



**WHITEFISH TRAIL  
ORGANIZED USE APPLICATION**



Name of Sponsoring Business or Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone # of Contact Person during event: \_\_\_\_\_

Physical/Mailing Address \_\_\_\_\_

Activity Name: \_\_\_\_\_ Activity 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 Use: \_\_\_\_\_

\_\_\_\_\_

Use of Trailhead: \_\_\_\_\_ Anticipated Attendance: \_\_\_\_\_

Any charge for admission? \_\_\_\_\_ Any vendors? \_\_\_\_\_

Event organizers must attach a Certificate of Insurance for comprehensive general liability insurance naming the City of Whitefish, and appropriate landowners if required, as an "Additional Insured." Insurance requirements are listed on page 2.

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](mailto:info@whitefishlegacy.org).

# Application for WT Organized Use Check List, Policies and Regulations

Please initial all items to show that you understand event policies or indicate N/A

\_\_\_\_\_ A completed Application for a WT Organized Use Permit. Applications for events in Haskill Basin must be submitted 40 days in advance. Other locations must be submitted 15 days in advance and can only be submitted one year prior to the event.

\_\_\_\_\_ A current original Certificate of Insurance naming the City of Whitefish, and/or appropriate landowners as an "Additional Insured."

- The City requires general liability insurance with either \$2 million per occurrence or \$1 million per occurrence and \$1 million umbrella.
- Winter Sports Inc requires general liability insurance with \$1 million per occurrence, \$1 million personal and Advertising Injury-per person or organizational limit, and \$2 million general aggregate.
- FH Stoltze Land and Lumber Company requires commercial general liability insurance with limits of \$1,000,000 per occurrence.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ 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:**

\_\_\_\_\_