



CITY OF BELLEVUE

Special Event Application of Intent

Name of Event:
Description of Event:
Proposed Event Date(s):
Event Start Time:
Setup Date/Time:
Estimated Attendance: Participants: Spectators: Volunteers:
Route/Location Description(s) (*Attach a readable map/site plan*):

Day(s) of Week:
Event End time:
Take Down Date/Time:

Event Type (*Please check one*):
Has event occurred in the past?
Is this event intended to be annual?
Can we share your event information with the public?
Approved City partnership: ☐ Yes ☐ No If yes, which City department:
Department Contact Name: Department Contact Phone:

Event Sponsor/Organization:
Applicant Name/Responsible Person:
Address: City: Email: State: Zip:
Daytime Phone: Cell phone: Other: FAX:

Mark boxes where applicable to your event (**additional permits and fees may be required**)

<input type="checkbox"/> ADMISSION FEE	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> AMPLIFIED SOUND	<input type="checkbox"/> BOATING/SWIMMING
<input type="checkbox"/> CARNIVAL RIDES	<input type="checkbox"/> ERECTED SEATING	<input type="checkbox"/> FLOATS	<input type="checkbox"/> FOOD SERVICE & RECYCLING
<input type="checkbox"/> GAMBLING	<input type="checkbox"/> GENERATORS	<input type="checkbox"/> HEATING DEVICES	<input type="checkbox"/> HORSES
<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> MARCHING UNITS	<input type="checkbox"/> MOTORIZED VEHICLES	<input type="checkbox"/> OPEN FLAME
<input type="checkbox"/> PARKING	<input type="checkbox"/> PYRO/FIREWORKS	<input type="checkbox"/> SANICANS	<input type="checkbox"/> SECURITY
<input type="checkbox"/> SIGNS & BANNERS	<input type="checkbox"/> SPECIAL EFFECTS	<input type="checkbox"/> TENTS/SHELTERS	<input type="checkbox"/> TRAFFIC CONTROL
<input type="checkbox"/> VENDORS	<input type="checkbox"/> OTHER:		

ALL APPLICATIONS OF INTENT MUST BE SUBMITTED 90 DAYS PRIOR TO EVENT

(Annual Events must be submitted by **December 6** of year prior to the event.)

Please mail signed application
along with non-refundable
application fee of \$62 to:

SPECIAL EVENTS COMMITTEE
City of Bellevue (Attn: **Imane Elmesbahi**)
Parks & Community Services Department
PO Box 90012
Bellevue, WA 98009-9012

Contact Information:

Phone: 425.452.6885

Email: sec@bellevuewa.gov

I have read and understand the Special Events Committee Policies & Procedures Manual and, by signing this Application of Intent, agree to comply with the policies and procedures set forth within. I further understand that the Special Events Committee (SEC) will set conditions. Additional permit(s) and fees may be required. All fees are payable to the City of Bellevue and will be due prior to the issuance of the required permit(s).

Permit fees are refundable, provided that written notice is received by the Special Events committee a minimum of 30 days prior to the date of the event.

Applicant Signature: _____ Date: _____

OFFICIAL USE ONLY

Application Number: _____ Date Received: _____ By: _____

Conditional Approval: _____, Chair. Date: _____

Attachments received: _____