CITY OF PROSSER, WA

601 7th Street, Prosser, Washington 99350
(509)786-2332 • Fax (509)786-3717

Special Event Permit Fee:
$250.00
Additional costs may be incurred, depending on the additional services that your event requires.

RECEIVED
FEB 26 2016
CITY OF PROSSER

SPECIAL EVENT APPLICATION
ALLOW 30 DAYS TO PROCESS

APPLICANT INFORMATION

Name: **Chamber of Commerce** Contact Number: **509-786-3177**

E-mail: **info@prosserchamber.org** Alternate Number: _____

Address: **1230 Bennett Avenue** City: **Prosser** State: **WA** Zip: **99350**

EVENT(S) INFORMATION

1. Event Name: Easter Egg Hunt

Location of Event: City Park Date(s) of Event: March 26/16

Expected No. of Attendees: 300 Responsible Person: Larelle Michener Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN ___/___	MON ___/___	TUE ___/___	WED ___/___	THU ___/___	FRI ___/___	SAT 3/26
						8AM – 11AM

Describe your event and the activities that will take place:

Easter egg hunt for kids ages 0-9 years

2. Event Name: Spring Yard Sale

Location of Event: City Park Date(s) of Event: May 7/16

Expected No. of Attendees: 800 Responsible Person: Larelle Michener Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN ___/___	MON ___/___	TUE ___/___	WED ___/___	THU ___/___	FRI ___/___	SAT 5/7
						6AM – 2PM

Describe your event and the activities that will take place:

City wide yardsale includes vendors, food vendors, yard sale vendors

If you have more than 2 events, please copy and reuse this page.

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EVENT(S) INFORMATION

1. Event Name: SAGE RAT RUN

date updated 3/15/16
to 5/21 & 5/22 per Larell

Location of Event: Depot Square Date(s) of Event: May 14-15/16

Expected No. of Attendees: 1000 Responsible Person: MIKE AIKENS Phone #: 882-7904

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN 5/15	MON __/__	TUE __/__	WED __/__	THU __/__	FRI __/__	SAT 5/14
6AM - 3PM						6AM - 3PM

Describe your event and the activities that will take place:
1/2 marathon and other distance runs end @ the Depot Square parking lot

2. Event Name: PROSSER SPORTS FEST

Location of Event: 7th St/MEADE AVE Date(s) of Event: JUNE 4-5/16

Expected No. of Attendees: 1000 Responsible Person: Larelle Michener Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN 6/5	MON __/__	TUE __/__	WED __/__	THU __/__	FRI __/__	SAT 6/4
7AM - 5PM						7AM - 7PM

Describe your event and the activities that will take place:
3 on 3 basketball tournament for Youth

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EVENT(S) INFORMATION

1. Event Name: 4th of July

Location of Event: City Park Date(s) of Event: July 4/16

Expected No. of Attendees: 600 Responsible Person: Larelle Michener Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN ___/___	MON 7/4	TUE ___/___	WED ___/___	THU ___/___	FRI ___/___	SAT ___/___
	7AM - 5PM					

Describe your event and the activities that will take place:
Old fashioned games, Kiddie parade, food, bingo, stage show

2. Event Name: Art Walk & Wine Gala

Location of Event: 6th St. from Meade – Dudley Date(s) of Event: July 16/16

Expected No. of Attendees: 500 Responsible Person: Larelle Michener Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN ___/___	MON ___/___	TUE ___/___	WED ___/___	THU ___/___	FRI ___/___	SAT 7/16
						8AM – 12AM

Describe your event and the activities that will take place:
Art vendors, food vendors, wineries/breweries, Live music

If you have more than 2 events, please copy and reuse this page.

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EVENT(S) INFORMATION

1. Event Name: SLORA Mini Hydroplane Races

Location of Event: River & CRAWFORD PARK Date(s) of Event: July 1-3/16

Expected No. of Attendees: 500 Responsible Person: Justin Barnett Phone #: 509-720-3353

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN 7/3	MON 7/4	TUE __/__	WED __/__	THU __/__	FRI 7/1	SAT 7/2
~~6PM~~	6PM				6AM	

Describe your event and the activities that will take place:
Boat race held in Partnership w/ Prosser Chamber over 4th of July weekend.

