



CITY OF EAGLE

660 East Civic Lane
Eagle, Idaho 83616
(208) 939-6813

TEMPORARY USE APPLICATION - SPECIAL EVENT

**THIS APPLICATION SHALL NOT BE CONSIDERED COMPLETE
UNTIL STAFF HAS RECEIVED ALL REQUIRED INFORMATION.**

Organizer:

Date Complete Application Received: _____ **Staff Initials:** _____

APPLICATION REQUIREMENTS	Organizer ✓	Staff ✓
Completed application received 30 days before event		
Schedule of events		
Special Event application fee - \$50.00		
Proof of insurance policy (\$500,000) naming the City as additional insured		
Proof of Central District Health approval/permit for each vendor serving food		
Detailed site plan detailing vendor placement, details and proposed sign location. Signage shall conform to the requirements of section 3-4-11(F)		
Completed Action Plan (a sample Action Plan can be provided digitally)		
Affidavit or written permission from land owner granting permission to Organizers seeking to utilize private property, including but not limited to parking lots, landscaped areas, plazas, or open space		
Alcohol permits - Contact the City Clerk's Office if applicable		



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ORGANIZER INFORMATION

Organizer Name: _____ Phone: _____

Person in Charge Day of Event: _____ Phone: _____

Organizer Mailing Address: _____

Organizer E-Mail Address: _____

Organizer Tax Identification Number: _____

List persons, employees, vendors who will operate under this permit (attach additional sheet if necessary):

EVENT INFORMATION

Name of event: _____

Dates and times of event: _____

Address/location of event:

Estimated attendance: _____

Describe Event:

Will alcohol beverages be sold? ____ Yes ____ No (if so, additional permitting shall be required)

The Organizer shall be required to complete an action plan. The action plan shall include the following information:

- | | |
|---|--|
| <input type="checkbox"/> Structures to be used | <input type="checkbox"/> Traffic control measures |
| <input type="checkbox"/> Parking areas (include on site plan) | <input type="checkbox"/> Emergency communication and evacuation plan |
| <input type="checkbox"/> Security measures | <input type="checkbox"/> Crowd control measures |
| <input type="checkbox"/> Recycle and waste management | |



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PROOF OF INSURANCE REQUIREMENT

Every Organizer applying for a Special Event permit shall provide proof of an insurance policy, issued by an insurance company licensed to do business in Idaho, protecting the applicant and/or any employees and/or agents thereof from all claims for damages to property and bodily injury, including death, which may arise from operations under or in connection with the special event. Such insurance shall name the city as additional insured, and shall provide that the policy shall not terminate or be canceled prior to the expiration date without thirty (30) days' advance written notice to the city. Such insurance shall afford minimum limits of five hundred thousand dollars (\$500,000.00) per person bodily injury, five hundred thousand dollars (\$500,000.00) per occurrence bodily injury, and five hundred thousand (\$500,000.00) per occurrence property damage.

FEES

Permit Fee: \$50.00

INDEMINITY AND CERTIFICATION:

I hereby agree to indemnify, save and hold harmless, and defend the City of Eagle from the expenses of and against any and all suits, actions, claims, and/or losses of every kin, nature, and description, including costs, expenses, and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct of myself, the organizers or operators of, and/or any and all participants in the use(s), activities, or events described or depicted in this application. I hereby certify that damage to the properties, locations, and/or routes at or upon which the use(s), activities, or events described or depicted in this application is not foreseeable, and agree that, if damage occurs, I alone shall incur any and all costs of restoring such properties, locations, and/or routes to their original condition.

Signature of Organizer: _____ Date: _____

Print Name: _____

STAFF USE ONLY	
Receipt # _____	Total Fees: _____
EPD Recommendation: _____	Issue Date: _____
Date Forwarded to P&Z: _____	Denial Date: _____