



**BOISE, IDAHO
SPECIAL EVENTS MEETING
AGENDA
October 11, 2017
9:30 AM
City Hall - Council Chambers**

I. CALL TO ORDER

II. INTRODUCTIONS

III. SPECIAL EVENT

1. **Idaho Potato Drop**

Presenter: Dylan Cline
Start Date: 12/31/2017 End Date: 01/1/2018

2. **Gowan Thunder**

Presenter: Craig Croner
Start Date: 10/13/2017 End Date: 10/15/2017

IV. PENDING APPROVALS

1. **Buddy Walk**

Agency: Public Works, ACHD
Start Date: 10/14/2017 End Date: 10/14/2017

2. **Gowan Thunder**

Agency: Risk Management, ACHD, CDHD, BPD, Fire, Incident Action Team
Start Date: 10/14/2017 End Date: 10/15/2017

3. **Harrison Classic**

Agency: Parks & Recreation, ACHD
Start Date: 10/15/2017 End Date: 10/15/2017

4. **Barber to Boise**

Agency: Parks & Recreation, CDHD, ACHD
Start Date: 10/21/2017 End Date: 10/21/2017

5. **Pray for Snow**

Agency: BPD Alcohol, DBA
Start Date: 10/28/2017 End Date: 10/28/2017

6. **Onward Shay**

Agency: Parks & Recreation, BPD Motors, BPD Alcohol, ACHD, DBA
Start Date: 10/29/2017 End Date: 10/29/2017

V. CALENDAR REVIEW

VI. ADJOURNMENT

BOISE CITY
REC'D CITY CLERK
2017 SEP 11 PM 1

Application for Special Events

City of Boise



Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

DUPLICATE DUPLICATE DUPLICATE DUPLICATE
CITY OF BOISE

Reg# #/Rcpt#: 003-00133373 [DFERGUSON]
Accounting Date: Tue, Sep 12, 2017
Date/Time: Mon, Sep 11, 2017 4:50 PM

9000/LICENSE FEE
REF#:LIC17-01648
201709111649127470FEE AMOUNT: \$ 185.00
9001/PROCESSING FEE
REF#:LIC17-01648
201709111649147910FEE AMOUNT: \$ 1.50

RECEIPT TOTAL \$ 186.50

Payment Data:

Pmt# :1
Payer: IDAHO NEW YEAR'S COMMISSION, LL
C
METHOD: CHECK \$ 186.50
Ref#: 2089

RECEIPT SUMMARY

TOTAL TENDERED \$ 186.50
RECEIPT TOTAL \$ 186.50

CHANGE DUE \$ 0.00

THANK YOU!!
PHONE: 208-384-3770
WWW.CITYOFBOISE.ORG

DUPLICATE DUPLICATE DUPLICATE DUPLICATE
v:1.0.4606

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)



SPECIAL EVENTS LICENSING

Pre-Questionnaire

Office of the City Clerk, 150 North Capital Blvd. Boise, Idaho 83702

ATTENDANCE AND PARTICIPANT GOOD FAITH ESTIMATE

The attendance and participant good faith estimate provided by the applicant, promoter, or sponsor shall accompany the special event application. The applicant shall provide a short written statement explaining the basis upon which the estimate is made. The statement shall include all the relevant factors known at the time, including, without limitation, past attendance at similar functions having the same and similar performers, both in Boise and comparable communities, the price of admission and the extent of advertising and promotion contemplated.

Name of the Event: Idaho Potato Drop

Date of the Event: 12/31/17-1/1/2018 Start and Finish Times of Event: 3:00 PM - 2:00 AM

PRINT Name of Organizer: Dylan Cline

dylan@idahopotatodrop.com

208-954-5077

208-890-0030

Email

Business Phone

Cell

Fax

3131 W. State Street Suite 150 Boise ID 83703

Organizer's Mailing Address

City

State

Zip

Good Faith Estimate for this Event: # 5,000

Under 1000 participants

Over 1000 Participants

Location of Event: Capitol Park (Capitol Blvd and Bannock)

Must appear before committee & must complete special events application process.

Basis Statement for Estimate:

Based on the last four years of this event. we hope to see about 10,000 people throughout the day.

We expect a total of 5,000 people at any given time.

