CITY OF CLARKSTON
CITY COUNCIL AGENDA
829 5th Street
TUESDAY, MAY 26, 2026

1. **REGULAR MEETING CALL TO ORDER:** **5:30 P.M.**
2. **PLEDGE OF ALLEGIANCE:**
3. **AGENDA CHANGES:**
4. **APPROVAL OF MINUTES: May 11, 2026 Regular Meeting**

5. **COMMUNICATIONS:**
   - A. **From the Public:**
   - B. **From the Mayor:**
   - C. **From Staff or Employees:**

6. **COMMITTEE REPORTS:**
   - A. **Finance/Admin – Audit Report on Current Bills**
   - B. **Public Safety – Did not meet**
   - C. **Public Works – 5/19/26**
   - D. **Outside Organizations – Visit LC Valley, Health District, EMS Council, Valley Vision, PTBA, SEWEDA, MPO, Regional Stormwater, Lodging Tax Advisory**

7. **CONSENT AGENDA:**
   - A. **Special Event Permit, Silent Reading Party – Asotin Co Library (Public Works)**
   - B. **Special Event Permit, Summer Youth Program Grand Finale – QBH (Public Works)**
   - C. **Special Event Permit, Flower Printing – Asotin Co Library (Finance/Admin)**

8. **UNFINISHED BUSINESS: None**

9. **NEW BUSINESS:**
   - A. **Lodging Tax Funding Application Scoring Tool (Finance/Admin)**
   - B. **Connecting Housing to Infrastructure Program Grant – Dept of Commerce (Finance/Admin)**
   - C. **Agreement Re: CHIP Grant – Horizon Housing Alliance (Finance/Admin)**
   - D. **Discussion of Abatement at 812 9th Street**

10. **COUNCIL COMMENTS:**
11. **QUESTIONS FROM THE PRESS:**
12. **EXECUTIVE SESSION: None**
13. **ADJOURN:**

Time limits for addressing the council have been established by council direction. Presentations are limited to 15 minutes and public comments are limited to 3 minutes per person, per topic.

Individuals with disabilities may request reasonable accommodations by calling (509) 758-5541 at least three days prior to meeting.

CLARKSTON CITY COUNCIL MINUTES
May 11, 2026

ROLL CALL: Skate Pierce, Russ Evans, Sheila McDougall, Sarah Reaves and David Wilson. Pat Holman and Robin Albers absences were excused on MOTION BY WILSON / REAVES Motion Carried.

STAFF: Finance & HR Specialist Fenelon, PWD Dimmick and Attorney Richardson

AGENDA CHANGES: None.

APPROVAL OF MINUTES: Minutes of the April 27, 2026, Regular Meeting were approved as distributed.

COMMUNICATIONS:

A. From the Public: None.

B. From the Mayor: None.

C. From Staff or Employees: Attorney Richardson discussed possible abatement of nuisance/junk of a resident. Abatement of the property will be placed on the May 26, 2026, agenda. The resident will be invited to address council at that meeting.

COMMITTEE REPORTS:

Finance/Admin: Total expenditures for the May 11, 2026, period of $779,012.80. MOTION BY WILSON / EVANS to approve the paying of the bills. Motion Carried.
Public Safety: Mayor Lawrence advised they did not meet.
Public Works: Mayor Lawrence advised that the minutes were included in the packet.
Outside Organizations: Mayor Lawrence advised that any minutes were included in the packet.

CONSENT AGENDA: MOTION BY PIERCE / WILSON to approve the Consent Agenda. Motion carried.

A. Request for Work – Asotin County Road Department (Public Works)
B. Special Event Permit, Pride at the Park – PFLAG (Finance/Admin)
C. Agreement for City Hall Janitorial Services, 2026 – Nicole Dimmick (Finance/Admin)

UNFINISHED BUSINESS: None.

NEW BUSINESS: None.

