

Missoula County
Department of Public Works
6089 Training Dr Missoula MT 59808
Phone: 406.258.4832 Fax: 406.258.4864

OFFICE USE ONLY	
Application Fee	_____
Insurance	_____
Map/Plan	_____
Application Checklist	_____

**COVER SHEET FOR APPLICATION TO CONDUCT
A SPECIAL EVENT ON PUBLIC RIGHT-OF-WAY**

This cover sheet must be accompanied by all relevant documentation as noted in the Procedures for Special Events documentation a minimum of 30 days prior to event date.

PLEASE PRINT, except for signature.

Organization/Applicant Name _____ Application Date _____

Designated Representative _____

Mailing Address _____ City _____ Zip Code _____

Phone (work) _____ (cell) _____ e-mail _____

Event Name _____ Event Date(s) _____

Event Times (inc. setup/teardown) _____

Estimated number of participants _____ Estimated Number of Spectators _____

If this application is approved, the undersigned hereby agrees to (1) pay the total cost for conducting any traffic control, including costs associated with the Missoula County Sheriff's office related to the special event described in the application to Missoula County, and (2) provide a certificate of general liability and auto liability insurance in an amount specified by Missoula County, its officials, officers, employees and agents as additional insured.

The undersigned accepts the responsibility for any cost in excess of the estimated cost agreed upon prior to the event. This additional cost, payable to Missoula County, is due upon request following the event. If the estimated cost exceeds the actual cost, the balance will be refunded. In the event the applicant fails to pay any such excess upon request, and Missoula County files suit to recover said amount, Missoula County shall be awarded the amount owed plus its reasonable attorney's fees and costs.

The applicant agrees to defend, indemnify and hold harmless Missoula County, its commissioners, officials, officers, directors, agents and employees from and against any and all claims, demands, suits, actions or proceedings of any kind whatsoever in any way resulting from this agreement. The County has absolutely no financial obligation to any person or entity as a result of entering into this agreement.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I, the undersigned, certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may justify dismissal of this event if discovered at a later date.

I understand that if this application is approved, it is conditioned upon compliance with the policies and procedures of Missoula County governing special events.

I certify that the statement contained herein or attached hereto are true, accurate and complete to the best of my knowledge and belief.

By (signature)	Name of Organization
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Title	Date
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