2. Event Name: STATES DAY CELEBRATION

Location of Event: Parade Route / City Park Date(s) of Event: Sept 2-5/16

Expected No. of Attendees: 2500 Responsible Person: Lavelle Michener Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN 9/4	MON 9/5	TUE __/__	WED __/__	THU __/__	FRI 9/2	SAT 9/3
	10PM				4PM	

Describe your event and the activities that will take place:
CARNIVAL in City Park all weekend. Stage show, food & bingo MONDAY
Parade Route: Keene Riverview, down Bennett, up 7th, across Dudley, down 6th across Meade and up Market to Park Ave, back to Keene Riverview.

If you have more than 2 events, please copy and reuse this page.

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EVENT(S) INFORMATION

1. Event Name: HARVEST FESTIVAL & STREET PAINTING

Location of Event: 6th St & MEADE AVE Date(s) of Event: Sept 23-25/16

Expected No. of Attendees: 5000 Responsible Person: Lorelle Michener Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN 9/25	MON __/__	TUE __/__	WED __/__	THU __/__	FRI 9/23	SAT 9/24
— 5PM					7AM —	

Describe your event and the activities that will take place:
Vendors – Arts & Crafts, Food, etc. Chalk art on St
Live entertainment

2. Event Name: Trick or Treat on Downtown Streets

Location of Event: 6th St & Meade Ave Date(s) of Event: Oct. 31/16

Expected No. of Attendees: 1000 Responsible Person: Lorelle/Andrea Phone #: 830-3377

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN __/__	MON 10/31	TUE __/__	WED __/__	THU __/__	FRI __/__	SAT __/__
	12pm – 5pm					

Describe your event and the activities that will take place:
Trick or treating @ downtown businesses

If you have more than 2 events, please copy and reuse this page.

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EVENT(S) INFORMATION

1. Event Name: FAMILY CHRISTMAS FESTIVAL

Location of Event: Depot Square Date(s) of Event: Nov. 27/16

Expected No. of Attendees: 300 Responsible Person: Lavelle Michener Phone #: 830-3372

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN 11/27	MON __/__	TUE __/__	WED __/__	THU __/__	FRI __/__	SAT __/__
2 PM 6 PM						

Describe your event and the activities that will take place:
VISIT SANTA, Gift giveaway, bonfire & marshmallows

2. Event Name: VETERANS DAY PARADE

Location of Event: PARADE ROUTE Date(s) of Event: Nov. 11/16

Expected No. of Attendees: 500 Responsible Person: _____ Phone #: _____

Operating Hours of Event: (please fill out applicable times for the appropriate day and include the exact date)

SUN __/__	MON __/__	TUE __/__	WED __/__	THU __/__	FRI 11/16	SAT __/__
					10AM– 12PM	

Describe your event and the activities that will take place:
PARADE of Veterans follows route from Keene Riverview and back

If you have more than 2 events, please copy and reuse this page.

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SPECIAL REQUESTS (Check all that apply)

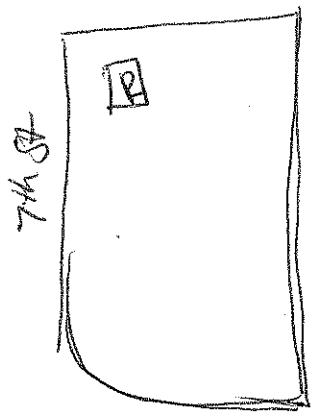
☐ Trash Cans ☐ Traffic Control ☐ Street Sweeping ☐ Barricades ☐ Power ☐ Parking

☐ Fire ☐ Police ☐ OTHER: _____

SITE MAP

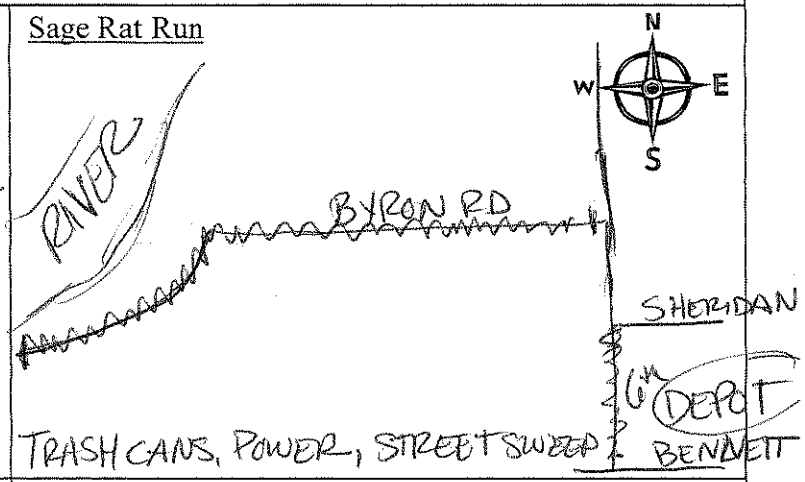
Please use the box below to draw a map showing **street closures**, parking, restrooms, and vendor/activity locations.

