



City of Tigard

Special Use Permit / Alcohol Use Application

Check appropriate box(s): Special Use Permit Alcohol Use Application

Applicant's name: _____

Address: _____

Phone: _____ Email: _____

Type of event: _____

Date(s) of event: _____ Time period of event: _____

Location of event: _____

Number of people expected to attend: _____

OLCC License or Permit #: _____

(Contact OLCC at 503-872-5139 for permit)

Please turn this form in at the time you submit your application.

In addition, if you are submitting this as an Alcohol Use Application, a \$1,000,000 (one million) host liquor liability endorsement, naming the City of Tigard as an additional insured, must also be submitted at the same time. The insurance certificate of liability **must** include all of the following:

- Host Liquor Liability (in the amount of \$1,000,000).
- The following is included as an Additional Insured: City of Tigard, its officers, agents, employees, and volunteers, 13125 SW Hall Blvd., Tigard, OR 97223.
- The date range must include your event date.

If you have any questions, please have your insurance agent contact the reservation staff:

reservations@tigard-or.gov

or 503-718-2641

Comments:

RESERVATION LIABILITY WAIVER

I agree to indemnify the CITY, its officers, agents, employees, and volunteers and hold them harmless from any and all liability, causes of action, claims, losses, damages, judgments or other costs or expenses including attorney's fees and witness that may be asserted by anyone which in any way arise from, during or in connection with the activities in connection with this reservation, except liability arising out of the sole negligence of the CITY and its employees. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this indemnification.

I will be in charge of the event being held in the City facility and will be present at the function. I am responsible for monitoring the safe and legal parking of event attendees. The event will not interfere with any of the reserved areas. I agree that I am of legal age and will be personally responsible for the clean-up of the area, repair of damage to equipment or facilities and for replacement of stolen equipment at the facility.

I understand that a false or misleading answer could result in denial of this application. I certify all information submitted is complete and correct to the best of my knowledge. I have read, understand and agree to comply with all the rules set forth in the Policies and Procedures. Violation of these conditions may lead to exclusion from the park.

APPLICANT: I will be in charge of this event and present during the time the event is occurring.

Attested: _____ Date: _____
(Signature)

CITY: Approval is subject to the conditions noted with this permit.

Approved: _____ Date: _____
(City Manager/Designee)