



**City of Kalama**

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# SPECIAL EVENT PERMIT APPLICATION

**NOTE: "Special Event"** means any event involving city property and/or city street(s) where the number of persons expected to attend exceeds one hundred fifty persons, or all events where city streets or sidewalks will be blocked or modified, regardless of the number of persons expected to attend, except as set forth below. A special event also includes events on private property where the expected attendance exceeds 500 people and where Kalama public streets and parking are likely to be affected.

**Application information must be submitted to the City Clerk/Treasurer at least 60 days before the event for review. The permit will not be finalized until payment is received.**

**Annual Permit Fee: \$250 / Single Event Fee: \$100**

**Vendor Permit - Annual Event Fee: \$50 / Single Event Fee: \$25 (updated 1/1/2023)**

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

Sponsor/Sponsoring Group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Event Date(s) \_\_\_\_\_ Event Hours (time) \_\_\_\_\_

Event Location: \_\_\_\_\_

Public Property       Private Property

Number Expected to Attend:    0-149     150-499     Over 500    Approximate #: \_\_\_\_\_

## Vendors

Will the event involve outside vendors?

Yes    No

Estimated Number of Vendors: \_\_\_\_\_

A vendor permit covering all participating vendors is required in addition to the special events permit for any event that will include the setting up of booths, tables, or areas for the purpose of selling goods and services by persons or businesses not licensed by the City of Kalama. Under this provision, individual vendors at a special event will not be required to obtain a regular city business license as required under KMC 5.04.

If a vendor permit is required, the sponsor will need to provide the following information for all vendors participating in the event prior to the first day of the event:

- a. Vendor (Business) Name
- b. Contact Name
- c. Main Phone Contact
- d. Email Address
- e. State Registration No. (UBI#)

Use the attached “Vendor List” template.

### **Food Vendors**

Will there be vendors selling or providing food or edible goods/products?  Yes  No

If yes, the event host must contact the **Cowlitz County Health Department**.

Contact Information: Ruby Stilson at [stilsonr@cowlitzwa.gov](mailto:stilsonr@cowlitzwa.gov) or 360-414-5599.1.6443

**Required:** Include a copy of permit/certificate from the Health Department.

Will there be food trucks participating in the event?  Yes  No

- **If no**, does the vendor **need power or water** for their food stand (Tent? Other?).  
 Yes  No

Power hookup details, please explain what is needed. **List for each food vendor** (if you need more space, attach a list):

- Power supply type: \_\_\_\_\_
- Adapter style: \_\_\_\_\_
- Plan for potable water: \_\_\_\_\_
- Plan for graywater disposal: \_\_\_\_\_
- Grease traps: \_\_\_\_\_

➤ **If yes**, please provide the following (Per Food Truck):

- Food Truck/Business Name (1): \_\_\_\_\_
- Food truck dimensions: \_\_\_\_\_ width x \_\_\_\_\_ length x \_\_\_\_\_ depth
- Food truck/vehicle type:  fully self-operating truck  trailer only  food cart only
- Will the vendor need space for table, tent, or other items outside of the trailer/vehicle/cart space?

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- Food Truck/Business Name (2): \_\_\_\_\_
  - Food truck dimensions: \_\_\_\_\_ width x \_\_\_\_\_ length x \_\_\_\_\_ depth
  - Food truck/vehicle type:  fully self-operating truck  trailer only  food cart only
  - Will the vendor need space for table, tent, or other items outside of the trailer/vehicle/cart space?

**If you have more than 2 food vendors, please list the details on an additional sheet.**

- Will **alcohol** be served during your event, for sale or otherwise?  Yes  No
  - If yes, will there be a beer garden?  Yes  No
    - If yes, list beer garden host: \_\_\_\_\_

**Streets/Traffic/Parking**

a. Parking Facilities (**attach map** with clearly marked proposed parking areas)

b. Street/Traffic/Parking Impacts

Will the event require road closure(s)?

- Yes  No

If yes, which streets? \_\_\_\_\_

Between which 2 cross streets? \_\_\_\_\_ and \_\_\_\_\_  
 \_\_\_\_\_ and \_\_\_\_\_

Barricades & “no parking” signage needed?  Yes  No

**Barricades (time):** Put out @: \_\_\_\_\_ Pick up @: \_\_\_\_\_

**Closure or “no parking” signage (time):** Put out @: \_\_\_\_\_ Pick up @: \_\_\_\_\_

Describe the flow of event traffic:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Will there be a traffic/safety 3<sup>rd</sup> party service provided?  Yes  No

Please describe, including vendor name and contact information. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**(Note: If no service is determined by the applicant, a bill will be issued from the City for public works or police services for traffic control. Hourly rates are set by Resolution.)**

d. Emergency Vehicles & Community Transit:

Will parking space(s) be blocked?

- Yes  No

If yes, where? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Plan for emergency vehicle traffic (describe): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Plan for normal traffic independent of event (describe): \_\_\_\_\_

For street closure(s), will a CAP public transit route or Cruise line shuttle route be affected?  
 Yes     No

If yes, the applicant is required to notify transit.

CAP contact: Transportation Director → 360-200-4910, dispatcher → 360-261-6236

American Cruise Line shuttle contact: [cd.pri@americancruiselines.com](mailto:cd.pri@americancruiselines.com)

**Provisions must be made for the following (if applicable):**

a. Litter Control:  Yes     No

Briefly describe plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Sanitation (hand washing and restrooms):  Yes     No

Briefly describe plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company name (if applicable): \_\_\_\_\_

Drop off date: \_\_\_\_\_ Drop off time: \_\_\_\_\_

Pick up date: \_\_\_\_\_ Pick up time: \_\_\_\_\_

c. Security Plan

Will Kalama Police Officers be utilized?  Yes     No

**If yes**, complete the following:

(1) Number of officers requested: \_\_\_\_\_

(2) Number of hours of the event: \_\_\_\_\_

(3) Overtime rate of officers: \$75.00 per hour

\*Amount to be paid to City of Kalama = \_\_\_\_\_ (1)\*(2)\*(3)

**\*This cost is covered by tourism funds for qualifying tourism events.**

d. Event Communications

Include a cell phone list for organizers and applicant(s), public works, EMS, and public safety personnel to accompany this permit application.

Phone list attached?

Yes     No

e. Ramping of Sidewalks

Will this be required? If yes, has the ramping been inspected by Public Works?

Yes  No

f. Is additional lighting required?

Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

g. Describe the medical plan (minimum first aid): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Other Documentation (where applicable):**

- Event Site Map
- Liquor Permit and/or Special Occasion License
- Copy of permit/certificate from Health Department
- Written permission from property owners when private property is to be utilized for parking or vendors (booths)
- Evidence of liability insurance
- Bond deposited \_\_\_\_\_
- Proof/example of banner or signage (graphic) for advertising

The Permit may be revoked if any of the terms and conditions of the Permit or of Section 5.18 of the Kalama Municipal Code are not met.

**I hereby certify that I am at least 21 years of age and that the information contained in this application is correct.**

\_\_\_\_\_  
Signature of Applicant or Officer of Sponsoring Group

\_\_\_\_\_  
Name of Sponsoring Group (or business name)

Permit Fee Paid: Amount \_\_\_\_\_ / Receipt No. \_\_\_\_\_

**DEPARTMENT COMMENTS**

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**City Administrator**

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**Clerk/Treasurer**

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**Director of Public Works**

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**Police Chief**

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**Community Relations**