EXTRAORDINARY RESOURCES AGREEMENT

Special event applicants, promoters and sponsors whose special events require the use of extraordinary City resources as a result of their anticipated attendance or heightened security concerns shall be required to pay for those extraordinary resources, as determined by the City's department or division designee to the Special Events Coordination Committee. Full cost recovery for extraordinary resources shall be required no later than 60 days following the conclusion of the special event. Any extraordinary resources for which there are additional costs shall be solely dedicated to the special event.

Pursuant to BCC 5-10-3B, organizers of events which would otherwise qualify as a special event but expect less than one thousand (1,000) persons shall, at their choice, be entitled to file a Special Event Application, and appear before the Special Events Coordination Committee to seek government agency approvals.

I wish to present my event to the Committee:

Yes If yes, you must complete the following Special Event Application and pay the applicable fee.

No

By my signature, I hereby acknowledge my understanding of the aforementioned requirement concerning the payment for extraordinary resources and application fee.

This entire application needs to be completed.

Dylan Cline

Name of Event Organizer

Signature of Event Organizer

REVISED 05/09

SPECIAL EVENT PERMIT INSTRUCTIONS

The application must be turned in a minimum of 45 days in advance and no more than one (1) year in advance.

All events using a City Park must complete the entire Application for Special Events. Additional permits may be required through the Parks & Recreation Department.

Depending on the type of event, the City of Boise may require the applicant to fill out permit requests in addition to this Special Events Application. These additional permits must be returned to the City Clerk's Office with the full Application for Special Events.

The Special Events Coordination Committee is made up of various Treasure Valley agencies. You may be required to fill out additional agency permits, beyond those listed below, depending on the type, scope, and size of your event.

For each box you check yes, you *must* fill out the corresponding permit. Failure to fill out the necessary permits may result in the cancellation of your event.

Please check yes or no based on your event

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Alcohol will be sold, served or consumed at your event (Alcohol Permit) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food will be prepared, served etc. at your event. (Eating and Drinking Permit, List of Vendors) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Your event will require renting city parking and/or an event sponsored shuttle will transport event-goers to and from a separate location (Parking Permit) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Your event will generate any type of waste (Trash/Recycling Permit, Recycling Agreement) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fireworks will be displayed (Fire Permit) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any inflatables (i.e. balloons), inflatable structures (i.e. jump houses) or tents will be used (Fire Permit) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any portion of any road will be closed (Citizens' Use Permit) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | You will provide portable toilets (Central District Health's Sanitation/Portable Toilet Guidance) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Your event will be held in Downtown Boise – Broadway to 15 th and River to State (Downtown Boise Association, CCDC) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Your event will be held in downtown Boise in the 8 th Street Corridor from Main to Bannock, or on the Grove (CCDC) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Your event requires emergency medical services stations or first aid stations (Incident Action Plan) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | You will use a City park or any portion of the Greenbelt for your event (Additional Parks & Rec Permits) |

SUMMARY OF EVENT

Boise City Clerk • 150 N Capitol Blvd • Boise, ID 83702 • (208) 384-3710 • specialevents@cityofboise.org • www.cityofboise.org



APPLICATION FOR SPECIAL EVENTS PERMIT

Must be submitted no earlier than 1 (one) year prior to the event and no later than 45 days prior to the event. Application is in accordance with Boise City Code, Title 5, Chapter 10.

FOR INTERNAL USE ONLY

Application Fee: \$180.00 Processing Fee: \$1.50*

*Fees are subject to change

GENERAL INFORMATION

Event Name: **Idaho Potato Drop** Established Event (3 years or longer)

Event description and purpose: who is this event supposed to attract, what is the purpose of the event, etc. (may attach additional pages):

The target audience is everyone. We are aiming more towards a family friendly vibe, adults in the VIP tent and before midnight all the young adults make their way to the potato as well. Promotion this year is more heavily targeted to be a family friendly event.

Is this a multi-day event? Yes No If yes, how many days (dates)? just for set up with street closures, event itself is one daySet-up: Date(s): **12/29/17** Time(s): **9:00 am**Event Starts: Date(s): **12/31/17** Time(s): **3:00 pm**Event Ends: Date(s): **1/1/18** Time(s): **2:00 am**Dismantle: Date(s): **1/1/18** Time(s): **7:00 pm**

IF THIS EVENT IS OR INVOLVES A PARADE OR RUN/WALK, PLEASE ATTACH A ROUTE MAP

Event Category:

- Athletic/Recreation Concert/Performance Circus Carnival/Fair
 Dance Exhibits/Misc. Farmer/Outdoor Market Festival/Celebration
 Museum Special Attraction Parade/Procession/March Run/Walk/Race Other

If Other, please explain:

Location: **Capitol and Borah Park** Public Property Private PropertyLocation Description (i.e. Julia Davis Bandshell, Capitol Boulevard between Main and Idaho Streets):
Jefferson and Bannock between 6th & 8th, Capitol Blvd. from Idaho to JeffersonNumber of volunteers working event: # **20-50** Number of staff working event: # **10**Number of professional security personnel working event: # **15**

APPLICANT INFORMATION (SEE THE PREVIOUS PAGE FOR DEFINITIONS BEFORE COMPLETING APPLICATION)											
Sponsoring Organization Name		Idaho New Year's Eve Commission & Idaho Potato Commission									
Are you a non-profit corporation?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	If yes: 501c(3)	<input type="checkbox"/>	501c(6)	<input type="checkbox"/>	Tax ID #	46-1399284
Applicant Name		Dylan Cline				Title		CEO			
Organization Address		3131 W. State Street				Apartment/Unit #		150			
City	Boise			State	ID		ZIP	83703			
Phone	208-954-5077			E-mail	dylan@idahopotatodrop.com						
Fax	208-938-9823			Cell	208-890-0030						
On-Site Contact		Tyson Sibbett				Title		COO			
Street Address		3131 W State Street				Suite/Unit #		150			
City	Boise			State	ID		ZIP	83703			
Phone	1-208-869-9299			E-mail	tyson@idahopotatodrop.com						
Fax				Cell							
Emergency Contact		Sandi Nahas									
Phone	208-954-5068			E-mail	sandi@idahonewyearscommission.com						
Fax	208-938-9823			Cell	208-340-7429						
OTHER CONTACTS											
Media Contact (if different from applicant)		Natalie Jangula									
Phone	208-794-2399			E-mail	natalie@idahopotatodrop.com						
Please list any professional event organizer, event service provider, or commercial fund-raiser hired for this project.											
Organization Name		Rocky Mountain Audio Visual			Contact Name		Michael Nelson				
Street Address		3601 Chinden Blvd.				Suite/Unit #					
City	Boise			State	ID		ZIP	83714			
Phone	208-336-7655			E-mail	mnelson@rmav.com						
Organization Name		Sibbz			Contact Name		Courtney Sibbett				
Street Address		PO Box 571				Suite/Unit #					
City	Eagle			State	ID		ZIP	83616			
Phone	208-869-9299			E-mail	sibbzcrew@gmail.com						

SITE PLAN/ROUTE MAP

Your site plan/route map should include:

- An outline of the entire event venue including the
 - Names of streets, parks or areas that are part of the venue.
 - The lot lines/property boundaries
 - If the event involves a moving route of any kind, indicate the direction of travel and all street and/or lane closures
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access
- The location of all

<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Stages/platforms <input type="checkbox"/> Bleachers and grandstands <input checked="" type="checkbox"/> Beer gardens/locations where alcohol will be sold or served <input checked="" type="checkbox"/> Trash/recycle containers (T, R) and dumpster/roll-offs (D) <input checked="" type="checkbox"/> Portable toilets, hand washing facilities, drinking fountains, water stations <input type="checkbox"/> Waste grease containers, gray water containers and other temporary structures. 	<ul style="list-style-type: none"> <input type="checkbox"/> Scaffolding <input checked="" type="checkbox"/> Tents and all temporary structures <input checked="" type="checkbox"/> Booths <input type="checkbox"/> Cooking areas <input checked="" type="checkbox"/> Fire Lanes
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- The location of first aid facilities and ambulances
- Placement of vehicles and/or trailers
- Placement of all vendors and booths
- Space allotted for parking
- Identification of all event components that meet accessibility standards
- Lost child booth location
- A detail or close-up of the food booths and cooking area configuration including both identification of all vendors cooking with flammable gases or barbeque grills
- Generator locations and/or sources of electricity
- Access and exit locations for OUTDOOR events that are fenced and/or locations within tents and tent structures, to include exit widths
- Firework launch location(s)
- Security. Please clearly indicate each area where approved security will be deployed, including but not limited to: entrances and exits to event, beer garden entrances and exits and placement along barricades and road closures. Please differentiate between volunteer and professional security
- The number of professional security personnel at each street closure

SECURITY PLAN						
Have you hired a licensed professional security company to help develop and manage your event's security plan? If yes, complete the Security Organization contact information below.					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Have you met with the Special Events Sergeant to determine the necessity and number of police officers dedicated to your event?					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Does your Security Plan include provisions for a lost child booth?					YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Security Organization		Absolute Security of Idaho				
Street Address			Suite/Unit #			
City		State		ZIP		
Phone	208-284-8566		Fax			
E-Mail	absoluteidaho@gmail.com		Private Patrol License #	Not required, events no patrols		
Please describe your security plan below, or attach the plan to this application. Include the number and role of each security person, the hours s/he will be working and each location, including patrols.						
To be decided based off of last year						
INCIDENT ACTION PLAN						
Have you hired a licensed professional emergency medical service provider to help develop and manage your event's medical plan? If yes, please provide the information below.					YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
Certified EMT Name		TBA		Type/Level of EMT Certification		
Street Address			Suite/Unit #			
City		State		ZIP		
Phone			Fax			
E-Mail						
Please describe your Emergency Medical plan below, including emergency vehicle ingress and egress, emergency medical services and the need for the presence of emergency medical services personnel at the event.						

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

ACCESSIBILITY PLAN

Please complete the checklist below. The checklist serves as a guideline and may not be inclusive of all City, State or Federal access regulations. You may attach additional information if necessary.

YES NO

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be ADA accessible restroom facilities? If they are placed in a difficult to access area (i.e. on street, steps), describe how users with navigate to them. Please describe in the space below.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you developed a Disabled Parking and/or Transportation Plan (including public transportation and shuttles) for your event? Please describe in the space below.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will all food, beverage and vending areas be accessible? Please describe in the space below.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If an information center is provided at your event, will customer service representatives be able to assist disabled individuals? Please describe in the space below. Volunteers

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TRASH / RECYCLING PLAN						
List what materials from your event will be discarded by vendors and attendees (i.e. cling-wrap, cardboard, flyers, plastic bags, food waste, Styrofoam or paper cups, paper napkins, plastic bottles, aluminum cans, etc.): plastic bags, food waste, Styrofoam or paper cups, paper napkins, plastic bottles, aluminum cans						
List materials from your event that could be recycled (i.e. cardboard, plastic cups, flyers, plastic bottles, aluminum cans, etc.): plastic cups, plastic bottles, aluminum cans						
Have you contracted for trash dumpster(s)?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	How many trash boxes are you borrowing?*		# 20
What size dumpster(s) (in yards)? Check all that apply		3 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	20 <input type="checkbox"/>	30 <input checked="" type="checkbox"/> 40 <input type="checkbox"/>
How many dumpsters have you contracted for?		# 2		How many staff will be managing trash?		#
*You are responsible for retrieving and returning trash boxes to Allied Waste (345-1266). You will be charged a fee for any trash boxes that can't be reused or that are not returned within seven (7) days of your event.						
Have you contracted for recycling dumpster(s)?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	How many recycling boxes are you borrowing?*		# 20
What size dumpster(s) (in yards)? Check all that apply		3 <input type="checkbox"/>	6 <input type="checkbox"/>	8 <input type="checkbox"/>	20 <input type="checkbox"/>	30 <input checked="" type="checkbox"/> 40 <input type="checkbox"/>
How many dumpsters have you contracted for?		# 2		How many staff will be managing recycling?		#
** Please complete the Boise City Public Works Recycling Request and Agreement Form (included in this application) to borrow recycle bins.						
Name of Person in charge of trash			Courtney Sibbett		Phone	208-869-9299
E-Mail	courtney@idahopotatodrop.com					
Name of person in charge of recycling			Courtney Sibbett		Phone	208-869-9299
E-Mail	courtney@idahopotatodrop.com					
How will staff, volunteers and attendees know about your efforts to reduce waste, recycle and promote sustainability? We will have a dedicated volunteer staff and signs to aide in trash efforts. Plus a contract clean up crew.						
What are you doing this year to reduce waste and promote sustainability at your event? Signage and Volunteer Coperation to help efforts. Promote good practices online and main stage announcements.						

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

BOISE PUBLIC WORKS RECYCLING AGREEMENT				
Name of Event	Idaho® Potato Drop		Date(s) of Event	12-31-17-1-1-18
Event Representative	Dylan Cline		Phone	208-954-5077
Email	dylan@idahopotatodrop.com			
Pick-Up Date & Time	12-31-17		Drop-Off Date & Time	1-2-18
EQUIPMENT				
Wire recycling frames & lids	#	Portfolio of signage	#	
Yellow bins & lids	# 20	Residential blue bins	#	
EcoStations	#	EcoStation mallet (for pounding rebar)	#	
<p>As the event representative, I accept the responsibility for the equipment borrowed from Public Works. I agree to return all borrowed equipment, including signage, to the Boise City Public Works Department on the date indicated above. I agree that the equipment and signage shall be returned clean, intact, and on time so that it is available for use at the next event. I agree that I am responsible and will pay all costs associated with the replacement of equipment lost or damaged during the time it is in my possession or use.</p>				
Event Representative Signature			Date	

Questions?

Contact the Public Works Environmental Division: Phone - 395-7886; Fax - 433-5650; email – curbit@cityofboise.org; or mail to Boise Public Works - Environmental Division, PO Box 500, Boise, ID 83701-0500.

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

ENTERTAINMENT AND RELATED ACTIVITIES

YES NO

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any entertainment at your event? If so, please provide the following information or supply an attachment: Dance component/open floor: open Live or Recorded music: Live Music Number of Band(s): 7 to 8 bands (TBD) If amplification is used, you are required to comply with the noise ordinance (<u>BCC 6-20</u>). Events using a park will be required to fill out an additional application. Amplification: Amplification start time: 3:00 Amplification end time: 1:30 am
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any temporary structures in the proposed event site? Please provide the following below: Number of Stages: 1 Number of Tents: 2 Size(s) of Tents: 40 x 120 and 40 x
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will any tents (including canopies) exceed 400 sq. feet in area? A tent permit may be required through the City of Boise Fire Department.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will an existing occupied or vacant building be used? Address:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Does the event involve the use of fireworks, rockets, lasers or other pyrotechnics? Explain: Yes, Western Fireworks Display
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will inflatables/inflatable structures, i.e. parade balloons, jump houses, etc. be used for the event? Provide details including number, size, launch location, landing location:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will signs and/or banners, decorations or special lighting be used as part of the event? You may need to submit a sign plan to Boise City Planning and Development Services Department identifying any route/course markings, all banners and signs that will be displayed, all parking signs, and the set-up/removal plan for the signs and banners.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will you require an electrical hookup for the event? Describe equipment and location: Light poles in Capitol Park & Generators
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will generators be used?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Will there need to be additional wiring?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will you require access to water for the event? Explain: It depends on the weather and if we need to generate snow
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will portable toilets be available to the public? If multi-day, please indicate when the toilets will be serviced Vendor: Porta Pros Date(s) toilets will be serviced: Total Number: 20 Number of ADA Accessible: 3 Delivery Date & Time: 12-31-17 Removal Date and time: 1-2-18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will this event be marketed, promoted or advertised in any manner? Explain and indicate the type of advertising that will be used: Paper, Radio, TV, Internet & Airports
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be live media coverage during the event? Please describe: 1 hour live coverage- KTVB (live stream etc)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you sponsoring or allowing outside promoters/agencies to sponsor events in conjunction with your event? Please attach a list of each event with dates, times and locations.

