

**SPECIAL EVENT PERMIT APPLICATION
BUILDING & SAFETY DIVISION**

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3505
(503) 588-6256 • Fax (503) 588-6115

Applications may be obtained online at:
<http://www.cityofsalem.net/Departments/CommunityDevelopment/BAS/Pages/default.aspx>

Application MUST be complete for processing, or will be returned

Special Event (as defined in SRC Chapter 42.015h): any dance, movie, play, concert, circus, carnival, exhibition, sports event, haunted house, or other similar live, filmed, or televised performance, activity, or program held, staged, or presented at any privately premises, where an admission fee or other consideration is charged or required, but not including a theater operating as a business in the course of its regular schedule of events.

Copy of certificate of insurance required showing, such public liability, food products liability, and property damage insurance protecting the applicant and the City from all claims for damage to property or bodily injury, including death, which may arise from operations under the permit or in connection therewith. Such insurance shall provide coverage of not less than \$200,000 for bodily harm for each person, \$500,000 for each occurrence, and property damage of not less than \$50,000 per occurrence. Certificate shall name the City of Salem, its officers, agents and employees as additional named insureds.

When the applicant is someone other than the property owner, the application shall be accompanied with a letter signed by the property owner consenting to the issuance of the permit.

Property Owner: _____

Letter from Property Owner received if different from Applicant? Yes ____ No ____

Address where the event will take place: _____

Type of activity: _____

Dates and hours of operation of event: _____

Maximum # of persons to attend at any one time: _____

Who will act as security/chaperones/bouncers/supervisors during event? _____

Applicant Information (person/co who will be the permit holder)

Name of Applicant: _____

Full Mailing Address: _____

City/State/Zip: _____

Phone #: _____

Explanation of plan to insure safety of patrons provided? Yes ____ No ____

Explanation of plan for controlling traffic and parking at the event site provided? Yes ____ No ____

Certificate of insurance naming City of Salem as insured provided? Yes ____ No ____

I certify that I have knowledge of the provisions of the City Code governing the permit for which I am applying (Sign Code, Noise Code, Zone Code, etc.) and that the above are true and accurate statements of fact.

Applicant's signature: _____ Today's Date: _____

Print Applicant's Name: _____

Office Use Only:

Special provisions: _____

Agencies Informed: Police Fire Traffic Code Enforcement Planning

Rec'd by: _____ Date: _____

Approved by: _____ Date: _____

Permit # Assigned: _____

Amt paid: _____