

City of Lewiston Public Assembly Permit Application

This form must be filled out in accordance with City Code, Chapter 35, Article IX.



NAME OF EVENT:		TODAY'S DATE:	
PERSON OR ORGANIZATION IN CHARGE:		ADDRESS:	
APPLICANT:	PHONE:	FAX:	
APPLICANT ADDRESS:	EMAIL:	DATE(S) OF EVENT:	

An application that does not require a new or modified traffic control plan shall be filed **at least** five (5) business days, but not more than one (1) year, in advance of the date of the proposed public assembly.

An application for a permit that requires a new or modified traffic control plan shall be filed **at least** ten (10) business days, but not more than one (1) year, in advance of the date of the proposed public assembly. **Late applications will not be accepted.**

WE WILL BEGIN SETTING UP AT:	AM/PM	WE WILL BE CLEANED UP/TORN DOWN NO LATER THAN:	AM/PM
LOCATION:			
DESCRIBE THE EVENT AND THE ACTIVITIES THAT WILL TAKE PLACE:			

APPROX NUMBER OF PARTICIPANTS:	
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If exception from requirement of the Lewiston Public Assembly regulations is requested because of unique circumstances associated with this event, please explain:

NUMBER OF ASSEMBLY PERMITS FOR WHICH YOU HAVE PREVIOUSLY APPLIED IN THE PAST FIVE (5) YEARS:

How many additional garbage cans will be needed **for the public?** _____

(The City will provide additional garbage cans for the public for the event. This does **not** include dumpsters for vendor garbage, which are the responsibility of the event sponsor.)

Please address the following (Attach supporting documentation where required and necessary.)

FIRST AID PLAN (DESCRIBE):
SECURITY PLAN (DESCRIBE):
CLEANUP PLAN (DESCRIBE):
SANITARY AND RESTROOM PLAN (DESCRIBE):

I AGREE TO COMPLY WITH NOISE ORDINANCE CITY CODE, CHPT 24, ART II	INITIAL _____
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FEE CHART: TYPE OF APPLICATION	FEE AMOUNT
501(C)(3) ORGANIZATIONS NOT SUBJECT TO APPLICATION FEE	
APPLICATION FOR A FIRST TIME PUBLIC ASSEMBLY THAT DOES REQUIRE A NEW OR MODIFIED TRAFFIC CONTROL PLAN	\$200.00
APPLICATION FOR RECURRING PUBLIC ASSEMBLY THAT DOES NOT REQUIRE A NEW OR MODIFIED TRAFFIC CONTROL PLAN	\$60.00

Notice: By my signature affixed below, on behalf of the sponsor identified above, I hereby apply to the City of Lewiston for a public assembly permit and shall adhere to and be bound by any commitments made in this application.

EVENT SPONSOR PRINTED NAME: _____ SIGNATURE: _____ DATE: _____

Please submit a completed request form, fees and all attachments to: City of Lewiston’s Public Works Office, 215 D St., Lewiston, ID 83501
 Email or call Public Works with questions: publicworks@cityoflewiston.org 208.746.1316

----- **CITY STAFF USE ONLY BELOW THIS LINE** -----

INSURANCE PROVIDED	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HOLD HARMLESS SIGNED	Yes <input type="checkbox"/>	No <input type="checkbox"/>

This section for City use only.					
Route	DEPARTMENT	APPROVAL	DATE	INITIALS	COMMENTS
1	POLICE DEPT.				
2	FIRE DEPT.				
3	PARKS & REC				
4	TRAFFIC SERVICES				
5	ENGINEERING				

PUBLIC WORKS DIRECTOR: _____	DATE: _____	APPROVED <input type="checkbox"/>	DENIED <input type="checkbox"/>
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COMMENTS/CONDITIONS:



_____) (hereinafter "Applicant")
(Applicant's Name))
_____))
_____))
(Applicant's Address))
_____))
(Applicant's Phone Number))
_____)

**AFFIDAVIT OF INDIGENCE -
INDIVIDUAL**

NAME OF PUBLIC ASSEMBLY: _____ (hereinafter "Public Assembly")
DATE OF PUBLIC ASSEMBLY: _____
LOCATION OF PUBLIC ASSEMBLY: _____

I, the Applicant, am unable to afford the insurance required for the Public Assembly. I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

DATED this _____ day of _____ 20__.

Applicant

STATE OF IDAHO)
) ss.
County of Nez Perce)

On this _____ day of _____ 20 ____ before me, a Notary Public, personally appeared _____, known or identified to me to be the person who executed the instrument.

