

SPECIAL EVENT APPLICATION FORM



CITY OF BLACK DIAMOND

Community Development Dept.

24301 Roberts Drive / PO Box 599
Black Diamond, WA 98010
(360) 851-4447

EVENT INFORMATION

Event Name: _____

Event Location: _____

(If structures will be erected and/or street ROW used, please attach 3 drawings noting locations and dimensions)

Event Type: ☐ Exhibition ☐ Protest ☐ Run/ Walk ☐ Dance ☐ Festival ☐ Concert ☐ Party
(Check all that apply) ☐ Wedding ☐ Drama ☐ Parade ☐ Other: _____

Date of Event: _____ Hours: _____

Purpose of Event: _____

Estimate Attendance: Participants: _____ Spectators: _____ Volunteers/ Personnel: _____

City Business License #: _____ *(participating commercial vendors will also require a City license)*

Parking Plans: _____
(Please provide a drawing unless you are using an existing parking lot with sufficient stalls.)

Facilities to be Used: ☐ City Park ☐ Lake Sawyer ☐ Sidewalk ☐ Street ☐ Private Property
(If using private property, you must provide proof that you have permission unless you are the owner.)

City Assistance Required: ☐ Police ☐ Fire ☐ Public Works ☐ Other: _____
(Police and Fire services require a written service agreement that must be submitted with the event application.)

Insurance Company: _____
(Proof of insurance required naming City of Black Diamond as co-insured if event is taking place on City property)

Food to be served: ☐ Yes ☐ No If yes, provide copy of Health Dept. approval/ license.

Sound System: ☐ Yes ☐ No

(If liquor and music are provided a Cabaret license may be required.)

Sanitation Plans (Sani-cans, hand washing stations, etc.): _____

Products or services to be sold: ☐ Yes ☐ No If yes, what? _____

Admission Fee: ☐ Yes ☐ No If yes, how much? _____

Has the event been previously produced? ☐ Yes ☐ No Previous Date: _____



Special Event Application

Any changes from previous event? ☐ Yes ☐ No If yes, list changes: _____

APPLICANT INFORMATION

Name: _____ Organization: _____

Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact: _____ Phone: _____

Signature of Applicant

Date

Additional information or requirements may be requested. Please allow 3 – 4 weeks for processing.