



# City Clerk's Office

## TEMPORARY USE PERMIT Application Special Event

<b>Organizer:</b>		<b>File #:</b>
<input type="checkbox"/> Complete application received Date:	<input type="checkbox"/> Permit issued Date:	<input type="checkbox"/> Permit denied
<input type="checkbox"/> This is a Large-Scale Special Event:* <ul style="list-style-type: none"> <li><input type="checkbox"/> 5,000 or more will attend; OR</li> <li><input type="checkbox"/> Includes a route that will close or alter flow of arterial or collector roads (e.g. parade; race, bike ride); OR</li> <li><input type="checkbox"/> Three (3) or more of these factors apply:             <ul style="list-style-type: none"> <li><input type="checkbox"/> 2,000 or more will attend</li> <li><input type="checkbox"/> Extra duty police officers will be required to adequately protect public safety</li> <li><input type="checkbox"/> Alcohol will be served or sold</li> <li><input type="checkbox"/> Structural or electrical permits will be required</li> </ul> </li> </ul>		
<b>PLEASE NOTE:</b> If your event takes place entirely or partially on a street or sidewalk, <b>ADA COUNTY HIGHWAY DISTRICT APPROVAL IS REQUIRED.</b> ACHD has a separate, additional application process. Applicant is responsible for contacting ACHD to secure timely approval!		
Organizer <input checked="" type="checkbox"/>	<b>APPLICATION REQUIREMENTS:</b>	Staff <input checked="" type="checkbox"/>
	Completed application received 30 days before event (*60 days for Large Scale Event)	
	Copy of Organizer's driver's license or government-issued identification card	
	Application fee: <i>Large-scale special event: \$250</i> <i>Special event in a park: \$85</i> <i>Special event not in a park: \$50</i> <i>Proof of 501(c)3 status: \$0</i>	
	~Meridian Fire Department Mobile Food Truck Inspection Fee - \$45.00 payable online: <a href="#">Fire Prevention and Permits</a> - OR Proof of Current Fire Inspection sticker	
	Schedule of events	
	Site/Route Plan and Checklist complete	
	Building/Electrical/Plumbing Permits pulled	
	Written consent of property owner(s) where event will occur	
	Central District Health Dept. written approval	
	List of event sponsors (if applicable)	
	Proof of insurance policy (\$500,000) naming City as additional insured* - see attached example	
	Alcohol permits (if applicable; speak to City Clerk's office if serving alcohol)	
	Written permission of adjacent property owners for overflow parking	
	Event Operations Safety Plan complete (if applicable)	
<b>* ADDITIONAL/DIFFERENT LARGE-SCALE SPECIAL EVENT REQUIREMENTS:</b>		
	Pre-application meeting scheduled 14 days before submitting application	
	Completed application received 60 days before event	
	Proof of insurance policy (\$1,000,000) naming City as additional insured	
	Special Event Agreement with City complete (if applicable)	
	Traffic safety plan, showing all safety measures along route/at site	
	Event Operations Safety Plan complete (if applicable)	
<b>STAFF USE ONLY:</b>		
City of Meridian Parks & Recreation Department approval (if applicable)		
City of Meridian Attorney's Office approval		
City of Meridian Police Department approval		
City of Meridian Planning Department approval		
City of Meridian Fire Department approval		
City of Meridian Building Services Department approval (if applicable)		
Central District Health Department approval (if applicable)		
Ada County Highway District approval (if applicable)		
Courtesy copy to Mayor		



## City Clerk's Office

### TEMPORARY USE PERMIT Application Special Event

#### ORGANIZER INFORMATION

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Organizer name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organizer mailing address: \_\_\_\_\_

Organizer physical address: \_\_\_\_\_

Organizer's agent upon whom service of process may be made in Idaho (*Person responsible for receiving legal documentation on behalf of Applicant*):  
\_\_\_\_\_

Organizer seeks permit on behalf of (*check one*):

☐ Individual Organizer tax identification no.: \_\_\_\_\_

☐ Organization Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Organization tax identification no.: \_\_\_\_\_

Tax-exempt per 26 U.S.C. § 501(c)? ☐ No ☐ Yes (IRS letter required)

Persons, employees, vendors who will operate under this permit (*attach additional sheet if necessary*):  
\_\_\_\_\_

#### INDEMNITY AND CERTIFICATION

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I hereby agree to indemnify, save and hold harmless, and defend the City of Meridian from the expenses of and against any and all suits, actions, claims, and/or losses of every kind, nature, and description, including costs, expenses, and attorney fees that may be incurred by reason of any act, omission, neglect, or misconduct of myself, the organizers or operators of, and/or any and all participants in the use(s), activities, or events described or depicted in this application, except where such loss is attributable to the tortious conduct of the City of Meridian or its employees.

I hereby certify that damage to the properties, locations, and/or routes at or upon which the use(s), activities, or events described or depicted in this application is not foreseeable, and agree that, if damage occurs, I alone shall incur any and all costs of restoring such properties, locations, and/or routes to their original condition.

Print applicant name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_



### EVENT INFORMATION

Name of event: \_\_\_\_\_

Dates and times of event: \_\_\_\_\_

Address/location of event: \_\_\_\_\_

Estimated Attendance: \_\_\_\_\_

Describe event (+ attach schedule): \_\_\_\_\_

Operations will include (*check all that apply*):

☐ Mobile food preparation ☐ Use of cooking oils

☐ Production of smoke/vapors

Will alcoholic beverages be served or sold? ☐ No ☐ Yes (*include alcohol service area on site plan*)

Structures to be used (*include on site/route plan*): \_\_\_\_\_

Parking area(s) (*include on site/route plan*): \_\_\_\_\_

Security measures (*include on site/route plan*): \_\_\_\_\_

Crowd control measures (*include on site/route plan*): \_\_\_\_\_

Traffic control measures (*include on site/route plan*): \_\_\_\_\_

Emergency communication and evacuation plan: \_\_\_\_\_

Clean up and sign removal date/time: \_\_\_\_\_

### ROUTE INFORMATION (*if applicable*)

Starting point: \_\_\_\_\_ Ending point: \_\_\_\_\_

Route the event will follow (*list all streets upon/along which event will occur + include on site/route plan*):

How many on the route? Persons: \_\_\_\_\_ Vehicles: \_\_\_\_\_ Floats: \_\_\_\_\_ Animals: \_\_\_\_\_

Written Route safety plans (*security and traffic control, barricades, cones, signs, etc. + include on site/route plan with approvals*): \_\_\_\_\_

### SIGN INFORMATION (*include on site/route plan*)

Event signs (*limit 200 signs x 6 sf + 12 signs x 32 sf; landowner permission required for off-site signs*):

Number of signs on site: \_\_\_\_\_ Size: \_\_\_\_\_ Location(s): \_\_\_\_\_

Number of signs off site: \_\_\_\_\_ Size: \_\_\_\_\_ Location(s): \_\_\_\_\_



**SITE/ROUTE PLAN CHECKLIST**

**THIS SHEET MUST HAVE AN ATTACHED SITE PLAN**

If your event is in a City of Meridian Park, [go here](#) to print a park map to complete your site plan.

Check below ALL items that will be present at the site of the event or route, and include each checked item on the site/route plan. (You may use the corresponding number to label items.)

**Additionally:**

- Where alcohol permits may be required, please contact the City Clerk's office at 208-888-4433 to obtain permitting requirements.
- Where structural, electrical or plumbing permits may be required, please contact Building Services Division at 208-887-2211 to obtain permitting, plan review, and inspection requirements.
- Where streets or sidewalks are to be used, please contact Ada County Highway District at 208-387-6140 as early as possible prior to event to obtain ACHD permitting and traffic plan requirements.

**General:**

- ☐ 1. Existing structures, fencing, signs
- ☐ 2. Temporary fencing
- ☐ 3. Temporary signs
- ☐ 4. Vendors, goods, displays
- ☐ 5. Cooking source
- ☐ 6. Garbage receptacles
- ☐ 7. First aid station, medical services
- ☐ 8. Existing restrooms
- ☐ 9. Portable/temporary toilets
- ☐ 10. Drinking water source
- ☐ 11. Musical or auditory performance
- ☐ 12. Amplified sound source
- ☐ 13. Parking areas
- ☐ 14. Sediment traps (11/1 – 5/31)
- ☐ 15. Dustless Surface (6/1 – 10/31)
- ☐ 16. Caretaker Unit
- ☐ 17. Public safety mobile command unit

**Alcohol (*alcohol permit may be required*):**

- ☐ 18. Alcoholic beverage sales or service
- ☐ 19. Alcohol consumption area

**Structures (*building permit may be required*):**

- ☐ 20. Temporary structures (include dimensions)
- ☐ 21. Temporary stage (include dimensions)
- ☐ 22. Tents or canopies (include dimensions)

**Electrical (*electrical permit may be required*):**

- ☐ 23. Electrical power source (existing)
- ☐ 24. Temporary electrical power source
- ☐ 25. Generators (size)
- ☐ 26. Temporary or emergency lighting
- ☐ 27. Electrical equipment grounding
- ☐ 28. Temporary power cords
- ☐ 29. Temporary power boxes
- ☐ 30. Temporary panel boards
- ☐ 31. Temporary transformers

**Plumbing (*plumbing permit may be required*):**

- ☐ 32. Temporary water source
- ☐ 33. Temporary sewer source
- ☐ 34. Backflow prevention devices

**Route/streets (*ACHD permit may be required*):**

- ☐ Route map
- ☐ All streets to be used or closed
- ☐ All sidewalks to be used or closed
- ☐ Traffic control measures
- ☐ Crowd control measures



# Operations Plan

TO BE FILLED OUT BY EVENT COORDINATOR

Event Name: \_\_\_\_\_

Date: \_\_\_\_\_

Operational Period

Setup Time: \_\_\_\_\_

Event Start Time – Event End Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

## Event Coordinator Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Pre-event Safety Information:

**Rain Call:** Describe plan related to acclimate weather?

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**Lost Children:** Describe plan and location for lost children?

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**First Aid:** Describe medical plan and location of medical personnel/tent?

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**Safety Personnel: (Duties):** Describe how safety personnel is to be utilized, identified and located?

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**Event Summary:** Give a brief summary of the event and it's overall purpose/objectives?

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**Event Staff Contact(s):** Name/Position/Phone number/email

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Please include detailed maps of your event and traffic plan (if applicable)



# Operations Plan



**TO BE FILLED OUT BY POLICE / FIRE**

**Special Event Personnel / Contact:** \_\_\_\_\_

- On-Duty MPD Watch Commander: \_\_\_\_\_
- FIRE Branch Director: \_\_\_\_\_
- Meridian Fire/EMS Personnel – dispatch can get a hold of them (911):
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- POLICE Branch Director: \_\_\_\_\_
- Police Personnel:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

**Event Considerations for Police and Fire:**

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**Fire/Police/EMS Radio Frequency:** \_\_\_\_\_

Event Fire Channel: \_\_\_\_\_

Event Police Channel: \_\_\_\_\_

**CRITICAL INCIDENT OPERATIONAL PLAN:**

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**Command Post Location:** \_\_\_\_\_

**Resource Staging Area (Police/Fire/EMS):** \_\_\_\_\_

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# Operations Plan



**FIREWORKS: if applicable:**

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**PARADE: if applicable:**

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**Attach extra pages if necessary**





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## PRODUCER

Applicant's Insurance Producer  
123 Naidirem Street  
Meridian, Idaho 83642

## CONTACT

NAME:  
PHONE (A/C, No, Ext): (208) 123-4567

FAX (A/C, No): (208) 123-4567

E-MAIL ADDRESS: info@insurance.com

## INSURERS OFFERING COVERAGE

NAIC #

INSURER A: Insuricare Insurance Compaany

12345

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Applicant  
123 Application Street  
Application, Idaho 81234

Policy is issued by an insurance company licensed to do business in Idaho (confirm at naic.org)

Policy is in effect during time of permitted/licensed activity

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> STOP GAP LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	23BPS11698	2/13/2023	2/13/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	23BAS11698	2/13/2023	2/13/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	23BWS11698	2/13/2023	2/13/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Meridian is an additional insured party.

City of Meridian is an additional insured party.

## CERTIFICATE HOLDER

City of Meridian  
33 E Broadway Ave  
Meridian, ID 83642

Certificate holder is City of Meridian

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Bob Parr



# Temporary Uses in Meridian



## **SPECIAL EVENT • OUTDOOR SALES • TEMPORARY FOOD STAND**

*If your temporary use includes any of the following features, please make sure your plans include compliance with these Building and Fire Code requirements.*



### **Tent - with walls**

- Adequate anchorage
- Fire extinguisher (2A-10BC)
- Cooking with oil prohibited
- Fire inspection if over 400sf
- Fire inspection if 50+ occupants

### **Tent - open on all sides**

- Adequate anchorage
- Fire extinguisher (2A-10BC)
- Cooking with oil prohibited
- Fire inspection if over 700sf
- Fire inspection if 50+ occupants

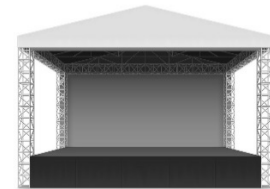


### **Accessory structure (shed)**

- Fire extinguisher (2A-10BC)
- Building permit if over 120sf
- Building permit if cooking with oil

### **Temporary stage canopy**

- Building permit
- Fire plan review and inspection



### **Portable generator**

- Fire extinguisher (2A-10BC)
- 30' from combustible materials and vegetation
- Follow refueling protocol

### **Extension cord**

- Commercial grade cords only
- Limit one extension cord (and one surge protector) per appliance
- Ampacity of cord(s) must match rated capacity of appliance
- Cords must be in good condition



### **More to know:**

- Building permit requires: Code-compliant site plan, professional design and engineering, stamped plans, and any additional documents or information required by Fire or Building Codes for that particular use.
- These guidelines are provided for educational purposes. The Building Official and Fire Code Official are authorized to require additional permitting, conditions, and inspections for activities deemed to implicate life/safety considerations.