COUNCIL COMMENTS: Councilmember Wilson would like to look at having a committee do research regarding a tourism promotion area. Councilmember Pierce discussed an email received by a constituent regarding helmets and helmet laws for individuals riding bicycles, electric scooters and electric bikes. Fire Captain Tietz in the audience commented that the number of electric bike and scooter accidents with serious injury CFD is responding to has drastically increased. Councilmember Reaves asked Tietz if he could provide those numbers to Council. Councilmember Reaves gave a shout out to

Clarkston Epic for the event they hosted last week. At the event Community Resource Officer Morbeck was honored for his service to the community.

PRESS QUESTIONS: None.

EXECUTIVE SESSION: None.

ADJOURNMENT:
Meeting adjourned at 5:52 pm.

Rachel Frost, City Clerk

Monika Lawrence, Mayor

Total Fund Expenditures 5/11/26	Ck #82271-82340	$452,252.77
Payroll 5/5/26	Ck #82252-82270	$326,760.03

PWC 5-19-26

Attending: Sheila McDougall, Richard Gittins, Sarah Reaves, Skate Pierce, Mayor Lawrence, Mike Dimmick

1. Special permit for summer youth program at Beachview
2. Special permit for Asotin County Library at Beachview
3. Dumpsters bids are in Waste Equipment has the lowest bid.
4. Sweeper Bid $392,417.38. Letter from the county stating how money will be reimbursed to the city.
5. Discussed a request for a variance on permit fees. Comps will be made available to council members. Further discussion to follow.

LEWIS-CLARK VALLEY MPO

MINUTES
LEWIS CLARK VALLEY MPO POLICY BOARD
Thursday, April 9, 2026 – 4:00 p.m.
FIRST Floor Public Works Conference Room, Bell Building – 215 D Street – Lewiston, ID

Policy Board Members: City of Lewiston – Dustin Johnson (Chair), Jessica Klein, Jim Kleeburg; City of Clarkston – Sarah Reaves (Vice Chair); Nez Perce County – Hannah Liedkie; Asotin County – Brian Shinn, Joshua Malkin; City of Asotin – Lori Loseth
Director: Rebecca Couch

1. **CALL TO ORDER.** 4:00 p.m. Vice Chair Reaves called the meeting to order.
2. **INTRODUCTIONS.** Sarah Reaves, Jim Kleeburg, Brian Shinn, Josh Malkin, Shannon Grow (proxy for Dustin), Jenny George, Rebecca Couch
3. **CITIZEN COMMENTS.** None.
4. **AGENDA**

A. **Approval of Minutes**: February 12, 2026, **Action: Approval**

Brian made a motion to approve. Jim provided a second. Motion passed unanimously.

B. **Financial Statements** – February and March 2026, **Action: Approval**

February 2026	
Checks	
Payroll	
Electronic Payments	$ 1,015.44
TOTAL EXPENSES:	$ 1,015.44

March 2026	
Checks #1007-1008	$ 17,000.00
Payroll	
Electronic Payments	$ 11,827.17
TOTAL EXPENSES:	$ 28,827.17

Shannon made a motion to approve. Brian provided a second. Motion passed unanimously.

C. **FY2026-2030 Transportation Improvement Program (TIP)** – Review of Minor Modifications approved by Director. **No Action.**

1) **MINOR MODIFICATION 26-04,** City of Lewiston, Key #24379, Burrell Ave Sidewalk Infill. Adjustment to award, increase of $11K in Carbon urban area funds.

2) **MINOR MODIFICATION 26-05,** WSDOT-SC, Key #501217G02, US 12/Snake River Clarkston Bridge – Bridge Painting, previous TIP project added back to FY2026-2030 TIP.
3) **MINOR MODIFICATION 26-06,** WSDOT-SC, Key #BPLCVMPO, Asphalt/Chip Seal Preservation Lewis Clark Valley MPO, previous TIP project added back to FY2026-2030 TIP.

Rebecca explained the above Minor Modifications to the 2026-2030 TIP.

5. MPO Director Comments

A. **Summary of Invoices/Project Contracts per LCVMPO Financial Procedures**

1) Palouse RTPO, Administrative Services for February 2026, Invoice 017 for $7,000 and for March 2026, Invoice 018 for $7,000.
2) City of Lewiston, GIS Services FY26 Qtr 2, Jan-March 2026, Invoice 7213 for $8,500.
3) Other Director Comments/Updates. HSTP Update is on track for September adoption. Will have a draft plan brought to the Policy Board for review/comments in June. Month of June will serve as public comment period. Rebecca reported on February STBG/FTA urban balancing meetings in Boise.

