

THIS FORM IS INTENDED FOR USE BY LOCAL AUTHORITIES HAVING JURISDICTION (AHJ) IN THE EVENT THEY DO NOT HAVE A PERMIT FORM SPECIFIC FOR RETAIL FIREWORKS SALES AT A CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY. IT IS NOT MEANT TO BE REQUIRED IN ADDITION TO OR IN LIEU OF ANY LOCAL PERMITTING FORM AND/OR PROCESS THAT MAY EXIST WITH THE LOCAL AHJ.

Directions: Provided the local jurisdiction has no permit form of their own, complete this permit application and submit it with the local AHJ portion of your Retail Fireworks Stand License to the jurisdiction in which you wish to run your CFRS facility.

WASHINGTON STATE FIREWORKS RETAIL SALES PERMIT APPLICATION

Applicant Information			<input type="checkbox"/> New/First Time Applicant	<input checked="" type="checkbox"/> Previous Permit Holder
Impact Ministries Name of Group, Organization, or Person (Last, First, Middle Initial, and Date of Birth) Issued the Fireworks Retailer License Christian Orozco Name of Permit Applicant (Last, First, Middle Initial, and Date of Birth) 2120 Milwaukee Way Tacoma, WA 98421 Permit Applicant Mailing Address (Complete Including Street, City, State, and ZIP Code) (206) 619-3447 coppolav@tntfireworks.com (253) 922-0800 Phone Number E-Mail Address Local Business Number (if required)				
CFRS Facility Information				
<input checked="" type="checkbox"/> Stand <input type="checkbox"/> Tent Other: 24' Size: _____ Specify Square Feet/Dimensions Safeway #3616, 34828 SE Douglas St Snoqualmie WA 98065 CFRS Facility Address (Complete Including Street, City, State, and ZIP Code) Safeway #3613 () _____ Name of Property Owner Phone Number Parcel Number for Stand Location				
Fireworks Supplier Information List all of the licensed fireworks wholesalers who will be supplying this stand product				
TNT FIREWORKS				
Storage Information				
<input checked="" type="checkbox"/> On Site <input type="checkbox"/> Off Site: _____ Storage Address (Complete Including Street, City, State, and ZIP Code) <input checked="" type="checkbox"/> Sales Structure <input type="checkbox"/> Detached Building <input type="checkbox"/> Truck/Trailer <input type="checkbox"/> Other: _____ Specify				
CHECKLIST FOR SUBMISSION Check with the local AHJ for all applicable submission dates and deadlines:				
<input checked="" type="checkbox"/> Application/Permit Fee <input checked="" type="checkbox"/> Insurance Certificate (\$1,000,000) <input type="checkbox"/> Clean-Up Bond Fee (if applicable) <input checked="" type="checkbox"/> Valid Washington State Fireworks Retailer License <input type="checkbox"/> Property Owners Written Permission <input checked="" type="checkbox"/> Detailed Site Plan <input type="checkbox"/> Interior Plan (required for tents and "other" facilities)				
I hereby certify the information in this application is true and correct. I am aware of and agree to comply with all relevant provisions of law, rule, and any ordinance of the state of Washington and the city/county permitting this CFRS Facility.				
Victoria Coppola Signature of Permit Applicant		VICTORIA COPPOLA For Christian Orozco Printed Name of Permit Applicant		5/26/2023 Date of Signature
FIRE CODE AUTHORITY HAVING JURISDICTION				
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED				
Permit Number Approved By Date of Approval SEE BACK OF THIS FORM FOR ANY RESTRICTIONS, CONDITIONS, OR NOTATIONS ON THIS PERMIT Signature of Permitting Official Printed Name and Title Date of Signature				

THE FIREWORKS RETAILER LICENSE HOLDER (LICENSEE) SHALL RETAIN THIS PERMIT WITH THE ASSOCIATED FIREWORKS RETAILER LICENSE AND MAKE THEM BOTH AVAILABLE FOR INSPECTION AT ANY TIME THE STAND IS IN OPERATION



