendor sales | <input type="checkbox"/> Drawing/raffles | |
| <input type="checkbox"/> Electricity/generator | <input type="checkbox"/> Signage/banners | |

Other Other Other

Safety and Medical Plan

Please attach a safety and medical plan that includes emergency access areas, number and location of first aid stations, names of qualified first aid or medical staff, and emergency contacts and phone numbers. Describe safety measures that will be taken to ensure the safety of event participants and attendants.

Name of person(s) who will sign an authorization or concessionaire agreement on behalf of the event

I hereby acknowledge that this is an application only, and that the use and occupancy of Priest Rapids Project lands is not authorized until an agreement is signed by Grant PUD and the applicant.

Authorized agent name(s)

E-mail: lands@grantpud.org

Grant County PUD License Compliance and Lands Services, P.O. Box 878 Ephrata, WA 98823

Phone: (509) 754-5085

Application fee due after initial review. **DO NOT** submit payment with application.