B. **Upcoming Travel:** None.

6. MPO Policy Board Comments

Brian asked about what color the US12/Snake River Clarkston bridge will be painted. Shannon suggested Rebecca reach out to WSDOT to inquire. All agreed that the blue color is near and dear to the valley.

7. ADJOURNMENT: Next regular Policy Board meeting is scheduled for **May 14, 2026**

Meeting adjourned at 4:12 p.m.

Public Transportation Governing Body meeting May 13th 2026.

- Discussed draft of the Annual Transit Development Plan for 2026- 2031.
- A Public Hearing on the Transit Development Plan will be held July 8th, as report is due September 1st.
- Usage climbed from 1,530 riders in April 2025 to 4,487 in April 2026.
- 449 youth used the busses last month.
- One bus is in the shop for repair but has not held up operations as we have a reserve bus on hand.

CITY OF CLARKSTON
SPECIAL EVENTS PERMIT APPLICATION

City of Clarkston

829 Fifth Street, Clarkston, WA 99403

	The purpose of this form is for events within the City of Clarkston that meet the special events/special use definitions, or as determined by the Clarkston Municipal Code.	**Date:** 5/7/2026
1	**Applicant:** Asotin County Library	**Phone:** 509-758-5454
	Address: 417 Sycamore St	**City:** Clarkston
	e-mail: ekolb@aclib.org	**State, Zip:** WA 99403
	Contact Person: Erin Kolb	**Phone:**
	Address: Same as above	**City:**
	e-mail:	**State, Zip:**
	Sponsoring Organization: Asotin County Library	**Phone:**
	Address: Same as above	**City:**
	Website: www.asotincountylibrary.org	**State, Zip:**
2	**Event Title:** Silent Reading Party	
	Description: Celebrate the beginning of the Library's summer reading program - gather to read together	
	Will City Services be requested for street closure: ☐ YES ☒ NO	
	Date(s) of Event: 6/23/2026 **From:** 5 AM/(PM) **TO:** 7 AM/(PM)	
	Event Location: Beachview Park - picnic shelter **Ages of Attendees:** 18+ **Total Attendance:** 20	
	Is this an Annual Event? NO **How many years have you held this event?** N/A	

3 **Site Plan/Route Map**

Provide a plan or map of the entire event venue with the items listed below including streets. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.

- The location of fencing, barriers, and barricades. Indicate any removable fencing for emergency access.
- The location of first aid facilities and ambulances.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers and dumpsters, and temporary structures.
- A detailed plan of food booths and cooking area configurations; including booth identification of all vendors cooking with flammable gases or barbeque.
- Generator locations or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tent structures.
- Locations of fire extinguishers.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

4 **Entertainment and Related Activities**

YES NO

☐ ☒ Are there any musical entertainment features related to your event?
If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedules.

☐ ☒ Number of Stages _____ Number of Performers/Bands _____
Will Sound amplification be used? If yes, Start /time_____ Finish/Time _____

☐ ☒ Other related entertainment and related activities not listed above?
If yes, describe:

_____

_____

_____

☐ ☒ Will items such as inflatables, lasers, banners, or decorations, present unique liability issues?

_____

_____

5

YES NO

☐ ☒ Is this an event involving political or religious activity intended primarily for the Communication or expression of ideas?

6 Food Concessions or Preparation

A business license is required for the sale of goods or services in the City of Clarkston.

YES ☐ NO ☒ Does your event include food concessions or preparation?
If yes, describe how food will be served and/or prepared:

YES ☐ NO ☒ Will food be cooked in the event area?
If yes, specify method:

☐ Gas ☐ Electric ☐ Charcoal ☐ Other _____

Concessionaires

YES ☐ NO ☒ Will items or services be sold at your event?
If yes, describe and attach a complete list of Vendors:

YES ☐ NO ☒ Will items or services sold at your event present unique liability issues (e,g, massage, body piercing, animal rides, etc.)
If yes, describe and attach a complete list of vendors.

7 Portable Toilets

YES ☐ NO ☒ Do you plan to provide portable toilet facilities at your event?

If yes: Total number of portable toilets _____
Number of ADA accessible portable toilets _____
If no, explain: _____

Portable Toilet Co. _____

Equipment Setup: Date: _____ Time: _____

Equipment Pickup: Date: _____ Time: _____

8	**Additional charges for dumpster rental and disposal fees may apply.** Number of Dumpsters _____
9	**Mitigation of Impact** YES NO ☐ ☒ Have you met with residents, businesses, places of worship, schools, and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. If no, please explain: ☐ ☐ Do you have a sample of the notice that you will distribute prior to your event? If yes, please attach.
10	**Business or Resident Petition** YES NO ☐ ☒ Do you intend to close off any road or access to a business or Residence? If yes, all businesses or residential property owners or lessees within the road Closure shall give their acknowledgement in writing to the person or organization seeking the permit. The name, address, phone number, signature and approval or disapproval of each person shall be on the petition. Please attach a complete petition of all businesses or residences with the closure area. **Important: A separate right-of-way permit is required for road closures.**

11	**Insurance Requirements** Liability insurance naming the City of Clarkston as an additional insured may be required for events as deemed necessary by the Clerk Treasurer or designee. Applicants required to obtain insurance shall provide proof of commercial general liability insurance in the amount of $1,000,000 combined single limit per occurrence. Such insurance shall be primary over any coverage held by the City and shall name the City as an additional insured. Two weeks prior to the event date, the applicant shall submit a copy of the insurance policy declaration page to the City as evidence of acceptable insurance coverage. **The certificate of insurance shall include the following items:** location of event; type of event; separate endorsement sheet; date(s) of coverage.

Affidavit of Application

12 *I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Clarkston Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council, Clerk/Treasurer, or the Clerk/Treasurer's designee.*

Applicant agrees to indemnify, defend and hold harmless the City, its officers, agents and employees from and against any and all claims, actions, damages, liability, cost and expense, including reasonable attorney's fees in connection with or occasioned, in or whole or in part by any act or omission of Applicant, its officers, agents, employees, customers, or licenses, or arising from or out of Applicant's failure to comply with any provisions of this permit, regardless whether it is alleged or proven that the acts or omissions of the City, its officers, agents or employees caused or contributed thereto.

With respect to the performance of this Permit, and as to claims against the City, its officers, agents and employees, the Applicant expressly waives its immunity under Title 51 of the Revised Code of Washington for injuries to its employees and agrees the obligation to indemnify, defend, and hold harmless provided for in this paragraph extends to any claim brought by or on behalf of any employee of the Applicant.

I agree to abide by these rules and further certify that I, on behalf of any employee of the Applicant.

I agree to abide by these rules and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Clarkston.

Print Name of Responsible Person: Erin Kolb

Signature: [signature] **Date:** 5/7/26

FOR OFFICIAL USE ONLY

Approved by: Police_____ **Fire**_____ **Public Works**_____

Clerk Treasurer_____ **Council**_____

Permit Detained /Denied for the following reasons:_____

Approval with the following Conditions: _____

CITY OF CLARKSTON
SPECIAL EVENTS PERMIT APPLICATION

City of Clarkston

829 Fifth Street, Clarkston, WA 99403

	The purpose of this form is for events within the City of Clarkston that meet the special events/special use definitions, or as determined by the Clarkston Municipal Code.	**Date:** 5/08/2026
1	**Applicant:** Quality Behavioral Health	**Phone:** 509-758-3341
	Address: 900 7th St	**City:** Clarkston
	e-mail: hcochrell@qbhs.org	**State, Zip:** WA 99403
	Contact Person: Heather Cochrell	**Phone:** 509-758-3341
	Address:	**City:**
	e-mail:	**State, Zip:**
	Sponsoring Organization:	**Phone:**
	Address:	**City:**
	Website: www.qbhs.org	**State, Zip:**
2	**Event Title:** Summer Youth Program Grand Finale	
	Description: Pizza and games in the park for Summer youth program participants, their families, agency staff & community partners.	
	Will City Services be requested for street closure: ☐ YES ☒ NO	
	Date(s) of Event: 8/6/2026 **From:** 4:30 AM/(PM) **TO:** 7:30 AM/(PM)	
	Event Location: Beachview Park **Ages of Attendees:** all ages **Total Attendance:** approx 100 people	
	Is this an Annual Event? yes **How many years have you held this event?** 19 yrs	

