

EVERETT CITY COUNCIL AGENDA ITEM COVER SHEET

PROJECT TITLE:

Racin' Rally Day	_____	Briefing	COUNCIL BILL #	_____
	_____	Proposed Action	Originating Department	City Clerk
	_____	Consent	Contact Person	Sharon Marks
	_____	Action	Phone Number	425 257-8609
	_____	First Reading	FOR AGENDA OF	July 25, 2012
	_____	Second Reading		
	_____	Third Reading		
_____	Public Hearing			

Initialed by:
 Department Head _____
 CAA db
 Council President _____

<u>Location</u>	<u>Preceding Action</u>	<u>Attachments</u>	<u>Department(s) Approval</u>
Wall Street, Hoyt to Colby		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:

The Imagine Children's Museum is requesting the closure of Wall Street, Hoyt to Colby, on August 5, 2012, 8 a.m. to 4 p.m., for a Racin' Rally Day.

RECOMMENDATION (Exact action requested of Council):

Authorize the closure of Wall Street, Hoyt to Colby, on August 5, 2012, 8 a.m. to 4 p.m., for a Racin' Rally Day sponsored by the Imagine Children's Museum.

RECEIVED

JUL 03 2012

SPECIAL EVENT APPLICATION

CITY OF EVERETT

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

Event Date: 8.5.12 Event Time: 8 A.M. - 4 P.M.

Explain Event: Racin' Rally Day

Location of Event: _____

Sponsoring organization: IMAGINE CHILDREN'S MUSEUM

Address: 1502 WALL STREET City & State Everett WA

Contact Person: Raniere Phone No. 425.258.1006 ext 1023

We require that you inform the neighborhood of the street closure prior to approval.
What method did you use to inform the neighborhood of this street closure? _____

If applicable answer the following:

Approx. # of participants: _____ Persons _____ Animals 30 Vehicles

Assembly area (streets) close Wall Street from Hoyt to Colby Type of Animals _____

Portion of street to be used: Full width Half Other

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

Official Use

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

Special Conditions: _____

Comments: _____

Council agenda date: 7/25/12

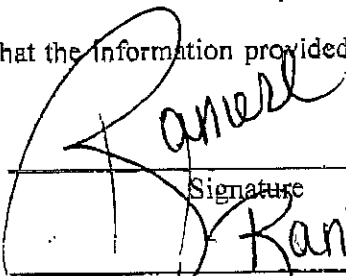
City Council approval: 1/1

Acknowledgement of Conditions & Certification

As a material consideration to the City granting this approval, and without which the City would not do so, Applicant agrees to and does hereby indemnify and hold the City, its officers, employees and agents harmless from and against any and all claims, actions, demands, suits, losses or liability resulting at any time from injury to or death of any person or persons, and or damage to any and all property occurring or arising from this approval, or resulting from any non-compliance with any law, ordinance or regulation respecting the performance of approval granted herein, or otherwise arising or resulting from the approval granted. With limiting the generality of the foregoing, the within indemnification by Applicant of City, its officers, employees and agents shall include indemnification from any claim, action, demand, cause of action, suit, or proceeding, and said indemnification shall in all events include any and all attorney's fees, court costs and other legal expenses, and shall include the obligation of Applicant to appear in and defend any and all such claims, actions, or other legal proceedings whether judicial, quasi-judicial, administrative or otherwise, against or affecting City, its officers, employees and agents arising out of or pertaining to the approval granted herein.

This paragraph does not purport to indemnify the City, its officers, employees and agents against liability for damages arising out of bodily injury to persons or damages caused by or resulting from the sole negligence or willful misconduct of the City, its officers, employees or agents acting within their scope of employment.

Also, as Applicant I certify that the information provided on this application is true and correct.



 Signature

 Date

 Printed Name

 Organization Representing

 Phone No.

425 258.1006
 xt 1023

List businesses/individuals impacted by the event that you have contacted and ask them to sign off if they concur with the closure.

- Businesses/Individuals (print)
1. MONTE CRISTO Ballroom
 2. BROWNS CATERING
 3. _____
 4. Petershagen Insurance
 5. _____
 6. Studio Donna
 7. _____

 Signature
Laura Moses

Dolly Hester Smith

Donna Perrigo

Sunday August 5 8-4