



210 Lottie Street, Bellingham, WA 98225 Phone: (360) 778-8329 Email: <a href="mailto:pwpermits@cob.org">pwpermits@cob.org</a> Web: <a href="mailto:www.cob.org/permits">www.cob.org/permits</a>

## **Special Event Permit Application**

TITLE OF EVENT								
EVENT ORGANIZER / SPONSOR								
MAILING ADDRESS								
APPLICANT NAME (please print)	EMAIL ADDRESS & PHONE NU	JMBER						
DESCRIPTION OF EVENT (attach additional information if necessary)								
EVENT LOCATION								
EVENT DATE(S):	EVENT HOURS:							
SET-UP BEGINS AT:	CLEAN-UP ENDS AT: _							
STREET/TRAFFIC/PARKING IMPACTS		-						
Will the event require the closure of street(s)?		Yes	No					
Which street(s)?								
Between which two cross streets?	and							
Will parking space(s) be blocked?		Yes	No					
If yes, are these spaces metered?		Yes	No					
Is the street you are proposing to close on a WTA bus route?  • If yes, you are required to notify WTA and obtain their approval.  See www.ridewta.com or visit at 4011 Bakerview Spur, Bellingham.								

ADDIT	IONAL INFO	RMATION				
Is the event open to the general public, without admissions fees, age or other conditions to participate, or registration requirement?				Yes	No	
How r	many participa	ants are being	planned for?			
Will signs, sandwich boards, or banners be posted on sidewalks or streets?					Yes	No
Will food be served or consumed?  • If yes, you are required to obtain approval from the Whatcom County Health Department.				Yes	No	
Will alcohol be served or consumed?  • If yes, you are required to obtain approval from the WA State Liquor and Cannabis Board.					Yes	No
Will th	ere be amplif	ied music?			Yes	No
Will you (if yes, p	ur event inclui lease check box.	de any of the t . Note: a separate	following? e Fire Permit may be required)			
Tents	BBQ	Heaters	Fire Pits / Open Flame	Inflatable Toys / Bo	unce House	
Descri	be any speci	al requests y	ou have of City personne	l (e.g. sprinkler shut	-off, electrici	ty, water, etc)
The fol	Event Site Ma	p. See the <u>Speci</u>	be submitted with your a al Event Guide for requirements in (if event is to occur in the pub		Special Event G	<u>uide</u> for more
ordinances responsibl	s and State laws le party to receive	regulating activiti e all corresponde	permit application in its entirety and les covered by this permit applicati nce from the City regarding this pr ill qualify as my signature for purpo	on. I also acknowledge that oject. I understand that if th	t by signing the a <sub>l</sub> is form is being s	oplication I am the

Date \_\_\_\_

Signature \_\_\_\_

Printed Name