



APPROVAL	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WITH CONDITIONS	YES <input type="checkbox"/>	NO <input type="checkbox"/>
APPLICATION FEE: \$	_____ RCV'D BY _____	
PERMIT FEE(S): \$	_____ RCV'D BY _____	
PERMIT DATES:	_____	

699 Lakeshore Drive
P.O. Box 115 Dover, ID 83825
(208) 265-8339
cityclerk@cityofdoveridaho.org

APPLICATION FOR SPECIAL EVENT PERMIT

**A non-refundable fee of one hundred dollars (\$100.00) shall be included with application submittal.
NO APPLICATIONS WILL BE PROCESSED OR CONSIDERED WITHOUT PAYMENT OF THE FEE.**

Application must be submitted at least forty-five (45) days but no more than ninety (90) days prior to the event. Application is in accordance with Dover City Code Title 5, Chapter 2.

Per DCC 5-2-6, no person(s) shall bring, possess, or consume alcoholic beverages on any City properties and/or park areas, unless a special event alcoholic beverage catering permit has been approved and issued. Glass containers of any kind are prohibited on City Properties and /or park areas. Dogs must always be on leashes at all times.

NOTE: Submission and acceptance of this application is not to be construed as an approval of your request for a permit. If any information provided in this application is false or if the applicant does not comply with timeframes, deadlines, and requirements the application may be denied. It is unlawful to conduct, stage, or promote a special event without a permit or make a false statement on the application.

NAME OF PERSON (SPONSER) SEEKING TO CONDUCT THE EVENT:

ADDRESS: _____
CITY, STATE & ZIP: _____
PHONE: _____ E-MAIL _____

DESCRIPTION OF EVENT:

DATE(S): _____
PLACE TO BE HELD: _____
START AND END TIME(S): _____
EXPECTED ATTENDANCE: _____
PARKING PLANS/NEEDS: _____

WILL THERE BE VENDORS YES NO Food** _____ Arts & Crafts _____ Other _____

****A Temporary Food Handlers License obtained from Panhandle Health District will be required.**
ALL vendors must have an Idaho State Sellers Permit and a City Temporary Vendor Permit.
Please attach a list of proposed vendors with contact information and copies of permits and licenses.

WILL THERE BE HANGING BANNERS, SIGNS, BALLOONS YES NO

The Applicant is responsible for the removal of ALL signs, banners, balloons, etc. after the event.

WILL TENTS BE SET-UP YES NO

Qty _____ Size _____ Locations(s) _____

WILL THERE BE AMPLIFICATION YES NO

Announcements; music; public speaking.

CLEAN-UP

The Applicant is required to pack out all litter generated from the event and leave the premises in the same condition as found prior to the event.

DAMAGE DEPOSIT

Prior to the issuance of any permit, the Applicant is required to submit to the City \$200 as a Cleaning Deposit. If the Applicant fails to clean-up all litter on any public and private property resulting from the Special Event within 24 hours after the end of the Special Event, the City shall arrange for the removal of the litter/trash. The Applicant will be solely responsible for all associated fees.

**IF APPROVED FOR PERMIT THIS APPLICATION WILL SERVE AS
A CONTRACT BETWEEN THE APPLICANT AND THE CITY OF DOVER AS APPROVED.**

The **APPLICANT** agrees to indemnify, defend, and hold harmless the **CITY OF DOVER**, and its officers, agents and employees, from and against any and all claims, losses, actions, or judgments for damages or injury to persons or property, including attorney's fees and litigation costs, arising out of or in connection with the permitted Special Event and/or any activities of the APPLICANT, ANY OF IT'S AGENTS, EMPLOYEES, OR REPRESENTATIVES.

By signing this application, you are stating that you understand the information in this application to be true to the best of your knowledge, and that you agree to comply with and be bound by any commitments made in this application.

Should the CITY grant approval and a Permit is issued, you agree to comply with ALL PERMIT CONDITIONS, the Ordinances of the City of Dover and any other requirements provided by law.

DATE: _____

APPLICANT SIGNATURE

APPLICANT (PRINT NAME)

PLEASE HAVE THE FOLLOWING ENTITIES REVIEW YOUR APPLICATION AND SIGN THE FOLLOWING: (With any exceptions or conditions to the approval, if applicable).

**1. SELKIRK FIRE RESCUE & EMS
1123 LAKE STREET
SANDPOINT, ID. 83864
208-263-3502**

APPROVAL: YES NO

DATE: _____

Print Name

Signature – Fire Chief or Acting Chief

EXCEPTIONS AND/OR CONDITIONS TO APPROVAL:

