



EVENT PERMIT

SECTION I – APPLICANT/PERMITTEE INFORMATION (TO BE COMPLETED BY APPLICANT/PERMITTEE)

I hereby request an Event Permit within the boundaries of the Nampa Highway District No. 1 per the information provided, and per the below listed conditions.

NAME OF APPLICANT/PERMITTEE

SIGNATURE OF APPLICANT/PERMITTEE

ADDRESS

DATE

CITY STATE ZIP

PHONE (CELL NUMBER PREFERRED)

NAME OF ORGANIZATION

NAME OF EVENT

DETAILS OF EVENT:

Date(s): _____ Time(s): _____

Location (attach map): _____

General Description (include how roadway and Right-of-Way will be used): _____

CONDITIONS:

1. Applicant hereby agrees to cure or remedy at its own expense, and hold the Nampa Highway District No. 1 harmless from, all damages to Nampa Highway District No. 1 facilities caused by or in connection with the use of said facilities, to the satisfaction of the Nampa Highway District No. 1.
2. Applicant shall provide proof of liability insurance in the amount of \$100,000 per person and \$500,000 per accident with the Nampa Highway District No. 1 named as insured.
3. Applicant shall notify the Canyon County Sheriff Department of the event, and have the Department complete Section II (Sheriff Department Acknowledgement) of this form.
4. Applicant shall arrange for escort services for the event, and have the service provider complete Section III (Escort Service Declaration) of this form.
5. Additional conditions apply as specified in Section IV (Approval) of this form.

SECTION II – SHERIFF NOTIFICATION (TO BE COMPLETED BY CANYON COUNTY SHERIFF DEPARTMENT)

The Canyon County Sheriff Department, Idaho, acknowledges that it has been notified of the Event as described on this application.

SIGNATURE – CANYON COUNTY SHERIFF DEPARTMENT

RANK OR TITLE

DATE

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SECTION III – ESCORT SERVICE DECLARATION (TO BE COMPLETED BY ESCORT SERVICE)

The Escort Service provider named below has entered into agreement with the Applicant to provide escort services for the Event as described on this application.

NAME OF ESCORT SERVICE PROVIDER

SIGNATURE OF AUTHORIZED REPRESENTATIVE

ADDRESS

DATE

CITY STATE ZIP

PHONE (CELL NUMBER PREFERRED)

SECTION IV – APPROVAL (TO BE COMPLETED BY HIGHWAY DISTRICT)

FEE PAID: Yes No

MAP RECEIVED: Yes No

PROOF OF INSURANCE RECEIVED: Yes No

ADDITIONAL CONDITIONS (IF NONE, SO STATE): _____

This Permit is granted in accordance with the terms and conditions contained herein:

SIGNATURE – HIGHWAY DISTRICT OFFICIAL

TITLE

DATE