Easter Egg Hunt



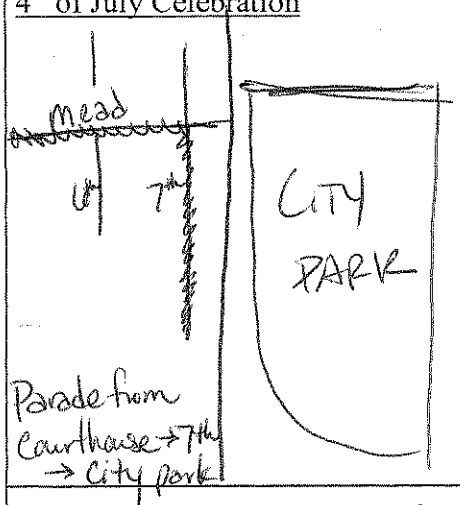
CITY PARK
Ø Street closure
TRASH CANS
Parking on Street

Sage Rat Run



TRASH CANS, POWER, STREET SWEEP

4th of July Celebration



Parking on St.
Trash Cans
Power

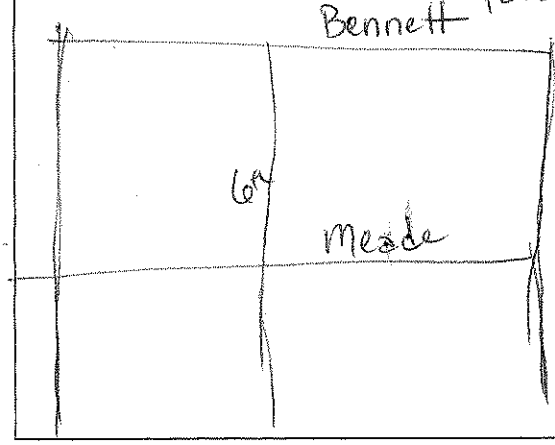
Parade from Courthouse → 7th → City Park

4th of July Mini Hydro-Plane Race

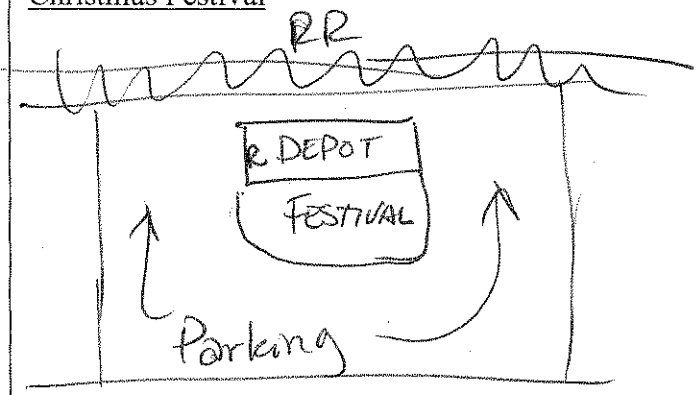
See larger Attached Map

Downtown Trick or Treat

Ø Street Closure
Parking on all Streets



Christmas Festival



Ø Street Closure

SPECIAL REQUESTS (Check all that apply)

