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:_______________________________________________________

Approximately how many participants are you expecting?____________________

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:

   a. Describe the location of the lighting you intend to use________________________

   b. Describe the type of lighting you intend to use______________________________

   c. ________________________________________________________________

   d. ________________________________________________________________

   e. ________________________________________________________________

   f. ________________________________________________________________

204 Douglas Street – P.O. Box 400, La Conner, WA 98257 Tel. (360) 466-3125 Fax: (360) 466-3901
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

OFFICE USE ONLY

_______Mayor ________Detachment Officer
_______Public Works Director ________Fire Chief ________Planning Director

Approved With Conditions:_________________________________________________

_____Denied Reason for denial____________________________