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ALCOHOL BEVERAGE CATERING PERMIT APPLICATION									
License fee: \$20.00 per day					Processing Fee: \$1.50				
Does your event involve the sale, consumption or use of alcoholic beverages?								YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Liquor Licensee (corporation, partnership, or individual listed on the state license)				TBD					
Address				City					
County			State		ZIP				
Type of License(s)									
Liquor License #			Beer License #			Wine License #			
Date(s) permit to be used				Hours (From)			Hours (To)		
Location (Name, Address, Rooms)									
Is there a certificate of occupancy for the premise?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is the occupancy load?			
Name(s) of organization, group or individuals sponsoring event									
Type of event catering for?									
Indoor Event <input type="checkbox"/>		Outdoor Event <input type="checkbox"/>		Number of Guests		#			
Contact Person						Phone			
Please include a drawing of the service area and all ingress and egress areas. Indicate the location(s) of alcohol service.									
SIGNATURES									
The sponsored event will be open to the named organization(s), group(s), or person(s) and guests for a period of _____ days, not to exceed three (3) consecutive days at a fee of twenty dollars (\$20.00) per day. Unless licensee is disqualified, approval of this permit does certify that the licensee is entitled to hold and use this Idaho liquor catering permit at the above designated premise(s), subject to provisions of title 23-i.c.									
Alcohol Beverage Licensee						Date			
City Clerk						Date			
Chief of Police						Date			
Fire Chief						Date			
PERMIT MUST BE DISPLAYED AT EVENT									
NOTICE					OFFICE USE ONLY				
If the first proposed catering date is less than fourteen (14) days from the date of application, the following must be signed.					Permit # _____				
"Waiver of Procedural Rights"					Date Processed _____				
Acknowledging that I have filed an application with the City Clerk less than fourteen (14) days prior to the first proposed catering date, I hereby agree that if this application is not approved, no action or inaction by the Boise City Clerk, Police or Council shall be appealed or contested, but I agree it shall be final and binding on me, my representatives, associates and successors in interest.					Customer pick-up date _____				
Boise City Code 5-05-15					State License & Signature verified by _____				
Signature of Applicant _____					Date e-mailed to police _____				
Date _____					Date returned from police _____				
					<input type="checkbox"/> Approved <input type="checkbox"/> With Conditions <input type="checkbox"/> Denied				
					Date e-mailed to fire _____				
					Date returned from fire _____				
					<input type="checkbox"/> Approved <input type="checkbox"/> With Conditions <input type="checkbox"/> Denied				

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

FOOD CONCESSIONS AND PREPARATION PERMIT APPLICATION

OFFICE USE ONLY

Non-Refundable Fees:

License \$ 30.00
 Assembly Permit \$ 110.00 (required for occupancy of 50+)
 Processing \$ 1.50
 Total Fees Due \$ 141.50

Date _____
 City License # _____
 New Renewal
 Central District Health Dept. Permit
 (Low Risk Food Establishment Approval OR Mobile or Temporary Food Establishment Permit)
 Assembly Permit (occupancy of 50 or more)

LICENSE EXPIRES ANNUALLY DECEMBER 31*

A copy of the current Central District Health Department permit **MUST** be included with all applications.

Name of Business	Idaho® Potato Drop	Business Phone	208-954-5077
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Physical Address **3131 W. State Street Suite 150**

City	Boise	State	ID	Zip	83703
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Mailing Address (if different from physical address)

City		State		Zip	
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Owner/Manager Name	Dylan Cline	Phone	208-954-5077
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Address of Residence **3571 N. Sanada Way**

City	Boise	State	ID	Zip	83702
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Type of Business:

Restaurant
 Bakery
 Caterer
 Mobile Unit
 Bar
 Cafeteria
 Convenience Store
 Other
 If Other, please explain: _____

Do you intend to cook food in the event area? If yes, please specify method:

Gas
 Charcoal
 Electric
 Other (Please specify): _____

Please describe, in the space below, how food will be prepared/served. You may also provide as an attachment:

We will have license mobile food vendors at the event. Not sure of all the individual needs of these vendors as we do not have them all signed up.