Office of the State Fire Marshal

CONSUMER FIREWORKS RETAIL SALES (CFRS) FACILITY LICENSE

Stand Number: SN-15423

Licensee Data

American Promotional Events, Inc. - West
2120 Milwaukee Way
Tacoma, WA 98421
License Number: WSPFL-02766
Phone Number: (253) 922-0800

Operational Data

Wholesaler: American Promotional Events, Inc. - W
County of Operation: King
Operates For: **IMPACT MINISTRIES**
Stand Operated By: **CRISTIAN OROZCO**

Date of Issue: May 9, 2023

Date of Expiration: January 31, 2024

Consumer Fireworks Retailer Licenses issued after May are ONLY valid for New Years Sales

This license is NOT valid without a permit from a local fire code official/authority having jurisdiction. This license allows for operation of a single location/stand for retail sales to the public of state legal consumer fireworks purchased only from a licensed fireworks wholesaler.

SURRENDER THIS PORTION OF THE LICENSE TO THE FIREWORKS WHOLESALER

3000-420-041 (10/18)

WAS2147

Washington State Patrol Fire Protection Bureau

G23607

Office of the State Fire Marshal

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THIS LICENSE PORTION ACCOMPANIES YOUR LOCAL PERMIT APPLICATION

3000-420-041 (10/18)

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THIS PORTION OF THE LICENSE MUST BE POSTED AT THE STAND AT ALL TIMES

3000-420-041 (10/18)

FEBRUARY 9, 2023
TO WHOM IT MAY CONCERN:

Subject to the terms of that certain Master Fireworks Agreement dated March 8, 2019, as amended to date (collectively, the "Agreement") by and between **Albertsons Companies Inc.**, a Delaware corporation ("Grantor"), on behalf of itself and each of its subsidiaries, and **American Promotional Events, Inc. – East**, an Alabama corporation, **American Promotional Events, Inc. – Northwest**, a Washington corporation, and **American Promotional Events, Inc. – West**, a California corporation, each doing business as **TNT Fireworks** (collectively, "TNT"), permission is hereby granted by Grantor to TNT or their authorized agent, for the exclusive right to enter upon a portion of the parking lot of Grantor's store identified on **Exhibit "A"** attached hereto and incorporated herein (the "Store") for the sole purpose of selling fireworks on or around the 4th of July holiday event. Dates of Sale for the Store is June 15, 2023 through July 10, 2023.

Please contact Kathy Vilendrer at Kathy.Vilendrer@Albertsons.com with any questions.

All business will be conducted in accordance with all City, County, and State regulations.

Sincerely,
Albertsons Companies Inc.


Authorized Signatory


STATE OF IDAHO)
) ss.
County of Ada)

On this 9th day of February, in the year 2023, before me, a Notary Public in and for the State of Idaho, personally appeared Brent Tingey, known or identified to me to be the Authorized Signatory of Albertsons Companies Inc., the company that executed the instrument or the person who executed the instrument on behalf of said company, and acknowledged to me that such company executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

[SEAL]




NOTARY PUBLIC for Idaho
Residing at Meridian, Idaho
My commission expires: 12/27/2028

