



# Special Event Permit for Cullaby Lake Park Ramp Closure

Clatsop County Public Works, Parks Division  
1100 Olney Avenue, Astoria, Oregon 97103  
Phone: (503) 325-8631, Fax (503) 325-9312

**Application to be made at least 60 days in advance of the date of proposed event.**

Application Fee: \$100.00 \_\_\_\_\_

Name of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Applicant: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

Address

Sponsor: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

Address

Sponsor: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

Address

Event Chairman: \_\_\_\_\_ ( ) \_\_\_\_\_  
Name Phone

Address

*Groups anticipating 100 or more attending will:*

1. *Provide at their expense and arrangement a minimum of a 1 and a half yard dumpster on site.  
(Listed in the phone book under Garbage)*
2. *Provide at their expense and arrangement a minimum of 2 chemical toilets on site.  
(Listed in the phone book under Toilets)*
3. *Provide a sufficient number and schedule of full-day parking attendants.*

**Please allow these vendors two weeks notice prior to your event.**

Number of Event Participants \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_

Anticipated Public Attendance: \_\_\_\_\_ Number of Vehicles: \_\_\_\_\_

Time(s) of Ramp Closure: Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Date: \_\_\_\_\_ Time: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Hours of Ramp Closure: \_\_\_\_\_

Sanitary facilities will be provided by: \_\_\_\_\_

Trash removal will be provided by: \_\_\_\_\_

How will crowd control be handled: \_\_\_\_\_

How will parking control be handled: \_\_\_\_\_

Where will public notices be filed: \_\_\_\_\_

How & where will signage be handled: \_\_\_\_\_

Name of concessionaire: \_\_\_\_\_

Goods/Services to be sold at event: \_\_\_\_\_

If alcohol is to be sold at event, an OLCC Permit is required. Permit number: \_\_\_\_\_ (Attach copy of permit.)

If an Oregon State Marine Board Permit is required, please submit a copy of the permit with this application.

Does this organization have prior experience for this type of activity? \_\_\_\_\_

If yes, please explain your experience, including references \_\_\_\_\_

Any other efforts that will be made to reduce or minimize the dangers and hazards to public health, safety, tranquility and welfare (such as Noise Control, First Aid, Law Enforcement, etc)? \_\_\_\_\_

**Fees:** Due 15 days prior to event.

<p>Fee for Ramp Closure: _____          Additional costs for County Services, if any: _____          Special Event Permit Fee: \$100.00          Total fee for this permit: _____</p>	<p>Ramp closure hourly rates (maximum of 10hrs per day):          Monday after Labor Day to June 29.....\$ 50          June 30 to Sunday after Labor Day – Weekdays....\$100          June 30 to Sunday after Labor Day – Weekends....\$200</p>
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**Insurance:** Single Limit policy amounts of \$1,000,000 naming County as an additional insured.

**Certificate of Insurance MUST accompany this application.**

**Indemnity:** By signing this permit, Applicant agrees to assume the defense of and indemnify and save harmless the County, its Commissioners, Boards, officers, employees and agents, from all suits, actions, damages or claims to which the County may be subjected of any kind of nature whatsoever resulting from, caused by, arising out of or as a consequence of such special events and the activities permitted in connection therewith and Applicant agrees to comply with Clatsop County Ordinance Requiring a Permit for Special Events in County Parks.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

For County: \_\_\_\_\_

Date: \_\_\_\_\_