❒ Trash Cans ❒ Traffic Control ❒ Street Sweeping ❒ Barricades ❒ Power ❒ Parking

❒ Fire ❒ Police ❒ OTHER: _____

SITE MAP

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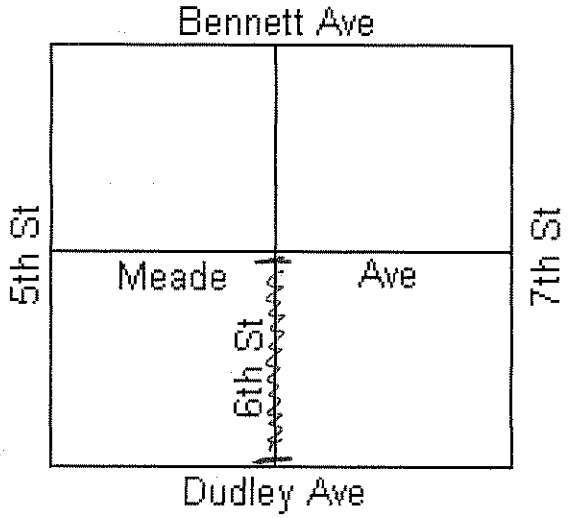
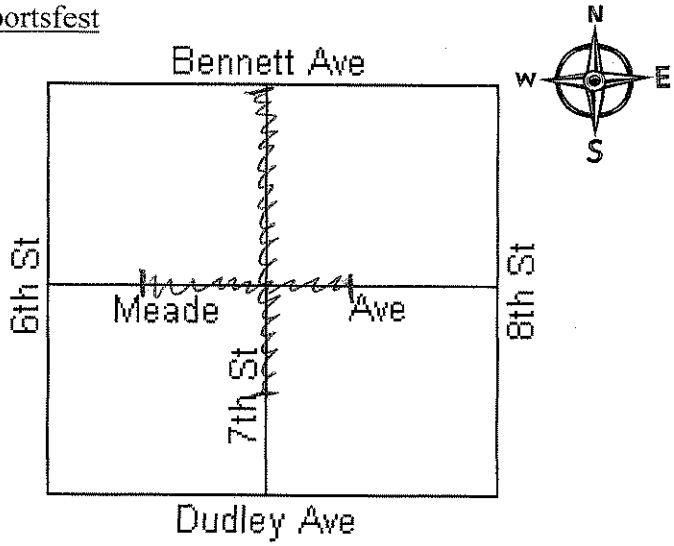
Art Walk



