Special Use of Streets and Sidewalks
Permit Application

City of Wilsonville
Parks and Recreation
7965 SW Wilsonville Rd
Wilsonville, OR 97070
Ph 503-682-3727 Fx 503-682-9062
parksandrec@ci.wilsonville.or.us

APPLICANT AND SPONSORING ORGANIZATION INFORMATION (PERSON/GROUP RESPONSIBLE)	
Sponsoring Organization Name:	
Organization type: ☐ For-profit ☐ Nonprofit Tax Exempt Number:	
Organization Street Address:	City, State, ZIP:
Organization Phone:	Organization Fax:
Primary Contact from Sponsoring Organization:	
Contact Phone: (office) (cell) Email:	
Name of contact person "on site" day of the event: Cell (required):	
Event coordinated through an event promotion company? ☐ Yes ☐ No Name of Company:	
Contact Name: Phone: Email:	
EVENT INFORMATION	
Event Type (check all that apply): ☐ 5K ☐ 10K ☐ Half Marathon ☐ Marathon ☐ Duathlon ☐ Triathlon	
☐ Run ☐ Walk ☐ Bike Race ☐ Parade ☐ Demonstration ("First Amendment" Event) ☐ Block Party	
☐ Other (Please specify briefly here)	
Street location: ☐ Sidewalk Only ☐ Street Only ☐ Street and Sidewalk ☐ Street, Sidewalk and Park	
Event Name:	
Requested Event Date(s):	
Event Hours Start: End:	
Set-up Location: Date: Time:	
Break-down Location: Date: Time:	
Is this an annual event? ☐ Yes ☐ No If annual, has the route changed from the previous year? ☐ Yes ☐ No	
Name and phone number of EMT/Paramedics provider:	
Attendance Participants: Spectators: Total:	
Basis on which attendance estimate is made:	
Previous year's total attendance - if applicable:	
OVERALL EVENT DESCRIPTION	
Briefly explain event and event details:	

STREET CLOSURE INFORMATION		
Names of streets to be closed (attach further closures on a separate sheet if needed)		
	Between:	And:
	Between:	And:
	Between:	And:
	Between:	And:
	Between:	And:

Special event route (i.e., held on sidewalk and/or street, changes to route, where and how you wish to travel)
(ALSO REQUIRED: a detailed map that includes the start point, end point, direction of travel, and street names)

Are you requesting a complete or rolling street closure? Why are you requesting this street closure?

Time of Street Closure Start: End:

Participant type and number of entries of each type (check all that apply): ☐ Participants/Spectators _____
☐ Animals _____ ☐ Vehicles _____ ☐ Floats _____ ☐ Bands _____ ☐ Bikes _____

Parking restrictions requested:

Bagging of "no parking" signs requested? ☐ Yes ☐ No If yes, parking sign locations:

Will the proposed route cross WES/railroad tracks? ☐ Yes ☐ No
(If yes, be prepared to provide an alternate route.)

Will your proposed route cross and/or utilize streets where SMART operates? ☐ Yes ☐ No
Please list affected bus lines:

EVENT DETAILS

Does your event involve the sale or consumption of alcoholic beverages? ☐ Yes ☐ No (See 'Insurance')
If yes, will this activity occur on (or spill into) city streets? ☐ Yes ☐ No
Please describe:

Will items or services be sold at your event? ☐ Yes ☐ No (See 'Additional Permits')
☐ Food ☐ Crafts
If yes, will this activity occur on (or spill into) city streets? ☐ Yes ☐ No
Please describe:

Will the event have amplified sound? ☐ Yes ☐ No

Is this a fundraising event? ☐ Yes ☐ No If yes, please describe:

Do you have a recycling plan for your event? ☐ Yes ☐ No
Name and phone number of contact for recycling:
Please describe your recycling and clean-up plans for this event:

SAFETY/SECURITY/VOLUNTEERS

Please describe your procedures for crowd control and internal security:

Will you need police services at intersections and/or for crowd control? ☐ Yes ☐ No
(See 'Additional Permits')

Do you plan on utilizing volunteers? ☐ Yes ☐ No (volunteers/monitors are required)
Name and phone number of volunteer coordinator:
If yes, in what capacity?

PUBLIC NOTIFICATION AND PROMOTIONAL INFORMATION

PLEASE NOTE: YOU ARE ADVISED NOT TO ANNOUNCE, ADVERTISE OR PROMOTE YOUR EVENT UNTIL YOU HAVE A SIGNED PERMIT.
Please describe the marketing and promotional effort planned for the event (advertising, flyers, etc.). Please also include strategies for notifying affected neighborhoods and businesses (14 days prior) and posting signage at and around major intersections (7 days prior).

☐ **I have read and agree to the notification requirements at the end of this application and understand that failure to notify the public will result in the revocation of my event permit.**

PERMIT CONDITIONS

If your permit is approved and issued the following conditions may apply:

Fees: Fees for events are to be paid at least 90 days prior to the event. Permits will not be issued until all fees are received.

Signage: Organizer will post signage appropriate to the event. (See 'Additional Permits')

Route: Routes for events will not be changed unless specific approval is given by the Community Services Director. Route map must be attached.

State Highways: Large events utilizing areas around ramps to state highways will be required to apply for and coordinate closures with the State of Oregon.

Other Closures: Permits are issued with a set starting and ending time. These times will not be changed without permission of the Community Services Director. Resumption of normal traffic in these areas will occur at the end time specified on the event permit.

Other Permits: Organizers are responsible for ensuring all applicable permits are in place prior to the event. These include but are not limited to: park use and other venues.

☐ **I have read these conditions and agree to fulfill any requirements therein.**

INSURANCE INFORMATION

HOLD HARMLESS AGREEMENT: IN CONSIDERATION OF THE CITY OF WILSONVILLE CLOSING ONE OR MORE PUBLIC STREETS FOR THE ACTIVITY FOR WHICH THIS PERMIT WAS ISSUED, THE SPONSOR(S) OF THIS EVENT HEREBY AGREES TO SAVE THE CITY, ITS AGENTS, OFFICIALS, AND EMPLOYEES HARMLESS FROM AND AGAINST ALL DAMAGES TO PERSONS OR PROPERTY, ALL EXPENSES, AND OTHER LIABILITY THAT MAY RESULT FROM THIS ACTIVITY.

LIABILITY AGREEMENT: SPONSORS OF SMALL PARADES, LARGE PARADES, SMALL ATHLETIC, LARGE ATHLETIC, EXTRA LARGE USES, AND POSSIBLY EXCEPTIONS SHALL HOLD HARMLESS, DEFEND AND INDEMNIFY THE CITY AND THE CITY'S OFFICERS, AGENTS AND EMPLOYEES AGAINST ALL CLAIMS, DEMANDS, ACTIONS AND SUITS (INCLUDING ALL ATTORNEY FEES AND COSTS) BROUGHT AGAINST ANY OF THEM ARISING FROM SPONSOR'S ACTIVITIES AUTHORIZED BY A STREET AND SIDEWALK USE PERMIT.

The sponsor shall maintain public liability and property damage insurance that protects the sponsor and the City and its officers, agents and employees from any and all claims, demands, actions and suits for damage to property or personal injury, including death, arising from the sponsor's street and sidewalk use. The insurance shall provide coverage for not less than $1,000,000 for personal injury to each person, $1,000,000 for each occurrence, and $500,000 for each occurrence involving property damage; or a single limit policy of not less than $1,000,000 covering all claims per occurrence.

CITY INSURANCE PROGRAM: SPONSORS OF STREET AND SIDEWALK USES THAT DO NOT CARRY THEIR OWN INSURANCE COVERAGE MAY PURCHASE PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE DESIGNED FOR USERS OF CITY PROPERTY THROUGH A PROGRAM COORDINATED BY THE CITY OF WILSONVILLE HUMAN RESOURCES DEPARTMENT.

☐ **I have read the hold harmless agreement and liability agreement and agree to maintain public liability and property damage insurance.**

By signing this application, sponsor, or sponsor's authorized representative on behalf of sponsor agrees to all terms and conditions set forth in Wilsonville City Code 5.530 - 5.555.

As the sponsor or authorized representative, I certify that the information provided is true to the best of my knowledge and agree to pay the permit fee for this event as determined by the Parks and Recreation Department based upon the information provided in this application.

Name of Sponsor or Authorized Representative (Please Print)

Signature of Sponsor or Authorized Representative **Date**

FEES

Number of Participants	Fee
Less than 50	Completed Application, No Fee
50-249	Process Fee + $50 (Resident) / Process Fee + $100 (Nonresident)
250 or more	Process Fee + $200 Large Special Event Fee

Process Fee: $25 (resident) will be charged on all processed applications with 50 or greater participants
$45 (nonresident) will be charged on all processed applications with 50 or greater participants

FOR STAFF USE ONLY:

Application Rec'd: _____ Fee: _____ Check #: _____ Application Complete: _____ By: _____

Engineering: _____

Sheriff: _____

_____

_____