



**TOWN OF LA CONNER
SPECIAL EVENTS APPLICATION**

Date of Application: _____

APPLICANT/CONTACT NAME: _____

Phone _____ E-Mail _____

SPONSORING ORGANIZATION:

Name _____

Mailing Address _____

City _____ State _____ ZIP CODE _____

Phone _____

PROPERTY OWNER:

Name _____

Mailing Address _____

City _____ State _____ ZIP CODE _____

Phone _____

Have you been granted permission by the property owner? Yes _____ No _____

Date(s) of Event: _____

Hours of Event: _____

PURPOSE OF EVENT:

LOCATION OF EVENT:

1. Will you be using decorative lighting? Yes _____ No _____ If yes, you will need to comply with La Conner Municipal Code Chapters 2.100 and 2.110. Please provide the following information:

- Describe the location of the lighting you intend to use _____

- Describe the type of lighting you intend to use _____

Community Impact

TOWN STREETS

- Blocked (Barriers, or blockage of more than one hour)
- Blocked (Less than one hour)

Explanation: _____

- Parade (Route, etc.) *Please provide a map of the planned route*
- Other (*please explain*) _____

PUBLIC FACILITIES

- Park
- Buildings
- Docks, Piers, Floats
- Other _____

TOWN PERSONNEL IMPACT

- La Conner Detachment (Skagit County Sheriff)-Estimated Hours _____
- Street Dept-Estimated Hours _____
- Fire Department
- Other (*please explain*) _____

OTHER

- Local Merchants
- Town Equipment
- Will event include food venues? Yes _____ No _____
- Coordinate recycling container distribution and pickup with Skagit County

Note: *The following may be required:*

- Evidence of Insurance
- Hold Harmless Agreement
- Traffic Plan
- Parking Plan

This application will be reviewed by the Town of La Conner. Prior to approval or denial, a meeting with the applicant may be held to discuss concerns of any of the parties. Additional information which may help the Committee make a decision should be attached to this completed form.

Requests for a Special Event must be requested at least 45 days in advance.
Decisions of the Special Events Committee may be appealed to the Town Council.

Applicant Signature

Date

<u>OFFICE USE ONLY</u>	
_____ Mayor	_____ Detachment Officer
_____ Public Works Director	_____ Fire Chief _____ Planning Director
Approved With Conditions: _____	
Denied: _____	