

# EXPOSITION LICENSE & SPECIAL EVENT PERMIT APPLICATION

Town of West Yellowstone, Montana



Event: \_\_\_\_\_  
Sponsor Organization: \_\_\_\_\_  
Sponsor Address: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Date(s) of Event: \_\_\_\_\_  
Location of Event: \_\_\_\_\_

- A. **Event Detail:** Use the attached sheet to describe the event in detail and any special accommodations required from the Town.
- B. **Site Plan:** Detail the physical layout of the event on the attached site plan and return with the application. Provide as much detail and measurements as possible.
- C. **Liability Insurance:** If the event is taking place on public property, please provide a copy of the event's liability insurance naming the Town of West Yellowstone as additionally insured. Liability insurance coverage shall be in the minimum amounts of \$750,000 per claimant/\$1,500,000 per occurrence and include alcohol liability, if applicable. The Town Manager may grant exception to these limits based on general public health, safety and welfare associated with the request for exception, as well as the liability risk and the applicant's ability to pay.
- D. **Vendor List:** If the event includes vendors, provide a list of the names and addresses of all participating vendors 14 calendar days in advance.
- E. **Fees:** The basic fee for an event is \$25. Events that include vendors shall also pay \$25 per vendor for every vendor that does not already hold a business license in the Town of West Yellowstone.
- F. **Resort Tax:** The sponsor of exposition events must post a \$1500 bond in accordance with Chapter 3.12 of the West Yellowstone Municipal Code ([www.codepublishing/MT/WestYellowstone.html](http://www.codepublishing/MT/WestYellowstone.html)). The sponsor and vendors must collect 4% on all resort tax applicable sales and remit to the Town by the 20<sup>th</sup> of the month after the month of the event. All sales, including entrance and participation fees, are subject to resort tax. Please review Chapter 3.12 of the WYMC for further information, including possible exemptions. The bond will be returned within 90 calendar days of remittance of the resort tax.
- G. **Alcohol Consumption:** Public drinking and public display of alcoholic beverages must conform with Section 9.12.020 of the West Yellowstone Municipal Code. The public place where the event will be held must be exempted by resolution of the Town Council before alcoholic beverages may be allowed. Please attach a separate letter addressed to the West Yellowstone Town Council making this request.
- H. **Sound:** Amplified sound may be allowed by obtaining an additional non-fee special permit from the Town Council, in accordance with Section 8.16.020 of the West Yellowstone Municipal Code. If applicable, please attach the Outside Amplification Permit Application.

Event Fee: \$ \_\_\_\_\_  
Resort Tax Bond: \$ \_\_\_\_\_  
Vendor(s) Fee: \$ \_\_\_\_\_  
Total Due: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

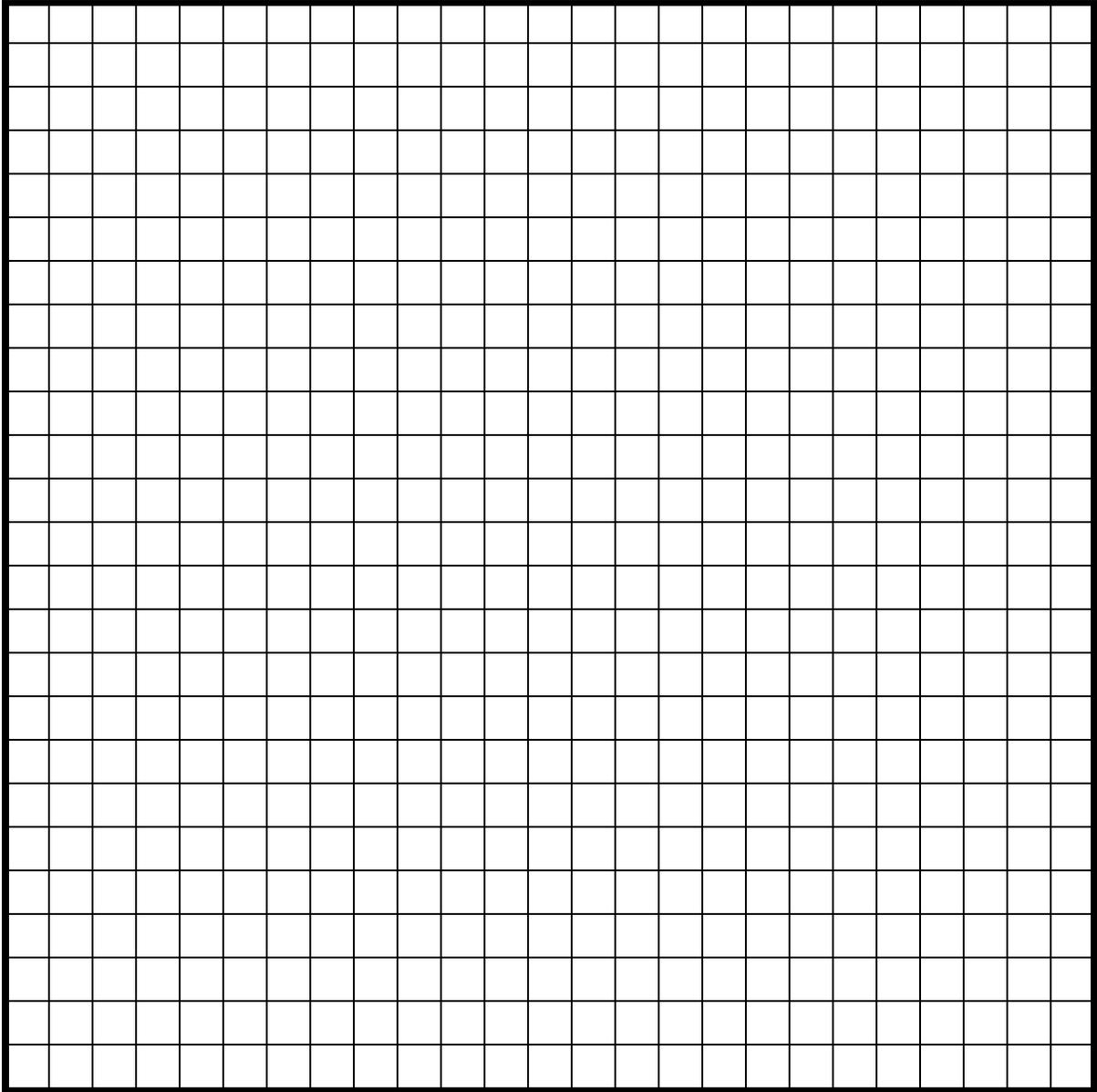
\_\_\_\_\_  
Date

Date Received by the Town: \_\_\_\_\_



# SITE PLAN

Event: \_\_\_\_\_



Please indicate direction

## VENDING AND SALES

**Complete this section if the event includes sales of any kind.**

**Event:** \_\_\_\_\_ **Date(s)** \_\_\_\_\_

Attach additional sheets as necessary.

**Primary Sponsor:** \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

Vendor Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Type of sales: \_\_\_\_\_  
Resort Tax applicable: YES NO

## FOR OFFICE USE ONLY

Department	Initials	Date	Comments
Pub Services			
H20/Sewer			
Fire			
Police			
Finance			
Administration			

Notes/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approved

Denied

\_\_\_\_\_  
Town Clerk

\_\_\_\_\_  
Date

### ATTACHMENTS

Liability Insurance                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Waived

Outside Amplification Permit                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ NA

Encroachment Application                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ NA

Open Container Resolution                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ NA

Resort Tax Bond                      \_\_\_\_\_ Paid                      \_\_\_\_\_ Surety                      \_\_\_\_\_ NA