

Public Event Application

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



APPLICATION TYPE

SMALL EVENT ___ 25-75 ATTENDEES	MEDIUM EVENT ___ 76-250 ATTENDEES	LARGE EVENT ___ 251+ ATTENDEES	CITY WIDE EVENT ___ SEE FACT SHEET
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ORGANIZATION INFORMATION

Organization Name: _____
Applicant (First, Last): _____
Mailing Address: _____
Email Address: _____ Cell #: _____ Alt #: _____

EVENT INFORMATION

Description of Event: _____
Event Location: _____
Date(s) of Event: _____
Time(s) of Event: _____ Attendance: _____

LIABILITY

The applicant must be at least 21 years of age and must assume financial responsibility for payment of fees, set-up and clean up, and any damages to equipment and/or property which may be incurred. Abuse of facilities or violation of regulations shall result in subsequent denial of use of parks/facilities. Applicant must provide adequate supervision of scheduled event. The City of Sisters is not responsible for the security of personal items of the applicant or attendees/guests of the event. The City of Sisters reserves the right to deny use of facilities to the applicant. Parking allowed only in designated area, unless other arrangements have been made.

WAIVER

I, and/or the organization I represent understand that any violation of these agreements or City Code will result in forfeiture of event fee, immediate termination of event, and jeopardize future use of City of Sisters' facilities. User agrees to indemnify, defend, and save and hold City of Sisters, its affiliates and their respective directors, officers, and employees, and agents of the City of Sisters harmless from and against any claims (including without limitation, third party claims for personal injury or real or personal property damage), actions, administrative proceedings, judgments, damages, punitive damages, penalties, fines, cost, liabilities, (including sums paid in settlement of claims), interest, or losses, including reasonable attorney's and paralegal's fees and expenses (including without limitation, any such fees and expenses incurred in enforcing this agreement or City Code, or collecting any sums due hereunder, costs, consultants' fees, together with all other costs and expenses of any kind or nature that arise directly or indirectly from the use of the facilities by user.

As a condition of use of the City of Sisters' facilities, the applicant agrees that it will not discriminate or permit discrimination at or in relation to applicant's event against any person on the basis of race, color, creed, national origin, age gender or disability.

Applicant Signature _____ Title _____ Date _____

DEPOSIT

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Event Size:

Small Event (25-75)

Deposit Rate (1 st Day)	\$ 100.00	\$ _____
# of additional Days	_____	
Each Additional Day	\$ 50.00	\$ _____
Total Small Event		\$ _____

Medium Event (75-250)

Deposit Rate (1 st Day)	\$ 200.00	\$ _____
# of additional Days	_____	
Each Additional Day	\$ 100.00	\$ _____
Total Medium Event		\$ _____

Large Event (251 or More)

Deposit Rate (1 st Day)	\$ 500.00	\$ _____
# of additional Days	_____	
Each Additional Day	\$ 300.00	\$ _____
Total Large Event		\$ _____

City Wide Event

Deposit Rate (1 st Day)	\$2,000.00	\$ _____
# of additional Days	_____	
Each Additional Day	\$ 300.00	\$ _____
Total City-wide Event		\$ _____

DEPOSIT AMOUNT DUE (FROM ABOVE) AT TIME OF APPLICATION SUBMITTAL \$ _____

*The City has estimated the cost of processing a small, medium, large, and City-wide events. After completion of the event the actual costs will be determined (see fee schedule below), and any remaining deposit balance will be refunded, or any additional cost will be assessed for applicant to pay forthwith, including all staff labor associated with the event. **Initial** _____

EVENT FEE SCHEDULE*

(USE FOR ESTIMATING PURPOSES ONLY)

Alcohol Consumption Permit (each/per day)	\$ 10.00	Estimated Qty _____
Beer Garden Fee	\$250.00	Estimated Qty _____
Transient Merchant Fee (each/per event)	\$ 20.00	Estimated Qty _____
Event Ahead Sign (each/per day)	\$ 10.00	Estimated Qty _____
Traffic Cones (each/per day)	\$ 2.50	Estimated Qty _____
Type II Barricade (each/per day)	\$ 5.00	Estimated Qty _____
Type III Barricade (each/per day)	\$ 10.00	Estimated Qty _____
Picnic Tables (each/per day)	\$ 10.00	Estimated Qty _____
Portable Power Box (each/per day)	\$ 30.00	Estimated Qty _____
20 Amp Electric (per circuit/per day)	\$ 10.00	Estimated Qty _____
50 Amp Electric (per circuit/per day)	\$ 25.00	Estimated Qty _____
Applicant's Event Tent (each/per day)	\$100.00	Estimated Qty _____
Public Works Hourly Labor (per employee)	\$ 40.00	
Public Works Hourly Overtime Labor (per employee)	\$ 60.00	
Administrative Hourly Labor (per employee)	\$ 60.00	

* **Labor charges will be incurred for delivery and pick up of rental equipment** **Initial** _____

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PERMIT SUBMITTALS

Transient Merchant List	Yes _____	N/A _____
City Wide Event Manager	Yes _____	N/A _____
Name of Event Manager	_____	
Traffic Control Plan	Yes _____	N/A _____
EMS/Public Safety Plan	Yes _____	N/A _____
Road Closure	Yes _____	N/A _____

Public Works Director Signature: _____ Date _____

Oregon Department of Transportation Signature: _____ Date _____

Deschutes County Department of Public Health: _____ Date _____

Deschutes County Sheriff's Office Signature: _____ Date _____

Sisters-Camp Sherman Fire Department Signature: _____ Date _____

Conditions of Approval: _____

INSURANCE WAIVER

Applicant has obtained and submitted Liability Insurance in the amount and for the purpose required by the City of Sisters. Certification of Insurance is attached.

Staff Signature: _____ Date: _____

APPROVAL

PERMIT FOR PUBLIC EVENT: Permission for the above-named applicant to conduct the Public Event specified herein is hereby granted:

City Manager

Date

Application Received Date: _____	Staff Initials _____
Payment Received Date: _____	Payment Type: _____
Staff Initials _____	
Emailed Deschutes County Sheriff's Office: _____	Staff Initials _____
Emailed Sisters-Camp Sherman Fire Department: _____	Staff Initials _____
Application Approved Date: _____	Staff Initials _____
Updated Event Calendar Date: _____	Staff Initials _____
Permit Number: _____	
Deposit Released Date: _____	Public Works Director Signature _____
Invoiced (if applicable) _____	