



WHITEFISH TRAIL EVENT APPLICATION



Name of Sponsoring Business or Organization: _____

Email Address: _____ Contact Person: _____

Phone: _____ Cell Phone # of Contact Person during event: _____

Physical/Mailing Address _____

Event Name: _____ Event Dates: _____

If the sponsoring organization is a non-profit, provide federal identification number: _____

Location: _____

Event Time: _____ Set Up Date/Time: _____ Tear Down Date / Time: _____

Description of Event: _____

Use of Trailhead: _____ Anticipated Attendance: _____

Any charge for admission? _____ Any vendors? _____

Event organizers must attach a Certificate of Insurance for comprehensive general liability insurance with a single limit coverage of at least \$1, 500,000 which names the City of Whitefish, and appropriate landowners if required, as an "Additional Insured."

Insurance Provider: _____ Policy Number: _____

By signing this application, the Sponsoring Business or Organization hereby agrees to defend, indemnify, and hold harmless the City of Whitefish against losses and liabilities incurred from the conduct of the Sponsoring Business or Organization or its officers, employees and agents. I hereby certify that the above information is accurate to the best of my knowledge.

Authorized Signature

Date

Applications should be sent to Whitefish Legacy Partners, P.O. Box 1895, Whitefish, MT 59937
or emailed to info@whitefishlegacy.org.

Application for WT Event Check List, Policies and Regulations

_____ A completed Application for a WT Special Event Permit. Applications for events in Haskill Basin must be submitted 40 days in advance.

_____ A current original Certificate of Insurance naming the City of Whitefish, and/or appropriate landowners (Winter Sports Inc, FH Stoltze Land and Lumber Company, etc.) as an "Additional Insured." Some certificates may have two pages. Please provide both pages.

_____ A map showing areas of use, race route, a description of the event activities, approximate tent/vendor locations, and portable toilet locations.

_____ If alcohol will be served or sold, an appropriate permit must be purchased from the State unless operating under a vendor license.

_____ A WT Event application must be submitted fifteen (40) days in advance of the special event and can only be submitted one year prior to the event.

_____ Only persons 18 years of age and older may rent public facilities. To complete the application process, staff may verify age of applicant via visual inspection of a photo ID or obtain a copy of photo ID.

_____ It is the responsibility of the applicant to pay for all costs of damages that may occur during their function.

_____ Event organizers must require that all food vendors prepare food either within a food truck or within a three-sided tent with a designated food preparation area isolated from event patrons/dogs or they must arrange food vendors in a designated space (such as a food court) that clearly identifies the area as a "dog-free zone." If event organizers designate an eating area, it must be placed within a "dog-free zone." Event organizers should address any questions or concerns to the Flathead County Health Department (406-751-8101).

_____ During an event, food and other items such as trash, coolers, stoves, grills, etc. should not be left unattended. If leaving the event site, food items must be stored in a bear resistant manner such as in a locked, hard-sided vehicle. All garbage needs to be removed after the event.

****Office Use Only****

Approved/Denied

_____ **Date** _____ **Parks and Recreation Director**

_____ **Date** _____ **Whitefish Legacy Partners**

CONDITIONS OF PERMIT:

1. _____
2. _____

Reasons for Conditions Imposed:

If Denied Reasons for Denial:
