



## SPECIAL EVENT APPLICATION

NAME OF EVENT: \_\_\_\_\_  
 EVENT DATE: \_\_\_\_\_ APPROXIMATE # OF PARTICIPANTS: \_\_\_\_\_  
 START TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
 START LOCATION: \_\_\_\_\_  
 END LOCATION: \_\_\_\_\_  
 ROUTE/LOCATION DESCRIPTION (DESCRIBE AND ATTACH MAP): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EVENT SPONSOR: \_\_\_\_\_  
 EVENT CONTACT PERSON: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

Please contact and work with the appropriate Law Enforcement agency where the event is scheduled to take place.

### HOLD HARMLESS AGREEMENT

A Certificate of Insurance, listing the Post Falls Highway District, must be provided.

Applicants for special event permits shall agree to hold harmless the Post Falls Highway District, its departments and employees from any and all liability in any and all matters concerning the special event.

I also certify that all participants will comply with all laws, regulations and provisions required by the Post Falls Highway District, State of Idaho and governing jurisdictions.

\_\_\_\_\_  
 EVENT SPONSOR/COORDINATOR SIGNATURE

\_\_\_\_\_  
 DATE

### OFFICE USE ONLY

\_\_\_\_\_ PERMIT APPROVED

\_\_\_\_\_ PERMIT DENIED

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 DIRECTOR OF HIGHWAYS

\_\_\_\_\_  
 DATE

FEE: \$350

RECEIPT: \_\_\_\_\_

PERMIT # \_\_\_\_\_

## Special Event Permit Instructions

1. The applicant shall complete all required information on the permit application. Include the 'who, what, when, and where' information as well as parking plans.
2. Include the traffic route, a traffic control plan, and a letter or email from a traffic control company for professional services. Traffic control services are required at a reasonable time prior to the start of the event until a time when all traffic obstructions have safely dispersed.
3. The applicant shall provide liability insurance and attach a copy of the policy to this application. Post Falls Highway District must be listed as a certificate holder and an additional named insured.
4. Submit a completed application including the \$350 fee to the Highway District for review and approval. This permit and all associated documents should be emailed or mailed to:

Special Event Permits

Post Falls Highway District

5629 E Seltice Way

Post Falls ID 83854

EMAIL: [contactus@postfallshd.com](mailto:contactus@postfallshd.com)

5. Applicants should take into consideration application processing time and start the application process at least 60 days prior to the desired date of the planned event. Applications received less than 30 days prior may not be approved.

Contact our office for any questions about this permit process at (208) 765-3717.