PUBLIC ASSEMBLAGE PERMIT APPLICATION

COMPLETE ALL SECTIONS IN DARK INK. DO NOT LEAVE ANY BLANK SPACES.
IF A FIELD DOES NOT APPLY OR INFORMATION IS UNAVAILABLE ENTER "N/A"

****FEES MUST BE PAID BEFORE APPLICATION WILL BE PROCESSED****

Quil Ceda Village
qʷəl'sidəʔ ʔalʔaltəd
QUIL CEDA VILLAGE
8802 27TH AVE NE TULALIP, WA 98271
MAIN (360) 716-5000 FAX (360) 651-4249

1 APPLICANT INFORMATION

FIRST	MIDDLE INITIAL	LAST	T-NUMBER (IF APPLICABLE)

MAILING ADDRESS	CITY	STATE	ZIPCODE

EMAIL ADDRESS	PHONE NUMBER

BUSINESS/ ORGANIZATION NAME	BUSINESS/ ORGANIZATION ID NUMBER	TAX ID NUMBER (IF APPLICABLE)

BUSINESS/ ORGANIZATION MAILING ADDRESS	CITY	STATE	ZIP CODE

2 EVENT INFORMATION

HOST'S NAME	HOST TITLE		HOST PHONE
EVENT LOCATION/ ADDRESS	CITY	ZIPCODE	HOST EMAIL ADDRESS

EVENT SCHEDULE(S): *PLEASE LIST ALL DAYS OF EVENT OPERATIONS, INCLUDING SETUP AND CLEANUP TIMES FOR EACH DAY.*

DAY(S):	START TIME:	END TIME:
DAY(S):	START TIME:	END TIME:
DAY(S):	START TIME:	END TIME:

ESTIMATED ATTENDANCE NUMBERS:

ATTENDEES:	STAFF:	VENDORS:	VEHICLES:

EVENT DESCRIPTION:

RENTAL AGREEEMENT SUBMITTED: [ ] NO [ ] YES (*ATTACH COPY*) **ADMISSION FEE CHARGED**: [ ] NO [ ] YES AMOUNT: $

3 EVENT SITE PLANS

[ ] FIRST AID KIT [ ] MEDICAL TENT WITH ONE DOCTOR AND ONE NURSE FOR DURATION OF EVENT (REQUIRED FOR 500+ ATTENDEES)

[ ] PARKING/TRAFFIC CONTROL	*[ ] SITE PLAN/ MAP*	*[ ] RESTROOM, SANITATION, REFUSE & WATER PLAN*

4 PAYMENT

PUBLIC ASSEMBLAGE PERMIT DESCRIPTION AND FEES:

[ ] CHARITABLE ORGANIZATION (ATTACH PROOF) *[ ] TULALIP TRIBES EVENT*

[ ] TULALIP TRIBAL MEMBER EVENT (ATTACH COPY OF TRIBAL ID) *[ ] BUSINESS ENTITY IN QCV* *[ ] OTHER*

*****PERMITS ARE NON-TRANSFERABLE AND ARE VALID EXCLUSIVELY FOR THE PERMIT HOLDER DURING THE ASSIGNED DATES AND TIMES*****

5 UTILITY SERVICES

FOR UTILITY SERVICE REQUESTS, PLEASE REFER TO THE INFORMATION LISTED BELOW, AS IT CONTAINS ALL REQUIRED DETAILS.

TULALIP AMPHITHEATRE (10400 34TH AVE NE TULALIP, WA 98271) HAS UTILITY SERVICES AVAILABLE, FIND APPLICATIONS AT:
https://quilcedavillage.org/Documents/View/151/Sewer-Application-Form-20260324.pdf
https://quilcedavillage.org/Documents/View/150/Water-Application-Form-20260324.pdf

GENERAL WATER SERVICES:

TO REQUEST WATER SERVICES FROM QUIL CEDA VILLAGE PUBLIC WORKS, SUBMIT A COMPLETED QCV APPLICATION FOR WATER SERVICE WITH ALL REQUIRED ATTACHMENTS.

WATER HYDRANT METER SERVICE AND EQUIPMENT REQUEST:

SUBMIT A COMPLETED QCV WATER HYDRANT METER EQUIPMENT LEASE AGREEMENT WITH REQUIRED ATTACHMENTS.