TNT Loc #	RE ID #	Legacy Store #	New Store #	Legal Entity	Banner	Street Address	City	ST
WAS1013	2645AS	2645	2645	Safeway Inc.	Safeway	5802 134th Place SE	Everett	WA
TEX6006	2671AS	2671	2671	Randalls' Food & Drugs, LP	Randalls	525 South Fry Rd	Katy	TX
TEX6005	2672AS	2672	2672	Randalls' Food & Drugs, LP	Randalls	18322 Clay Rd	Houston	TX
ORE2072	2696AS	2696	2696	Safeway Inc.	Safeway	14840 SE Webster Rd.	Milwaukie	OR
NVC7975	2804AS	2804	2804	ACI Real Estate SPE 163, LLC	Albertsons	7975 Blue Diamond Rd	Las Vegas	NV
CNM1526	2908AS	2908	2908	Safeway Inc.	Safeway	2555 Harris St	Eureka	CA
COL1018	2910AS	2910	2910	Safeway Stores 45, Inc	Safeway	1632 Hover Rd	Longmont	CO
COL1021	2917AS	2917	2917	Safeway Inc.	Safeway	1605 Bridge St	Brighton	CO
AZP2785	2955AS	955	2955	Albertson's LLC	Albertsons	2785 N Scottsdale Road	Scottsdale	AZ
AZP4060	2997AS	997	2997	ABS SW Investor LLC	Albertsons	4060 W. Ray Road	Chandler	AZ
NVR1060	3021AS	6021	3021	Albertson's LLC	Albertsons	10140 W. Flamingo Road	Las Vegas	NV
WAS2084	3106AS	3106	3106	Albertson's LLC	Albertsons	11012 Canyon Rd. East	Puyallup	WA
CCR9835	3129AS	3129	3129	Albertson's LLC	Albertsons	3500 Panama Lane	Bakersfield	CA
IDA5024	3174AS	174	3174	ABS ID-GL LLC	Albertsons	1901 South 25th East	Ammon	ID
NVR4019	3206AS	3206	3206	Albertson's LLC	Albertsons	190 N. Boulder Hwy	Henderson	NV
NVR6028	3207AS	3207	3207	Albertson's LLC	Albertsons	2910 Bicentennial Parkway	Henderson	NV
MON2093	3279AS	3279	3279	Safeway Inc.	Safeway	2500 Block, Massachusetts Ave.	Butte	MT
WAS2112	3305AS	3305	3305	Safeway Inc.	Safeway	15805 Pacific Ave. S.	Tacoma	WA
IDA2061	3337AS	3337	3337	Albertson's LLC	Albertsons	700 East Avalon	Kuna	ID
IDA3009	3366AS	3366	3366	Albertson's LLC	Albertsons	20 East Wyoming	Homedale	ID
WAS2052	3411AS	3411	3411	Albertson's LLC	Albertsons	8611 Steilacoom Blvd. SW	Lakewood	WA
WAS8027	3414AS	3414	3414	Albertson's LLC	Albertsons	450 N. Wilbur Avenue	Walla Walla	WA
WAS1051	3419AS	3419	3419	ACI Real Estate SPE 139, LLC	Albertsons	17520 SR 9 Southeast	Snohomish	WA
WAS2006	3430AS	3438	3438	Safeway Inc.	Heggen	1406 Lake Tapps Parkway East	Arbutum	WA
WAS2045	3450AS	3450	3450	Safeway Inc.	Heggen	2604 East Division	Mount Vernon	WA
WAS1033	3523AS	3523	3523	ACI Real Estate SPE 140, LLC	Safeway	14826 Highway 99	Lynnwood	WA
ORE2298	3531AS	3531	3531	Albertson's LLC	Albertsons	16199 Boones Ferry Road	Lake Oswego	OR
ORE1657	3542AS	3542	3542	Albertson's LLC	Albertsons	14300 SW Barrows Rd	Tigard	OR
XXX0840	3587AS	6587	3587	ACI Real Estate SPE 152, LLC	Albertsons	840 East Hobson Way	Blythe	CA
WAS2147	3613AS	3613	3613	Safeway Inc.	Safeway	34828 SE Douglas Street	Snoqualmie	WA
AZR0020	3931AS	931	3931	Albertson's LLC	Albertsons	2378 West 24th Street	Yuma	AZ
NVR3011	4005AS	6005	4005	Albertsons Store Sub LLC	Albertsons	3010 W. Ann Road	North Las Vegas	NV



CERTIFICATE OF LIABILITY INSURANCE

11/1/2023

DATE (MM/DD/YYYY)

11/1/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest Indemnity Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

NAIC #
10851

COVERAGES WAS2147

CERTIFICATE NUMBER: 16114678

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	N	SI8GL00242221	11/1/2022	11/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A	NOT APPLICABLE			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Stand is located at the Safeway #3613 34828 E Douglas Street, Snoqualmie WA 98065 (WAS2147) Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER

CANCELLATION

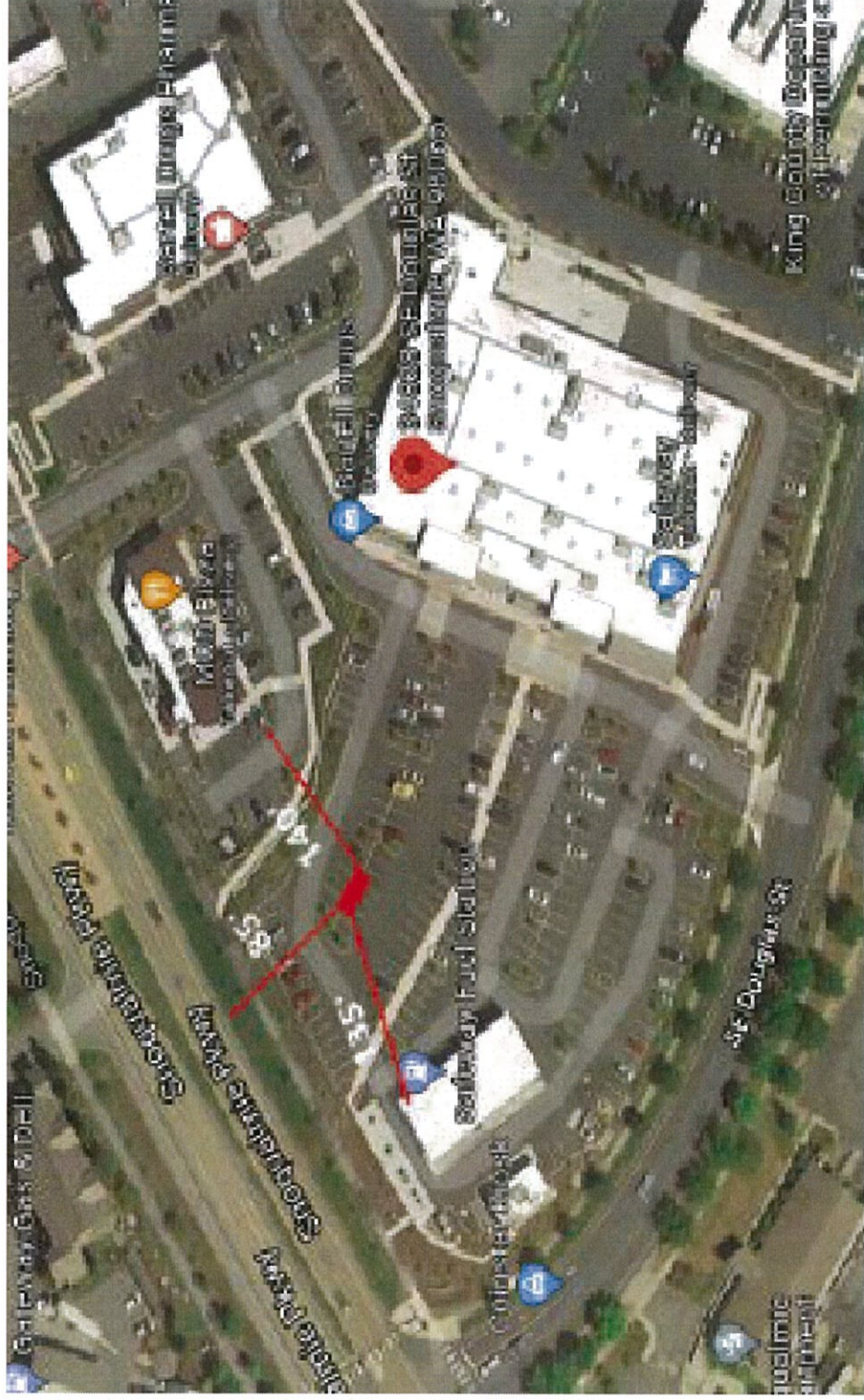
16114678

City of Snoqualmie
Impact Ministries
38624 SE River Street
Snoqualmie WA 98065

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Forms Center

By signing in or creating an account, some fields will auto-populate with your information and your submitted forms will be saved and accessible to you.

