

SPECIAL EVENT PERMIT APPLICATION
BUILDING & SAFETY DIVISION

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513
(503) 588-6256 • Email: baspac@cityofsalem.net

Applications may be obtained online at:
<http://www.cityofsalem.net/bas>

Application MUST be complete for processing, or will be returned.

Special Event as defined in [SRC Chapter 30.005\(w\)](#): any dance, movie, play, concert, circus, carnival, exhibition, sports event, haunted house, or other similar live, filmed, or televised performance, activity, or program held or presented at any privately-owned premises, where an admission fee or other form of consideration is charged or required, but not including any such event occurring at a premises operated as a business for such activities where the activity is occurring in the course of its regular schedule of events or where the occupancy or use of the premises for such events has been previously approved by the City of Salem.

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 the minimum amounts set forth in the Oregon Tort Claims Act, ORS 30.260 through ORS 30.300. 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/company who will be the permit holder)

Name of Applicant: _____

Full Mailing Address: _____

Home Address if different from mailing: _____

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: _____