Notary Public for the State of _____
Commission Expires: _____



_____ (hereinafter "Applicant")
 (Name of Organization))
)
)
 _____)
 (Applicant's Representative))
)
)
 _____)
 (Applicant's Address))
)
)
 _____)
 (Applicant's Phone Number))
)
)
 _____)

AFFIDAVIT OF INDIGENCE - ORGANIZATION

NAME OF PUBLIC ASSEMBLY: _____ (hereinafter "Public Assembly")
 DATE OF PUBLIC ASSEMBLY: _____
 LOCATION OF PUBLIC ASSEMBLY: _____

The Applicant is unable to afford the insurance required for the Public Assembly. I, the Applicant's Representative, certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

DATED this _____ day of _____ 20____.

 Applicant's Representative

STATE OF IDAHO)
) ss.
 County of Nez Perce)

On this _____ day of _____ 20 ____ before me, a Notary Public, personally appeared _____, known or identified to me to be the person who executed the instrument.

 Notary Public for the State of _____
 Commission Expires: _____



**PUBLIC ASSEMBLY PERMIT
HOLD HARMLESS AGREEMENT**

APPLICANT: _____ (hereinafter "Applicant")

NAME OF PUBLIC ASSEMBLY: _____ (hereinafter "Public Assembly")

DATE OF PUBLIC ASSEMBLY: _____ LOCATION OF PUBLIC ASSEMBLY: _____

In consideration of being issued a Public Assembly Permit by the City of Lewiston for the above-identified Public Assembly, Applicant shall defend, indemnify, and hold the City of Lewiston, its officers, agents, and employees (hereinafter collectively "City of Lewiston") harmless for injuries to persons or property resulting from the negligent or otherwise wrongful acts or omissions of Applicant, its officers, agents, or employees related in any way to the Public Assembly. Applicant agrees that the City of Lewiston shall not be liable to Applicant for any indirect, special, incidental, consequential, or exemplary damages.

Applicant expressly agrees that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Idaho, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and legal effect. Applicant further agrees that if legal action is brought, it must be brought in the Second Judicial District of the State of Idaho, and Applicant expressly consents to the exercise of personal jurisdiction in such courts.

The person signing this Agreement on behalf of Applicant: (a) acknowledges that he/she has carefully read this Agreement and knows and understands the contents thereof; (b) signs this Agreement upon his/her own free will; and (c) warrants that he/she has the authority to fully bind Applicant to enter into and be obligated to perform the duties set forth herein.

Signature of Applicant's Representative

Printed Name of Representative

Representative's Title

Date

STATE OF IDAHO)
) ss.
County of Nez Perce)

On this _____ day of _____ 20 ____ before me, a Notary Public, personally appeared _____, known or identified to me to be the person who executed the instrument.

Notary Public for the State of _____
Commission Expires: _____

EXHIBIT A
INSURANCE

- A. Applicant, at its sole expense, shall procure and maintain in full force and effect insurance written by an insurance company or companies with AM Best's rating(s) of A VIII or better. All insurance companies must be authorized to do business in the State of Idaho. By requiring insurance herein, the City of Lewiston does not represent that coverage and limits are necessarily adequate to protect Applicant, and such coverage and limits shall not be deemed as a limitation on Applicant's liability under the indemnities granted to the City of Lewiston in this agreement.
- B. Certificates of Insurance evidencing the coverages required herein shall be provided to City prior to the Event. All certificates must be signed by an authorized representative of Applicant's insurance carrier.
- C. Certificates shall be mailed or delivered to:
Accounts Payable
City of Lewiston
P.O. Box 617
Lewiston, Idaho 83501
- D. Certificates must evidence the following minimum coverages:
1. WORKERS' COMPENSATION insurance meeting the statutory requirements of the State of Idaho, if applicable.
 2. COMMERCIAL GENERAL LIABILITY insurance, if applicable, providing limits of liability in the following amounts:

General Aggregate:	\$2,000,000
Product/Completed Operations Aggregate:	\$2,000,000
Personal & Advertising Injury Liability:	\$1,000,000
Per Occurrence:	\$1,000,000
Damage to Premises Rented to You:	\$ 50,000
 3. COMPREHENSIVE AUTOMOBILE LIABILITY insurance including, as applicable, owned, non-owned, and rented autos, in an amount of not less than \$500,000 per occurrence, combined single limit, written on an occurrence form.
- The Commercial General Liability ("CGL") insurance policy shall be written on an "Occurrence" form and shall cover liability arising from premises, operations, independent contractors, products, completed operations, personal injury, advertising injury, and liability assumed under an insured contract (including tort liability of another assumed in a contract). City and its elected officials, agents, employees, successors and assigns shall be included as Additional Insureds under the CGL using ISO endorsement CG 20 10. The Additional Insured endorsement CG 20 10, or its equivalent, must be provided with the certificate of insurance.
- E. The Commercial General Liability policy carried by Applicant pursuant to this agreement shall include an endorsement expressly waiving any right of subrogation on the part of the insurer against the City of Lewiston and its elected officials, agents, employees, successors and assigns. Applicant shall pay any additional costs or charges for obtaining such waiver. A copy of the waiver of subrogation endorsement shall accompany the certificate(s) of insurance.