



CITY OF SOAP LAKE

PO Box 1270
239 – 2nd Avenue SE
Soap Lake, WA 98851
509-246-1211 (Phone)
509-246-1213 (Fax)

**EVENT PERMIT
APPLICATION**

DATE OF APPLICATION: _____

NAME OF EVENT: _____ NO. IN ATTENDANCE: _____

GROUP/ ORGANIZATION: _____ CONTACT PERSON: _____

MAILING ADDRESS: _____ PHONE NUMBER: _____

EVENT DATE FROM: _____ TO: _____

EVENT PERMIT FEE - \$25.00 RESTROOM CLEANING DEPOSIT - \$100.00

PLEASE INDICATE FACILITIES/SERVICES NEEDED

[] PUBLIC WORKS \$35.00 PER HR. PER MAN (1 HR. MINIMUM)

[] EXTRA POLICE PATROL \$35.00 PER HR. PER MAN (1 HR. MINIMUM)

PLEASE PROVIDE A BRIEF DESCRIPTION OF SCHEDULED ACTIVITIES AND ORGANIZATIONS INVOLVED

APPLICATION MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO THE DATE OF THE EVENT

By signing this form, I agree to provide the city with proof of insurance at least two weeks prior to the proposed event.

Signature

Date

CITY CLERK USE ONLY

DATE RECEIVED: _____

FEES COLLECTED:

APPLICATION APPROVED BY: _____

PERMIT _____

APPROVAL DATE: _____

CAMAS BOWL _____

OTHER _____

EVENT PERMIT LICENSE# _____

TOTAL _____