Applicant Signature	Date	
Signature of Owner/Manager	Date	

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

CITIZENS USE PERMIT (STREET CLOSURES)					
I hereby request a Citizens Use Permit for the purpose stated below, within the limits of Ada County, Idaho:					
Applicant Name		Dylan Cline			
Street Address		3131 W State Street		Apartment/Unit #	150
City	Boise	State	ID	ZIP	83703
Organization Name		Idaho New Year's Commission			
Event Name and Type (Parade, Demonstration, etc.)		Idaho® Potato Drop			
Location (Provide Map)		Capitol Park			
Said use to consist of approximately the number of following persons			# 5,000	Number of Vehicles	# 0
Number of floats	# 0	Number of unlicensed vehicles	# 0	Other	#
Other (description):					
<p>INSURANCE:</p> <p>We hereby agree to replace the premises satisfactorily to the Ada County Highway District at our own expense and hold said District and County and City and State harmless from all damages or expenses caused by or in connection with the use of said property or of restoring the same to its original condition.</p> <p>A Liability policy (attach to application) shall be provided with liability insurance therefore in the amount of \$100,000 per person and \$500,000 per each accident with the appropriate government entity as a named insured. Insurance requirements may be increased up on demand by the Boise City Legal Department, Risk Manager, or the Ada County Highway District.</p>					
<p>ESCORT SERVICE:</p> <p>The following declaration of intent to furnish escort must be signed by a representative of the licensed escort or security service before the application is returned to the Boise Police Department for the signature of the Chief of Police</p> <p>I, _____ of (Escort/Security Service) _____ have entered into an agreement with (Applicant) _____ to furnish the _____ Escort/Security personnel and/or _____ vehicles to the above mentioned applicant for which this application was made. Said function is to occur on (Date/s) _____ (Time/s) _____.</p> <p>Signed by _____ on (Date) _____</p>					
<p>APPLICANT ASSURANCES:</p> <p>I have read and understand the requirements and responsibilities set forth by this permit.</p> <p>Applicant Signature: _____ Date: _____</p>					
FOR INTERNAL USE ONLY					
Chief of Police				Date	
Ada County Sheriff				Date	
Transportation Manager, ACHD				Date	
District 3, Idaho Transportation Dept.				Date	

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

PARKING					
Please explain, in the space below, how parking will be provided during your event. If using meter hoods or other temporary city parking, please fill out the form below.					
Applicant Name		Dylan Cline			
Organization Name		Idaho® Potato Drop			
Address		3131 W. State Street Suite 150			
City		Boise		State	ID
				Zip	83703
Phone		208-954-5077		E-mail Address	
				dylan@idahopotatodrop.com	
Fax		208-938-9823		Cell	
				208-890-0030	
Location of Use		Bannock/Capitol			
Length of Time		2 days			
Daily Rate: \$10.00 Weekly Rate: \$50.00 Monthly Rate: \$160.00					
Activity while renting (please explain in the space below):					
Vendor and Footprint Setup					
Number of spaces required		# TBD		If using Meter Hoods, please list the number required	
				# TBD	
YES	NO	Will you require the use of barricades, fencing or other obstructions in the parking area? If yes, please explain.			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades for fire (bike rack), street closure we will supply			
Date Rented		Amount Paid		\$	Balance Due
					\$
Date Rented		Amount Paid		\$	Balance Due
					\$
Date Rented		Amount Paid		\$	Balance Due
					\$
Signature				Date	

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

FIRE DEPARTMENT PERMIT APPLICATION

Boise City Fire Department
 City Hall West • 333 N. Mark Stall Place • Boise, Idaho 83704 • (208) 570-6500

Business	Idaho New Year's Commission Idaho Potato Drop	Phone	208-954-5077
Address	3131 W State Street Suite 150		
Owner/Company	Dylan Cline	Phone	208-954-5077
Address	3131 W. State Street Suite 150	Date to	12-31-17
Location of Item / Event	Capitol Park	Inspection Time	
Applicant Signature		Print Name	Dylan Cline
		Date	7.26.17

