

EVERETT CITY COUNCIL AGENDA ITEM COVER SHEET

PROJECT TITLE:

Street Closure – Everett
Sausagefest - 10K run

_____ Briefing
 _____ Proposed Action
 _____ Consent
 _____ Action
 _____ First Reading
 _____ Second Reading
 _____ Third Reading
 _____ Public Hearing

COUNCIL BILL # _____
 Originating Department City Clerk
 Contact Person Anna Pankevich
 Phone Number 425 257-8614
 FOR AGENDA OF August 3, 2016

Initialed by:
 Department Head _____
 CAA _____
 Council President 

<u>Location</u>	<u>Preceding Action</u>	<u>Attachments</u>	<u>Department(s) Approval</u>
Various Streets (map attached)		Special Event Application	Police, Fire, Streets, Traffic Engineering, Transit

Amount Budgeted	-0-	
Expenditure Required	-0-	Account Number(s):
Budget Remaining	-0-	
Additional Required	-0-	

DETAILED SUMMARY STATEMENT:

Everett Sausagefest (Immaculate Conception and Our Lady of Perpetual Help School Booster Club) is requesting the closure of various streets (map attached) on October 8, 2016, 6 a.m. to 12 p.m., for a 10K run.

RECOMMENDATION (Exact action requested of Council):

Authorize the closure of various streets (map attached) on October 8, 2016, 6 a.m. to 12 p.m., for a 10K run, sponsored by Everett Sausagefest (Immaculate Conception and Our Lady of Perpetual Help School Booster Club).

SPECIAL EVENT APPLICATION

Event Type: Street Closure Parade Walk/Run Other ()

Event Date: Oct 8 Event Time: 7am - 11am

Closure Time: 11am

Event Description: EVERETT SAUSAGEFEST (ICOLPH BOOSTERS) ARE SCHEDULING A 10K RUN.

Location of Event: 2619 CEDAR ST EVERETT WA 98201

Sponsoring Organization: IC/OLPH BOOSTERS CLUB

Address: 2619 CEDAR ST City & State EVERETT WA

Contact Person: ERIC WILLIAMS Phone No. 425 387 3680

We require that you inform the neighborhood and businesses of the street closure **prior** to obtaining approval.

What method will be used to inform the impacted parties of the street closure? EMAIL

If applicable, answer the following:

Approx. # of participants: 500 Persons Animals Vehicles
Type of Animals

Assembly area (streets) IMMACULATE CONCEPTION ELEMENTARY / EVERETT COMMUNITY COLLEGE

Portion of street to be used: Full width Half Other

*Attach a map showing route of parade or run/walk.

Official Use

	<u>Admin.</u>	<u>Traffic</u>	<u>Police</u>	<u>Fire</u>	<u>Transit</u>	<u>Streets</u>
Approved:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
Rejected:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Conditions: _____

Comments: _____

Council agenda date: / /

City Council approval: / /

Permit _____

TR # _____

Indemnification, Hold Harmless, and Certification

As a material inducement and consideration for the City granting this approval, the Applicant, on behalf of the sponsoring organization, hereby agrees to defend, indemnify and hold harmless the City from and against any and all Claims for personal injury, death, property damage or destruction, arising from, relating to, or resulting from the Event that is the subject of this approval.

“City” shall mean the City of Everett, its officers, employees and agents.

“Claims” shall mean any actions, demands, suits, obligation or liability for payment of damages, fees, and costs, including, but not limited to, attorney’s fees, expert witness fees, court costs and other legal expenses.

Provided, however, this agreement to defend, indemnify and hold harmless the City shall not apply to Claims arising out of bodily injury or death or property damage or destruction caused by the sole negligence or willful misconduct of the City.

As Applicant, I certify that 1) the information provided on this application is true and correct; and 2) I am duly authorized by the sponsoring organization to make this application and enter into this agreement, on behalf of the sponsoring organization, to defend, indemnify and hold harmless the City.

 _____ Signature	6-12-16 _____ Date
 _____ Printed Name	
 _____ Organization Representing	425-357-3180 _____ Phone No.

List businesses/residences impacted by this event. You must also obtain an approval signature from each business/resident indicating they concur with the closure.

Business/Residence	Signature of approval
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____

