Stillwater County Event Application and Agreement
431 Quarry Road, Columbus, MT 59019 Phone 406-322-8050

Application Date		**Application #**	
1. APPLICANT INFORMATION			
NAME		**TITLE**	
ORGANIZATION			
ADDRESS		**CITY, STATE, ZIP**	
PHONE #		**EMAIL**	
2. EVENT DETAILS			
LOCATION	☐ **Civic Center - 16 Sheep Dip**	☐	**Pavilion - 328 E. 5th Ave North**
EVENT NAME		**DESCRIPTION**	
TYPE OF EVENT	☐ PUBLIC	☐ PRIVATE	

Public Event: A Certificate of Insurance is required for planned events open and advertised to the public with a minimum coverage of $1,000,000 per claim / $1,000,000 per occurrence liability coverage listing Stillwater County as additional insured. Stillwater County must be named as additional insured. Please attach policy to application.

DATE AND TIME OF EVENT	**DATE**	**TIME**
SETUP:		
EVENT(S):		
TEAR DOWN/CLEAN-UP:		
ESTIMATED NUMBER OF USERS	**PARTICIPANTS/EXHIBITORS**	**GUESTS/SPECTATORS**

3. FOOD AND BEVERAGE

WILL FOOD BE SERVED	YES NO	**WILL EVENT BE CATERED**	YES NO

Public Events with food and/or beverage services will be required to meet sanitation requirements and obtain a food service licence. Contact the Stillwater County Health Department at (406) 322-8055.

WILL ALCOHOL BE SERVED	YES NO	All events serving alcohol must fully comply with the attached Stillwater County alcohol policy.

3. FEES (REFER TO SLIDING BENEFIT SCALE)

The sliding benefit scale provides a formula for establishing the Stillwater County fee schedule. Fees are lower for those uses and activities that have a broad community benefit. Fees are higher for activities that are directed toward individual benefits or commercial activities.

TOTAL FEE AMOUNT	$
TOTAL DEPOSIT AMOUNT	$

GUARANTEE YOUR DATE. Payment of fees and all required documentation due with application prior to securing event date(s) on calendar.

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AMENDMENTS IN WRITING: Any amendments to this Agreement must be in writing and this agreement shall be binding upon the heirs and personal reqpresentatives of the Lessor.

ATTORNEYS FEES AND COSTS: The parties further agree that, in the event of litigation arising out of this agreement, the prevailing party shall be entitled to its attorney's fees and costs.

ASSIGNMENTS: This agreement cannot be assigned.

INDEMNITY: All Lessees are requried to complete the attached indemnity agreement.

LIABILITY INSURANCE: All Lessees shall provide at Lessees' expense, commercial general liability / general liability insurance to indemnify and hold Stillwater County harmless for services performed under the terms of this agreement. The liability policy shall be in a minimum amount of $1,000,000 per occurrence and Aggregate. A certificate of insurance showing the coverage obtained by Lessee shall be provided to, and name, Stillwater County as additional insured.

WORKER'S COMPENSATION INSURANCE: Commercial Lessees must provide either documentation of worker's compensation insurance coverage or a valid Certificate of Independent Contractor Exemption.

NONDISCRIMINATION: In awarding (and performance of) this Agreement, Lessee and Stillwater County will hire on the basis of merit and qualifications. In awarding (and in any performance of) this Agreement, Lessee and Lessor will not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental handicap, or national origin. In accepting (and performance of) this Agreement, Lessee will not discriminate on the basis of race, color, religion, creed, political ideas, sex, age, marital status, physical or mental handicap, or national origin.

SEVERANCE CLAUSE: In the event that any portion of this Agreement is deemed invalid or void, the remaining portions shall remain in full force and effect.

RULES AND REQUIREMENTS: In signing this Rental Agreement, the Lessee signifies that he/she has been provided a copy of the Rules and Requirements governing the use of the Stillwater County facilities and has had an opportunity to review those Rules and Requirements.

I hereby certify that I have read and understand the Stillwater County Rules and Requirements regarding the use of Stillwater County owned property. I further agree to be responsible for all damages as a result of use.

LESSEE PRINT NAME/TITLE		LESSOR PRINT NAME/TITLE	Stillwater County
SIGNATURE		SIGNATURE	
DATE		DATE	
ADDRESS		ADDRESS	431 Quarry Road
CITY, STATE, ZIP		CITY, STATE, ZIP	Columbus, MT 59019
PHONE		PHONE	406-322-8050

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FOR OFFICIAL USE ONLY: TO BE COMPLETED BY STILLWATER COUNTY						
BENEFIT LEVEL				**DATA MANAGEMENT**		
NON-RESIDENT INDIVIDUAL OR COMMERCIAL				CALENDAR OF EVENTS		
STILLWATER COUNTY RESIDENT & BUSINESS				DATABASE		
STILLWATER COUNTY COMMUNITY OR NONPROFIT				HARD COPY FILE		
TOTAL FEES & DEPOSITS						
DESCRIPTION	AMOUNT	DATE PAID	PAYMENT METHOD			CHECK #
FEES			CHECK	ONLINE	CARD	
DEPOSIT			CHECK	ONLINE	CARD	
OTHER			CHECK	ONLINE	CARD	
APPLICATION REQUIREMENTS						
LIABILITY INSURANCE POLICY	YES	NO		Date received		
WORKER'S COMPENSATION INSURANCE	YES	NO	N/A	Date received		
INDEMNITY AGREEMENT	YES	NO		Date received		
SIGNED APPLICATION	YES	NO		Date received		
APPLICATION PAYMENT FEES	YES	NO		Date received		
APPLICATION PAYMENT DEPOSIT	YES	NO		Date received		
FOOD SERVICE LICENSE	YES	NO	N/A	Date received		
ALCOHOL LICENSE	YES	NO	N/A	Date received		
INTERNAL ROUTING						
APPLICANT		COMMISSION		SHERIFF		SC FACILITIES
POST EVENT WALKTHROUGH INSPECTION COMPLETED BY:				DATE:		
PHYSICAL CONDITION	ACCEPTABLE	UNACCEPTABLE				
CLEANLINESS	ACCEPTABLE	UNACCEPTABLE				

REMARKS:

DEPOSIT RETURNED | YES | NO |

REASON(S) FOR DEPOSIT NOT RETURNED:

STILLWATER COUNTY USE PERMIT

APPLICATION # _____

THIS CERTIFIES A USE PERMIT HAS BEEN ISSUED TO: _____

FOR: _____ AT _____

DATE(S): _____

SPECIAL PROVISIONS (LIST, IF ANY)

SIGNED

PRINT NAME DATED

Stillwater County Commissioner

PLEASE KEEP THIS PERMIT WITH YOU DURING YOUR EVENT