Special Event Permit Application

[Sign in to Save Progress](#)

****APPLICATION DUE 30 DAYS PRIOR TO EVENT****

Special Event Permit \$35 application fee due at the time of application. Please call or email Nicole Wiebe at 425.888.1555 ext. 1158 or nwiebe@snoqualmiewa.gov to process application fee.

Applications denied by the City shall be refunded the processing fee. Applicant to be liable for any overtime for City employees or other extraordinary expenses incurred by the city as a result of the special event.



Event Name

Event Date(s)

Event Location (Be Specific)

Event Times

Estimated Event Attendance

Applicant Name

Email Address

Address

City

State

Zip Code

Phone Number

[Select Language](#) ▼[Google Translate](#)

Sponsoring Organization

TNT Fireworks

Tax Exempt ID #**On-site Contact Name & Phone #**

CHRISTIAN OROZCO

Event Type☐ Concert or Performing Arts☐ Festival☐ Cycle or Race/Run☐ Fair/Carnival☐ Parade☒ Other (Describe Below)**If checked other, please describe event type.**

TEMPORARY RETAIL FIREWORKS FUNDRAISER

**EVENT HISTORY &
OVERVIEW****Has Event Been Produced Before?**☒ Yes☐ No**If yes, when and where.**

ANNUALLY, SAME LOCATIONS

Event Description

TEMPORARY RETAIL FIREWORKS FUNDRAISER

Describe event and attach site map indicating boundaries, location of tents, activity areas, portable restrooms, etc.

Attach Event Timeline No file chosen

Upload timeline, sequence of events, including equipment deliveries, set-up and tear down.

Attach Event Site Map WAS2147 SITE MAP.pdf

ADMISSIONS & VENDORS**Will items or services be sold at event?**☒ Yes☐ No**If yes, describe.**

1.4 G RETAIL FIREWORKS

NOTE: City of Snoqualmie business license is required.

Does event accept donation or charge admissions?

*Registration for admissions tax is required. Nonprofit status is exempt.

☐ Yes

☒ No

ALCOHOL & FOOD

Does event include sale of sale or consumption of food?

*Special Occasion License requires 45-day notice.

☐ Yes

☒ No

If yes, describe and attach copy of State permit.

Attach State Permit*

Choose File

No file chosen

Will vendors cook or heat food?

*Compliance with King County Health Department required.

☐ Yes

☒ No

If yes, describe.

AMPLIFIED SOUNDS

Will event have amplified sound?

☐ Yes

☒ No

If yes, describe.

Does event include fireworks?

☒ Yes

☐ No

If yes, provide company name, contact, email, and phone #

FOR SALE ONLY, TNT AREA MANAGER KATRINA DOHN, 425-757-7199. TNT ADMINISTRATIVE
CONTACT VICTORIA COPPOLA, 253-830-3062

EVENT COMPONENTS

Does event include animals (petting zoo, pony rides, dog walk/run)?

☐ Yes

☒ No

If yes, describe.

Does event include inflatables?

***No staking into ground**

☐ Yes

☒ No

If yes, describe.

Does event require off-site parking or parking restrictions?

☐ Yes

☒ No

If yes, describe

***Written agreement with parking provider will be required.**

Does the event require electricity?

☐ Yes

☒ No

If yes, describe.

Does event require generators?

☐ Yes

☒ No

If yes, describe and indicate provider.

Will there be handling of vehicle fuel?

☐ Yes

☒ No

If yes, describe.

Will event use/post signage, banners, or a-frames?

☒ Yes

☐ No

If yes, describe desired locations and timeline requested.

SIGNS LOCATED NEXT TO STAND AND SURROUNDING AREA.

Does event include enclosures like tents or canopies?

☐ Yes

☒ No

If yes, describe and indicate dimensions and types of activities within structure(s) and provide rental equipment company.

FIREWORKS STAND (24')

Does event include stage(s) construction or other improvements?

☐ Yes

☒ No

If yes, describe and indicate rental equipment company.

Does event include any fenced areas?

