



# 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.

## **SPECIAL EVENT APPLICATION** **ALLOW 30 DAYS TO PROCESS**

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EVENT(S) INFORMATION

**1.** Event Name: \_\_\_\_\_

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

Expected No. of Attendees: \_\_\_\_\_ 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 __/__/__	SAT __/__/__

Describe your event and the activities that will take place: \_\_\_\_\_

\_\_\_\_\_

**2.** Event Name: \_\_\_\_\_

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

Expected No. of Attendees: \_\_\_\_\_ 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 __/__/__	SAT __/__/__

Describe your event and the activities that will take place: \_\_\_\_\_

\_\_\_\_\_

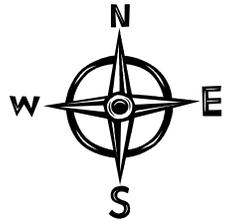
**If you have more than 2 events, please copy and reuse this page.**

**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.**



**ADDITIONAL INFORMATION (Please Read Carefully)**

- |    |   |                              |                             |
|----|---|------------------------------|-----------------------------|
| 1. | Will alcohol be served, displayed, or consumed at this event?<br><i>If you answered YES please attach a copy of the liquor license.</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. | Will there be amplified sound or music at this event?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. | Will your event require street closures?<br><i>If you answered YES, please attach a list of the streets.</i>                            | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**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 following all the guidelines for the event as set forth in the Prosser Municipal Code (PMC) 5.30. Any person found to be in violation of this section will have their permit revoked and the event will be immediately terminated.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature (if applicable)

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Approved

Denied

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

Reason for Application Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: This form is subject to public disclosure.  
This institution is an equal opportunity provider, and employer.**