



# SNOHOMISH COUNTY SPECIAL EVENT PERMIT APPLICATION



Snohomish County Planning and Development Services  
Fire Marshal  
2<sup>nd</sup> Floor – Administration Building

3000 Rockefeller, M/S 604  
Everett, WA 98201  
Phone: (425) 388-3557  
Fax: (425) 388-3670

**\*FILL IN ALL BLANKS ON FORM**

Permit No.: Office Use Only

Applicant Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Site Address of Event: \_\_\_\_\_

Tax Parcel No.: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Set-up Date: \_\_\_\_\_ Set-up Time: \_\_\_\_\_

Event Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

Event End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Charging Admission Yes  No  Approximate Total Attendance Expected

Type of Event: Indoor  private  public \_\_\_\_\_

Outdoor  private  public \_\_\_\_\_

Tent  Yes  No \_\_\_\_\_

Serving Alcohol Yes  No  **IF YES, SUBMIT COPY OF LIQUOR LICENSE**

Food Sales Yes  No  Discharge of fireworks Yes  No

*A detailed site plan (8-1/2 X 11, 8-1/2 X 14 or 11 x 17).*

**In the space following, please include as much detail as possible regarding the type of event and activities planned. The contact person listed above will be responsible for compliance with conditions as well as being responsible for providing any additional information requested by our office. (If more room is needed, attach a separate page.)**

Description of Event: \_\_\_\_\_

**If your event is a public event with 100+ anticipated attendees, please read the following INDEMNIFICATION AGREEMENT and initial in the box if you are entering into the indemnification agreement.**

**HOLD HARMLESS**

The applicant shall agree that in the event the permit is granted, the following indemnity agreement applies to the event. The applicant shall assume the risk of all damage, loss, cost and expense and agrees to defend, hold harmless and indemnify the county and its elected and appointed officials, officers and employees from and against any and all liability which may accrue to or be sustained by Snohomish County except for the sole negligence and willful misconduct of Snohomish County and its employees.

Initial here

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_