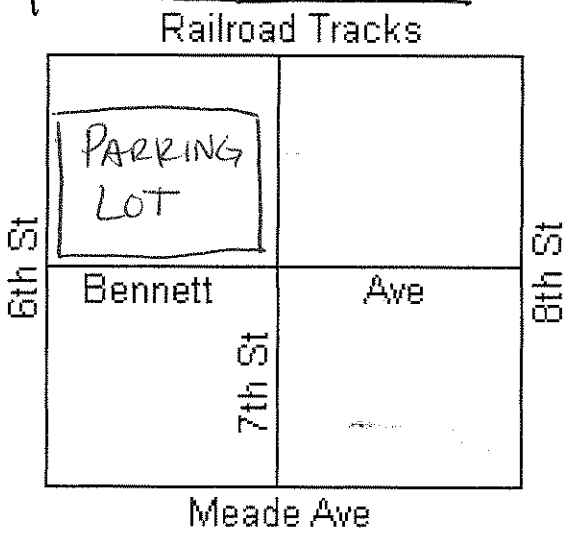
Trash Cans, Sweeping, Barricades, Power

Sportsfest



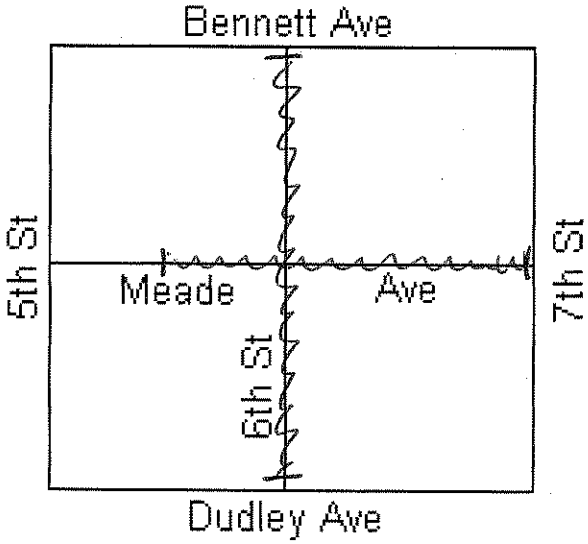
Trash Cans, Sweeping, Barricades, Power

City Wide Yardsales



Sweeping, Barricades

Harvest Festival



Trash Cans, Sweeping, Barricades, Power

States Day

REGULAR
PARADE
ROUTE

Trash Cans, Sweeping, Barricades, Traffic Control

Veterans Day Parade

REGULAR
PARADE
ROUTE

Trash Cans, Sweeping, Barricades, Traffic Control

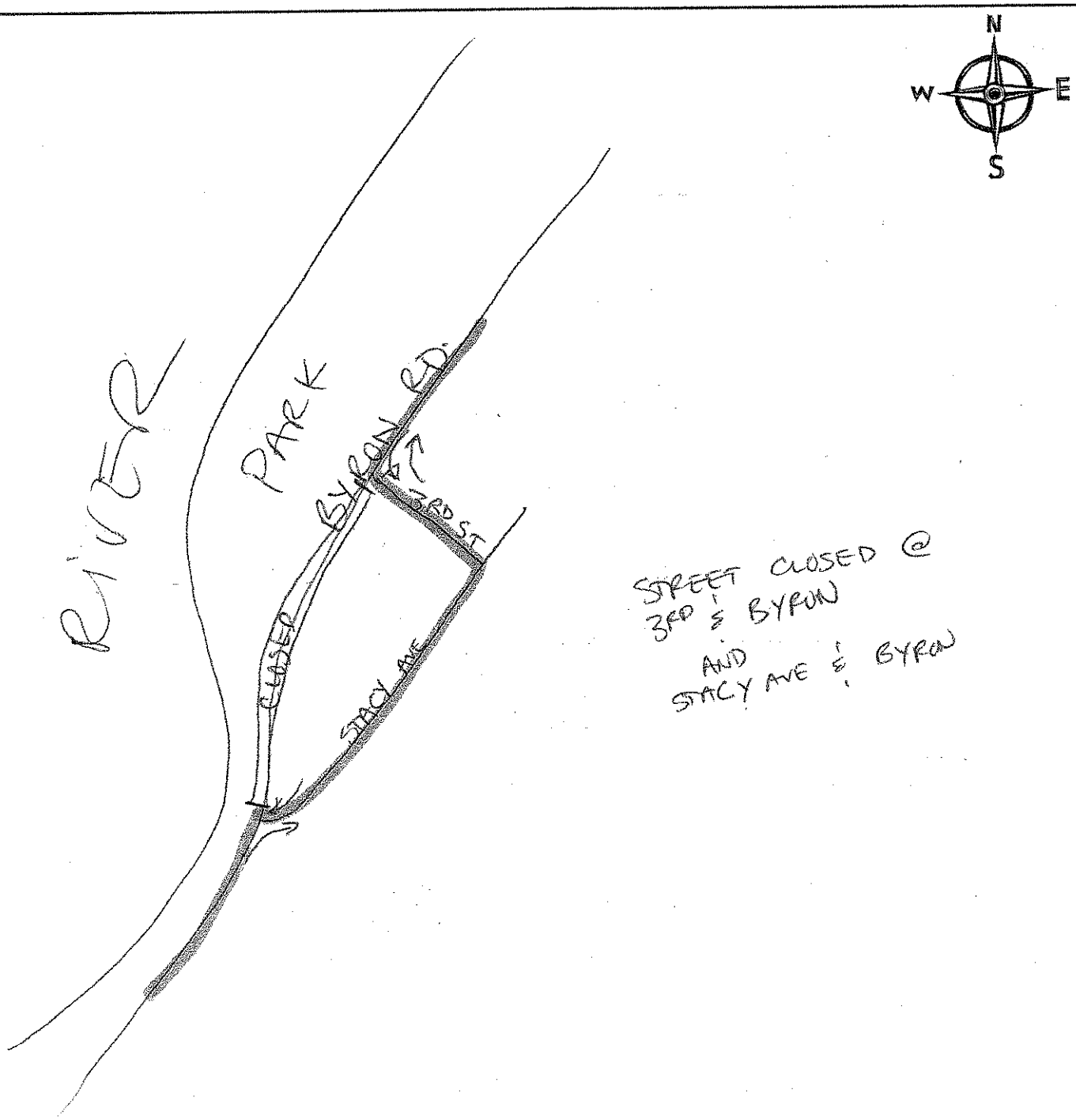
SPECIAL REQUESTS (Check all that apply)

1 Trash Cans ☐ Traffic Control ☐ Street Sweeping ☑ Barricades ☐ Power ☐ Parking

☐ Fire ☐ Police ☐ OTHER: _____

SITE MAP

Please use the box below to draw a map showing **street closures**, parking, restrooms, and vendor/activity locations.



ADDITIONAL INFORMATION (Please Read Carefully)

EVENT All City Yard Sales, Easter Egg Hunt, Sage Rat Run

1. Will alcohol be served, displayed, or consumed at this event? ☐ YES ☒ NO
   If you answered YES please attach a copy of the liquor license.
2. Will there be amplified sound or music at this event? ☒ YES ☐ NO
3. Will your event require street closures? ☒ YES ☐ NO
   If you answered YES, please attach a list of the streets.