☐ Yes

☒ No

If yes, describe and indicate on site map/plan attached to application.

Attach Site Map/Plan

Choose File

No file chosen

Does event function with volunteers?

☒ Yes

☐ No

If yes, describe.

2-4 VOLUNTEERS

Will event have portable restrooms, sinks, hand washing stations?

☐ Yes

☒ No

If yes, how many?

Will event provide garbage/recycling containers?

☐ Yes

☒ No

If yes, how many?

*Waste Management is the City of Snoqualmie garbage/recycle/yard waste provider

TRAFFIC CONTROL & IMPACTS

Please list below any requested street and/or sidewalk closures, along with date/hour start and end times, and attach traffic plan.

Attach Traffic Plan

No file chosen

Name of Street/Sidewalk

N/A

Date/Hour Start Time

N/A

Date/Hour End Time

N/A

FIRST AID & SAFETY**Will event require additional fire dept. staffing?**☐ Yes☒ No**If yes, describe.******NOTE: The City may require additional additional staffing.******Does event require additional police dept. staffing?**☐ Yes☒ No**If yes, describe.******The City may require additional safety measures.******Does event require overnight security?**☒ Yes☐ No**If yes, provide provider.**

VOLUNTEERS PROVIDE SECURITY FOR MERCHANDISE

Describe First Aid Plan of Action

VOLUNTEERS WILL ASSESS SITUATIONS AND CALL EMERGENCY DEPTS IF NECESSARY, SHOULD AN EMERGENCY ARISE

INSURANCE REQUIREMENTS

A Certificate of Insurance naming the City of Snoqualmie as an Additional Insured in the minimum amount of \$1 million per occurrence and \$2 million general aggregate is required but may be more if the City determines it necessary for the proposed event. This certificate must be submitted and be acceptable to the city prior to receiving the Special Event Permit. You may obtain your own insurance or contact Washington Cities Insurance Authority for certain events.

Attach Certificate of Insurance

Insurance J23.pdf

OTHER PERMITS AND FEES

Depending upon the nature and scope of the proposed event, other permits may be required as determined through the application process. Other fees may be assessed (i.e., fire, aid and/or police services). The City of Snoqualmie will make every effort to assist the applicant in determining complete permit requirements, though once identified, it will be up to the applicant to provide required and approved documentation where deemed appropriate.

HOLD HARMLESS STIPULATION - MUST BE SUBMITTED WITH APPLICATION

Permittee covenants and agrees to indemnify, defend and hold harmless the City, its officers, agents and employees from any and all claims actions, damages, liability, cost and expense, including reasonable attorney's fees in connection with or occasioned, in whole or in part by any act or omission of Permittee, its officers, agents, employees, customers or licenses, or arising from or out of Permittee's failure to comply with any provision of the Special Event Permit granted as a result of this application, regardless of whether it is alleged or proven that the acts or omissions of the City, its officers, agents or employees caused or contributed hereto.

Printed Name, Title*

VICTORIA COPPOLA, TNT ADMINISTRATIVE ASSISTANT

Date*

5/26/2023

Signature of Authorized Representative (type signature below)*

VICTORIA COPPOLA

By checking box I agree my typed name in the above box equates to my signature and acknowledgement that I understand and agree to all terms outlined in the Hold Harmless Stipulation. *

☒ I agree

Notice of Application Denial and/or Rescission

This application may be denied if the proposed activity disrupts traffic beyond practical solution; causes undue hardship to surrounding residents or businesses; requires the diversion of so many public employees that service is denied to the public at large; or fails to fall within City standards.

The permit may also be rescinded at any time if complete and accurate information was not provided on the application; if the event is not held within the terms of the permit; or if there is failure to comply with applicable legal requirements.

FOR OFFICIAL USE ONLY

Review Required: Building, City Clerk, Events, Finance, Fire, Parks & Public Works, Planning, and Police

Date Rec'd

Receipt No.

Permit No.

City Administrator Approval

Date

protected by reCAPTCHA

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☒ Receive an email copy of this form.

Email address

This field is not part of the form submission.

Submit

* indicates a required field



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