3 **Site Plan/Route Map**

Provide a plan or map of the entire event venue with the items listed below including streets. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.

- The location of fencing, barriers, and barricades. Indicate any removable fencing for emergency access.
- The location of first aid facilities and ambulances.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers and dumpsters, and temporary structures.
- A detailed plan of food booths and cooking area configurations; including booth identification of all vendors cooking with flammable gases or barbeque.
- Generator locations or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tent structures.
- Locations of fire extinguishers.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

4 **Entertainment and Related Activities**

YES ☐ NO ☒ Are there any musical entertainment features related to your event? If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedules.

☐ ☒ Number of Stages _____ Number of Performers/Bands _____
Will Sound amplification be used? If yes, Start /time _____ Finish/Time _____

☒ ☐ Other related entertainment and related activities not listed above?
If yes, describe: yard games, potentially using a microphone/sound system

☐ ☒ Will items such as inflatables, lasers, banners, or decorations, present unique liability issues?

5 YES ☐ NO ☒ Is this an event involving political or religious activity intended primarily for the Communication or expression of ideas?

6

Food Concessions or Preparation

A business license is required for the sale of goods or services in the City of Clarkston.

YES ☐ NO ☒ Does your event include food concessions or preparation?
If yes, describe how food will be served and/or prepared:

YES ☐ NO ☒ Will food be cooked in the event area?
If yes, specify method:

☐ Gas ☐ Electric ☐ Charcoal ☐ Other _____

Concessionaires

YES ☐ NO ☒ Will items or services be sold at your event?
If yes, describe and attach a complete list of Vendors:

YES ☐ NO ☒ Will items or services sold at your event present unique liability issues (e,g, massage, body piercing, animal rides, etc.)
If yes, describe and attach a complete list of vendors.

7

Portable Toilets

YES ☐ NO ☒ Do you plan to provide portable toilet facilities at your event?

If yes: Total number of portable toilets _____
Number of ADA accessible portable toilets _____
If no, explain: _____

Portable Toilet Co. _____

Equipment Setup: Date: _____ Time: _____

Equipment Pickup: Date: _____ Time: _____

8	**Additional charges for dumpster rental and disposal fees may apply.** Number of Dumpsters NA
9	**Mitigation of Impact** YES NO ☐ ☒ Have you met with residents, businesses, places of worship, schools, and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. If no, please explain: This will be a small gathering that should not negatively impact others. Parking provided should be more than sufficient ☐ ☒ Do you have a sample of the notice that you will distribute prior to your event? If yes, please attach.
10	**Business or Resident Petition** YES NO ☐ ☒ Do you intend to close off any road or access to a business or Residence? If yes, all businesses or residential property owners or lessees within the road Closure shall give their acknowledgement in writing to the person or organization seeking the permit. The name, address, phone number, signature and approval or disapproval of each person shall be on the petition. Please attach a complete petition of all businesses or residences with the closure area. **Important: A separate right-of-way permit is required for road closures.**

11	**Insurance Requirements** Liability insurance naming the City of Clarkston as an additional insured may be required for events as deemed necessary by the Clerk Treasurer or designee. Applicants required to obtain insurance shall provide proof of commercial general liability insurance in the amount of $1,000,000 combined single limit per occurrence. Such insurance shall be primary over any coverage held by the City and shall name the City as an additional insured. Two weeks prior to the event date, the applicant shall submit a copy of the insurance policy declaration page to the City as evidence of acceptable insurance coverage. **The certificate of insurance shall include the following items:** location of event; type of event; separate endorsement sheet; date(s) of coverage.