SRR only

EVENT Art Walk and Wine Gala

1. Will alcohol be served, displayed, or consumed at this event? ☒ YES ☐ NO
   If you answered YES please attach a copy of the liquor license.
2. Will there be amplified sound or music at this event? ☒ YES ☐ NO
3. Will your event require street closures? ☒ YES ☐ NO
   If you answered YES, please attach a list of the streets.

EVENT Sportsfest and Harvest Festival

1. Will alcohol be served, displayed, or consumed at this event? ☐ YES ☒ NO
   If you answered YES please attach a copy of the liquor license.
2. Will there be amplified sound or music at this event? ☒ YES ☐ NO
3. Will your event require street closures? ☒ YES ☐ NO
   If you answered YES, please attach a list of the streets.

EVENT 4th of July Celebration and Xmas Festival

1. Will alcohol be served, displayed, or consumed at this event? ☐ YES ☒ NO
   If you answered YES please attach a copy of the liquor license.
2. Will there be amplified sound or music at this event? ☒ YES ☐ NO
3. Will your event require street closures? ☐ YES ☒ NO
   If you answered YES, please attach a list of the streets.

EVENT States Day Celebration and Veterans Day Parade

1. Will alcohol be served, displayed, or consumed at this event? ☐ YES ☒ NO
   If you answered YES please attach a copy of the liquor license.
2. Will there be amplified sound or music at this event? ☒ YES ☐ NO
3. Will your event require street closures? ☒ YES ☐ NO
   If you answered YES, please attach a list of the streets.

EVENT Downtown Trick or Treat

1. Will alcohol be served, displayed, or consumed at this event? ☐ YES ☒ NO
   If you answered YES please attach a copy of the liquor license.
2. Will there be amplified sound or music at this event? ☐ YES ☒ NO
3. Will your event require street closures? ☐ YES ☒ NO
   If you answered YES, please attach a list of the streets.

EVENT 4th of July Mini Hydro-Plane Race

1. Will alcohol be served, displayed, or consumed at this event? ☐ YES ☒ NO
   If you answered YES please attach a copy of the liquor license.
2. Will there be amplified sound or music at this event? ☒ YES ☒ NO
3. Will your event require street closures? ☒ YES ☐ NO
   If you answered YES, please attach a list of the streets.

CITY REQUIREMENTS

You must have the following before approval for your event can be considered:

- $1,000,000 Certificate of Insurance listing the City of Prosser as an additional insured, if your event is taking place on City property. The original certificate must be filed with the City Clerk and a copy attached to this application prior to permit being issued.
- A copy of the permit obtained for the sale of food, beverages, or alcohol (if applicable).
- A letter from property owners authorizing the use of private property for your event (if applicable).

I, the undersigned, do hereby certify that, to the best of my knowledge, the information on this application and other submitted information is true and correct. In addition, I understand that the City's acceptance of this application and any fees does not constitute submittal of a valid application or guarantee approval of my request. I further understand that I am responsible for cleaning up after the event and that Prosser Municipal Code (PMC) 21.04.050 states: By signing the application for a permit pursuant to Section 21.04.040, the signer personally guarantees that all garbage, trash, litter, debris, or other material or substance deposited or left in the park by any person attending the event for which the permit was issued is cleaned up and that the park is restored to its condition immediately preceding the permitted event. Any person found to be in violation of this section shall be deemed to have committed a civil infraction and shall be subject to a civil penalty of two hundred fifty dollars.

Lorette Meh 2/17/16

Applicant Signature Date Property Owner's Signature (if applicable) Date

OFFICE USE ONLY:

☐ Approved ☐ Denied

By: _____ Date: _____

Reason for Application Denial: _____

Receipt: 18768 02/26/2016
Acct #: 15208 COPY
City Of Prosser
601 7th Street
Prosser, WA 99350
(509) 786-2332

Prosser Chamber Of Commerce
1230 Bennett Ave
Prosser, WA 99350-0000

Treasurer's Receipts

Parks - Special Event Permit	250.00
Non Taxed Amt:	250.00
Total:	250.00
Chk: 12468	250.00
Ttl Tendered:	250.00
Change:	0.00

Issued By: Ashli
02/26/2016 09:35:14

Thank you for your payment and have a great day!

Please call with questions:
(509) 786-2332