



City of Mukilteo

Special Event Application

For Small Events

- **Non-refundable Application fee: \$25.00**
- **Other fees may apply to approved permits**
- **Please allow 30 days for City review**
- **Insurance Required**

Applicant Information

1. Applicant Name			
2. Company/Organization			
3. Mailing Address	City:		State:
			Zip:
4. Phone	Day:	Evening:	
	Cell:	FAX:	
5. E-mail			

Event Information

6. Name of Event:			
7. Type of Event: (i.e., wedding, company picnic, school event)			

Please provide detailed information on the event (i.e., road closures, parking, equipment, street crossings, volunteers and event staffing, etc.)

8. Event Date(s)			
9. Event Setup date/time:			Event Takedown date/time:
10. Actual event date/time:			
11. Location:			
12. Facilities you plan to use (check all that apply):	<input type="checkbox"/> Park <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Trail <input type="checkbox"/> Rosehill Community Center <input type="checkbox"/> Mukilteo Lighthouse Grounds (separate agreement with Historical Society)		
13. Is the Event <input type="checkbox"/> Private OR <input type="checkbox"/> Public (Please select the checkbox after reading the description to the right)	A private event is one in which you have a specific guest list and know who is going to attend. A public event is open to the general public through word-of-mouth, flyers, signs, or media advertising.		
14. Will participants be charged a fee?	If Yes, please explain how much and purpose for collecting fee?		

Yes No

Event Components

15. Please mark all items that apply to your event and provide details in box `16.

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Dance or Drama	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Run (non-timed)
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Drawing or Raffle	<input type="checkbox"/> Food	<input type="checkbox"/> Satellite
<input type="checkbox"/> Animals	<input type="checkbox"/> Dunk tanks	<input type="checkbox"/> Distribution/sales	<input type="checkbox"/> Sporting Event
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Electricity/Generator	<input type="checkbox"/> Helium Balloons	<input type="checkbox"/> Stage
<input type="checkbox"/> Bleachers	<input type="checkbox"/> Entertainers (clowns etc.)	<input type="checkbox"/> Marching Bands	<input type="checkbox"/> Tables/Chairs
<input type="checkbox"/> Boats	<input type="checkbox"/> Exhibits or Displays	<input type="checkbox"/> Parade Floats	<input type="checkbox"/> Tents
<input type="checkbox"/> Carnival Rides	<input type="checkbox"/> Fencing/scaffolding	<input type="checkbox"/> Public Address	<input type="checkbox"/> Theater
<input type="checkbox"/> Caterer	<input type="checkbox"/> Festival	System	<input type="checkbox"/> Vehicles
<input type="checkbox"/> Company Picnic	<input type="checkbox"/> Filming-video	<input type="checkbox"/> Rally/Protest	<input type="checkbox"/> Vendors
<input type="checkbox"/> Concert/Live Music	<input type="checkbox"/> Filming-photography	<input type="checkbox"/> Parking/shuttle	<input type="checkbox"/> Other
<input type="checkbox"/> Cooking/barbecue	<input type="checkbox"/> Inflatable toys (i.e. bounce house)	<input type="checkbox"/> Race (timed event)	
		<input type="checkbox"/> Race (non-timed)	

16. Provide details for checked event components and describe any "other" items not on the list:

Attendance

17. Estimated total attendance		18. Register # of participants	
19. # of volunteers		20. # of staff:	

21. Will food be distributed at your event? No Yes If yes, please provide information on the type of food distributed, how it will be prepared and who will be handling and serving the food items:

22. If applicable, please provide: Health Permit # _____ Expiration date: _____

WARNING: SUBMISSION OF THIS FORM DOES NOT GUARANTEE APPROVAL OF YOUR EVENT. Failure to complete all sections of this form or failure to meet all required submittals may result in delay, limitations, or cancellation of your event.

Signature of Applicant:

_____ Date: _____