Affidavit of Application

12 *I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Clarkston Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council, Clerk/Treasurer, or the Clerk/Treasurer's designee.*

Applicant agrees to indemnify, defend and hold harmless the City, its officers, agents and employees from and against any and all claims, actions, damages, liability, cost and expense, including reasonable attorney's fees in connection with or occasioned, in or whole or in part by any act or omission of Applicant, its officers, agents, employees, customers, or licenses, or arising from or out of Applicant's failure to comply with any provisions of this permit, regardless whether it is alleged or proven that the acts or omissions of the City, its officers, agents or employees caused or contributed thereto.

With respect to the performance of this Permit, and as to claims against the City, its officers, agents and employees, the Applicant expressly waives its immunity under Title 51 of the Revised Code of Washington for injuries to its employees and agrees the obligation to indemnify, defend, and hold harmless provided for in this paragraph extends to any claim brought by or on behalf of any employee of the Applicant.

I agree to abide by these rules and further certify that I, on behalf of any employee of the Applicant.

I agree to abide by these rules and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Clarkston.

Print Name of Responsible Person: Heather Cashell

Signature: [signature] **Date:** 5/8/2026

FOR OFFICIAL USE ONLY

Approved by: Police_____ **Fire**_____ **Public Works**_____

Clerk Treasurer_____ **Council**_____

Permit Detained /Denied for the following reasons:_____

Approval with the following Conditions: _____

CITY OF CLARKSTON
SPECIAL EVENTS PERMIT APPLICATION

City of Clarkston

829 Fifth Street, Clarkston, WA 99403

	The purpose of this form is for events within the City of Clarkston that meet the special events/special use definitions, or as determined by the Clarkston Municipal Code.	**Date:**
1	**Applicant:** Nicole Hahn	**Phone:** 509-758-5454
	Address: 417 Sycamore St	**City:** Clarkston
	e-mail: youthservices@aclib.org	**State, Zip:** WA, 99403
	Contact Person: Nicole Hahn	**Phone:** 509-758-5454
	Address: 417 Sycamore St	**City:** Clarkston
	e-mail: youthservices@aclib.org	**State, Zip:** WA, 99403
	Sponsoring Organization: Asotin County Library	**Phone:** 509-758-5454
	Address: 417 Sycamore St	**City:** Clarkston
	Website: https://www.asotincountylibrary.org/	**State, Zip:** WA, 99403

2

Event Title: Flower Printing

Description: Teens will use hammers and rollers to transfer the pigment in flower petals onto paper or fabric. This is part of ACL's Summer Reading activities focusing on gardening and farming.

Will City Services be requested for street closure: ☐ **YES** ☑ **NO**

Date(s) of Event: 7/15/2026 **From:** 10:30 (AM)/PM **TO:** 11:30 (AM)/PM

Event Location: Vernon Park **Ages of Attendees:** 12-18 **Total Attendance:**

Is this an Annual Event? No **How many years have you held this event?**

3 **Site Plan/Route Map**

Provide a plan or map of the entire event venue with the items listed below including streets. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.

- The location of fencing, barriers, and barricades. Indicate any removable fencing for emergency access.
- The location of first aid facilities and ambulances.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers and dumpsters, and temporary structures.
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- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

4 **Entertainment and Related Activities**

YES	NO	
☐	☑	Are there any musical entertainment features related to your event? If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedules.
☐	☑	Number of Stages _____ Number of Performers/Bands _____ Will Sound amplification be used? If yes, Start /time_____ Finish/Time _____
☐	☑	Other related entertainment and related activities not listed above? If yes, describe:
☐	☑	Will items such as inflatables, lasers, banners, or decorations, present unique liability issues?

5

YES	NO	
☐	☑	Is this an event involving political or religious activity intended primarily for the Communication or expression of ideas?

6 Food Concessions or Preparation

A business license is required for the sale of goods or services in the City of Clarkston.