IF VENDORS WILL BE ON-SITE USING UTILITIES, THE APPLICANT MUST LIST THE ESTIMATED NUMBER OF VENDORS REQUESTING UTILITY SERVICES		
EST. # VENDORS NEED POWER:	EST. # VENDORS NEED WATER:	EST. # VENDORS NEED HAZARDOUS WASTE DUMP AREA:

NOTICE: FAILURE TO COMPLY WITH QUIL CEDA VILLAGE ORDINANCES, PUBLIC WORKS REQUIREMENTS, UNAUTHORIZED USE OF UTILITIES, ILLEGALLY DUMPING WASTE OR HAZARDOUS MATERIALS, MAY RESULT IN LICENSE REVOCATION, FINES, AND REMOVAL BY TULALIP POLICE DEPARTMENT

6 INSURANCE REQUIREMENTS

IF APPLICANT IS APPROVED, BELOW ARE THE INSURANCE REQUIREMENTS FOR LICENSEES:

THE LICENSSEE MUST MAINTAIN VALID INSURANCE COVERAGE FOR THE ENTIRE DURATION OF ON-SITE ACTIVITIES.
COMMERCIAL GENERAL LIABILITY INSURANCE IS REQUIRED.
THE POLICY MUST PROVIDE COVERAGE FOR LOSS, DAMAGE, OR LIABILITY ARISING FROM PERSONAL INJURY, DEATH, OR PROPERTY DAMAGES THE POLICY SHALL MAINTAIN MINIMUM LIABILITY LIMITS OF $1,000,000.00 (ONE MILLION DOLLARS AND ZERO CENTS) PER OCCURENCE
THE POLICY MUST LIST THE CERTIFICATE HOLDER/BENEFICIARY AS THE FOLLOWING:

QUIL CEDA VILLAGE
8802 27TH AVE NE TULALIP, WA 98271-9694

THE LICENSOR SHALL BE NAMED AS AN ADDITIONAL INSURED ON THE POLICY.
THE CERTIFICATE OF INSURANCE MUST BE PROVIDED TO THE LICENSOR FOR REVIEW AND APPROVAL.

ALL ON-SITE VENDORS MUST MAINTAIN INSURANCE COVERAGE OR BE COVERED UNDER THE APPLICANT'S POLICY. THE APPLICANT ASSUMES FULL RESPONSIBILITY FOR ANY UNINSURED VENDORS, ATTENDEES, STAFF, GUESTS, CUSTOMERS, AND ORGANIZERS.

7 ADDITIONAL INFORMATION

Please note that applications will not be processed until a valid payment receipt has been submitted.

Applications submitted without proof of payment will not be processed.

Prohibited items: Firearms, stolen goods, cannabis, alcohol, pornography, live animals, and political endorsement merchandise may not be sold within Quil Ceda Village boundaries.

All licensees must adhere to all applicable Quil Ceda Village laws, regulations and ordinances.

Use of the Quil Ceda Village logo, trademarks, or other protected tribal branding is prohibited on all signs and advertisements.

Unauthorized water use from QCV hydrants and walls hookups, along with dumping of waste, toxic and hazardous materials is strictly prohibited.

To be considered valid, applications must be submitted no later than 45 days prior to the event start date.

Proof of Commercial Liability Insurance with minimum coverage of $1,000,000.00 must be maintained throughout the licensed period.

8 SIGNATURE REQUIRED

By signing below, I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge. I understand that any false, misleading, or incomplete information may result in denial of this application or revocation of any license issued. I further agree to comply with all applicable Quil Ceda Village laws, regulations, ordinances, and licensing requirements.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

IF YOU USED AN AUTHORIZED REPRESENTATIVE OR INTERPRETER FOR THIS APPLICATION, PLEASE HAVE THEM FILL OUT THE FOLLOWING:

SIGNATURE:	PRINTED NAME	DATE
PHONE NUMBER	EMAIL ADDRESS	

QCV OFFICIAL USE ONLY

DATE:	APPLICATION REQUIREMENT CHECKLIST
	◯ APPLICANTION INFORMATION
STATUS:	◯ PAYMENT RECEIPT SUBMITTED
◯ APPROVED	◯ RENTAL AGREEMENT
◯ DENIED	UTILITY SERVICES, IF REQUESTED:
REASON(S):	◯ WATER SERVICES APPLICATION ATTACHED
	◯ WATER HYDRANT APPLICATION ATTACHED
	◯ CERTIFICATE OF INSURANCE

QCV REPRESENTATIVE	QCV SIGNATURE	DATE