



2024 SPECIAL EVENT APPLICATION OF INTENT

OFFICE USE ONLY

App #: _____

Date Rec'd: _____

Docs Rec'd: _____

A. Name of Event: _____

B. Park or Location Requested: _____

D. Event Dates & Times:

Event Date(s): _____ Event Hours: From _____ To _____

Set Up Date: _____ Set Up Hours: From _____ To _____

Break Down Date: _____ Break Down Hours: From _____ To _____

C. Type of Event?

Carnival/Fair/Festival Parade Walk/Run/Ride Other: _____

Has this event occurred in the past? Yes No

If yes, where? _____

Is this event intended to be annual? Yes No

Will a professional event planning business be helping plan this event? Yes No

E. Applicant & Organization Information:

Sponsoring Organization: _____

Address: _____

Type of Organization: Profit Non-Profit Individual

Contact Name: _____ Phone: _____

Email: _____

Second Contact Name: _____ Phone: _____

Email: _____

F. Estimated Attendance: Participants/Spectators _____ Volunteers & Staff _____

G. Your Event Will Be: Private Public

H. Event Promotion: Can we share your event information with the public? Yes No

If yes, please provide the below information

Event description to be shared on the City's online calendar:

Event Contact Phone Number for Public's Reference: _____

Event Website for Public's Reference: _____

I. Your Event Will Feature:

- Food/Beverage/Catering Admission Fee Alcohol Amplified Sound
- Gambling Live Music Security Marching Units
- Boating/Swimming Open Flame Vendors
- Signs/Banners Traffic Control Other: _____

J. Your Event Will Have the Following Special Equipment:

- Carnival Rides/Inflatables Seating Floats Generators
- Heating Devices Motorized Vehicles Sanicans Tents/Shelters
- Fencing/Barricades Large Trailers Stage/Production Equipment
- Lighting/Sound Equipment Recycling/Garbage Other: _____

K. City Partnership:

Do you have an approved partnership for this event with the City of Bellevue? Yes No

If yes, which department? _____ Department Contact: _____

Please include a copy of the MOU/Contract/Agreement

APPLICATIONS MUST BE SUBMITTED AT LEAST 90 DAYS BEFORE EVENT

APPLICATIONS FOR RECURRING EVENTS MUST BE SUBMITTED BY DECEMBER 15TH OF THE YEAR PRIOR

Please send your completed application via email to sec@bellevuewa.gov OR mail to the address below

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

The \$62.00 Application Fee will be electronically invoiced, or can be paid over the phone at the number below

City of Bellevue Special Events – Phone: 425-452-7938 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:** _____