

OPEN CONTAINER WAIVER APPLICATION

CITY OF WHITE SULPHUR SPRINGS

105 W. Hampton St., P.O. Box 442, White Sulphur Springs, MT 59645
Phone: (406) 547-3911 Fax: (406) 547-3945 Email: wss@itstriangle.com

Applicant Information:

Applicant Name: _____ Phone: _____
Physical Address: _____ Mailing Address: _____

Event Information:

Event: _____
Event Location: _____
Event Date: _____ Event Time: _____

Application Information:

This application is made to request a Waiver of the Open Container restriction in the City's Municipal Code.

Attach to the application:

1. A map identifying the event location needing the waiver.
2. A safety plan for the event addressing such issues as: underage participants; consequences when underage people are caught drinking; a policy regarding service for people who are visibly intoxicated or who appear impaired; actions in the event of a disturbance or medical or other emergency; and other measures to insure a safe environment.

The applicant is responsible for coordinating with law enforcement to set up and tear down any barricades or other equipment necessary for the event and will give law enforcement contact information for the responsible party for the event.

Applicant Agreement:

(Please initial next to each statement.)

_____ The waiver is at my/our sole and exclusive expense and risk.
_____ The City is not required to approve the waiver for the event and the City may withdraw or revoke the waiver in the event of a violation of the terms and/or conditions of the waiver.
_____ The City may require modifications to the safety plan as part of the review of the waiver application. Any and all modifications required by the City must be included and an updated plan must be submitted to the City before the waiver can be issued.
_____ The event must conform to federal, state, and local laws as well as current Municipal Code and any regulations otherwise imposed by law.
_____ I/We will obtain insurance for the event and the City of White Sulphur Springs will be listed as an additional insured. (\$1,000,000 per occurrence/\$2,000,000 aggregate)
_____ I/We assume all liability for any injury incurred or sustained as a result of the waiver for this event.
_____ I/We agree to release, defend, indemnify, and hold harmless the City of White Sulphur Springs, its agents and assigns, from and against any and all actions, claims, demands or assertions of liability, costs and expenses including but not limited to reasonable attorney's fees involving or relating to any harm, injury or damage suffered or sustained which in any manner may arise or may be alleged to have arisen, or resulted or alleged to have resulted from the issuance of the permit and the associated event.

Applicant Signature/Date: _____

Waiver Approval:

Is the event location on or over City property or a City right-of way? Circle One: Yes or No
Waiver Approval Date: _____
Mayor's Signature: _____