		\$			\$
1.	Aerosol Products	90	18.	Floor Finishing	90
2.	Amusement Buildings	90	19.	Fruit and Crop Ripening	90
3.	Aviation Facilities	125	20.	Fumigation and Thermal Insecticidal	90
4.	Battery Systems	90	21.	Hazardous Material	200
5.	Carnivals and Fairs (Requirements)	90	22.	Hazardous Production Materials Facilities	200
6.	Cellulose Nitrate Film	125	23.	High Piled Storage	125
7.	Combustible Dust Producing Operations	125	24.	Hot Work Operations	90
8.	Combustible Fibers	125	25.	Industrial Ovens	90
9.	Compressed Gas (Flammable)	125	26.	Liquefied Petroleum Gases	50
10.	Covered Mall Buildings	90	27.	Liquid or Gas-fueled vehicles or equipment in assembly Buildings	90
11.	Cryogenic Fluids	125	28.	Lumber Yards / Woodworking Plants	125
12.	Cutting and Welding	90	29.	Magnesium	125
13.	Dry Cleaning Plants	90	30.	Miscellaneous Combustible Storage >	75
14.	Exhibits, Trade Shows (Requirements)	90	31.	Open Burning / Flames and Candles	75
15.	Explosives/Fireworks	125	32.	Organic Coatings	125
16.	Fire Hydrants and Valves	90	33.	Places of Assembly	90
17.	Flammable / Combustible Liquids/Tanks		34.	Private Fire Hydrants	125
	a. Storage:		35.	Proxylin Plastics	90
	Class I		36.	Pyrotechnic Special Effects Material	90
	Inside, > 5 gal	25	37.	Refrigeration Equipment	90
	Outside, > 10 gal	50	38.	Repair Garage and Service Stations	90
	Class II, IIIA		39.	Rooftop Heliports	90
	Inside, > 25 gal	25	40.	Spraying and Dipping	125
	Outside, > 60 gal	50	41.	Storage or Scrap Tires and Tire Byproduct	90
	b. Tank (remove, abandon, dispose)		42.	Temporary Membrane Structures, Tents	90
	1 or 2 tanks	90	43.	Tire Rebuilding Plants	90
	Each additional tank	25	44.	Waste Handling	90
	c. Tank (install, alter)		45.	Wood Products	125
	1 or 2 tanks	200	46.	Bon Fire	75
	Each additional tank	25			

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

Boise Municipal Code 7-01-14, Amendment Adding Section 106.5, Reinspection Fee - Re-inspection fees necessitated by non-compliance with requirements or conditions associated with construction work and a Building Permit, or for failing to request said required inspections, shall be in accordance with the conditions, amounts, and limitations listed in the adopted and amended edition of the Building Code. Re-inspection fees necessitated by non-compliance with requirements associated with periodic inspections of existing buildings authorized by this code shall be equal to the cost recovery of the inspection.

AFFIDAVIT OF APPLICATION

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agree to abide by the rules and regulations governing the proposed Special Event under the City of Boise Ordinance. I understand that this application is made subject to the rules and regulations established by the City Council and/or the Mayor or the Mayor's designee. I agree to comply with all other requirements of the City, County, State, Federal Government and any other applicable entity which may pertain to the use of the Special Event venue and the conduct of the Special Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes. I further agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Special Event to the City of Boise.

Applicant Name	Dylan Cline	Title	CEO
Host Organization	Idaho New Year's Commission		
Applicant Signature		Date	9-8-2017
Professional Event Organizer		Title	
Organization/ Agency Name			
Signature		Date	

Attachment: Idaho Potato Drop - App (8809 : Idaho Potato Drop)

FINAL CHECKLIST

Thank you for completing the Special Events Application. Please review your application carefully before submitting it.

Have you ...?

- Signed and dated your application and required permits, including supplemental and Park permits?
- Attached your Site Plan and or Route Map clearly indicating all of the required components?
- Attached your Security Plan?
- Attached your Incident Action Plan (as may be required by the Incident Management Team)?
- Filled out all supplemental permits required by the city for your event?
 - Alcohol will be sold, served or consumed at your event (Alcohol Permit)
 - Food will be prepared, served etc. at your event. (Eating and Drinking Permit)
 - Your event will require renting city parking and/or an event-provided shuttle will transport event-goers to and from a separate location (Parking Permit)
 - Your event will require generate any type of waste (Trash/Recycling Permit, Recycling Agreement)
 - Fireworks, Inflatables, Tents will be used (Fire Permit)
 - Any portion of any road will be closed (Citizens' Use Permit)
 - You will provide portable toilets (Central District Health's Sanitation/Portable Toilet Guidance)
 - Your event will be held in Downtown Boise (DBA Area Use Permit, CCDC Area Use Permit)
 - Your event requires emergency medical services or first aid stations (Ada County Medical Service Permit)
 - Your event will use a City park or any portion of the Greenbelt (Additional Parks & Recreation Permits)
 - Amplified Sound Application for Community Event
 - Beer/Wine Sales Application for Community Event
 - Short Term Concessions Application for Community Event
 - Utility Vehicle and Policy Application for Community Event
 - Vehicle Turf/Overnight Parking Permit Application for Community Event
- Completed Citizens' Use Permit?
- Filled out all county, state and federal permits required for your event?
- Provided all necessary certificates of Insurance?