YES ☐ **NO** ☑ Does your event include food concessions or preparation?
If yes, describe how food will be served and/or prepared:

_____

_____

_____

YES ☐ **NO** ☑ Will food be cooked in the event area?
If yes, specify method:

☐ Gas ☐ Electric ☐ Charcoal ☐ Other _____

Concessionaires

YES ☐ **NO** ☑ Will items or services be sold at your event?
If yes, describe and attach a complete list of Vendors:

_____

_____

_____

_____

YES ☐ **NO** ☑ Will items or services sold at your event present unique liability issues (e,g, massage, body piercing, animal rides, etc.)
If yes, describe and attach a complete list of vendors.

_____

_____

_____

7 Portable Toilets

YES ☐ **NO** ☑ Do you plan to provide portable toilet facilities at your event?

If yes: Total number of portable toilets _____
Number of ADA accessible portable toilets _____
If no, explain: _____

Portable Toilet Co. _____

Equipment Setup: Date: _____ Time: _____

Equipment Pickup: Date: _____ Time: _____

8	**Additional charges for dumpster rental and disposal fees may apply.** Number of Dumpsters _____
9	**Mitigation of Impact** **YES NO** ☐ ☑ Have you met with residents, businesses, places of worship, schools, and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. If no, please explain: Our event will not directly impact any entities. ☑ ☐ Do you have a sample of the notice that you will distribute prior to your event? If yes, please attach.
10	**Business or Resident Petition** **YES NO** ☐ ☑ Do you intend to close off any road or access to a business or Residence? If yes, all businesses or residential property owners or lessees within the road Closure shall give their acknowledgement in writing to the person or organization seeking the permit. The name, address, phone number, signature and approval or disapproval of each person shall be on the petition. Please attach a complete petition of all businesses or residences with the closure area. **Important: A separate right-of-way permit is required for road closures.**

11	**Insurance Requirements** Liability insurance naming the City of Clarkston as an additional insured may be required for events as deemed necessary by the Clerk Treasurer or designee. Applicants required to obtain insurance shall provide proof of commercial general liability insurance in the amount of $1,000,000 combined single limit per occurrence. Such insurance shall be primary over any coverage held by the City and shall name the City as an additional insured. Two weeks prior to the event date, the applicant shall submit a copy of the insurance policy declaration page to the City as evidence of acceptable insurance coverage. **The certificate of insurance shall include the following items:** location of event; type of event; separate endorsement sheet; date(s) of coverage.

Affidavit of Application

12 *I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of Clarkston Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council, Clerk/Treasurer, or the Clerk/Treasurer's designee.*
Applicant agrees to indemnify, defend and hold harmless the City, its officers, agents and employees from and against any and all claims, actions, damages, liability, cost and expense, including reasonable attorney's fees in connection with or occasioned, in or whole or in part by any act or omission of Applicant, its officers, agents, employees, customers, or licenses, or arising from or out of Applicant's failure to comply with any provisions of this permit, regardless whether it is alleged or proven that the acts or omissions of the City, its officers, agents or employees caused or contributed thereto.
With respect to the performance of this Permit, and as to claims against the City, its officers, agents and employees, the Applicant expressly waives its immunity under Title 51 of the Revised Code of Washington for injuries to its employees and agrees the obligation to indemnify, defend, and hold harmless provided for in this paragraph extends to any claim brought by or on behalf of any employee of the Applicant.
I agree to abide by these rules and further certify that I, on behalf of any employee of the Applicant.
I agree to abide by these rules and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Clarkston.

Print Name of Responsible Person: Nicole Hahn

Signature: Nicole Hahn **Date:**

FOR OFFICIAL USE ONLY

Approved by: Police_____ **Fire**_____ **Public Works**_____

Clerk Treasurer_____ **Council**_____

Permit Detained /Denied for the following reasons:_____

Approval with the following Conditions: _____

CITY OF CLARKSTON
LODGING TAX COMMITTEE MEMO

Dear Committee Members,

Thank you for your participation in the City of Clarkston Lodging Tax Committee. We want to share some resources to support clear, transparent, and accountable decision-making.

Lodging tax revenues (hotel/motel taxes) play a vital role in promoting tourism and economic activity in Clarkston. These funds are intended to support tourism promotion, the operation of tourism-related facilities, and events that attract visitors from outside our area.

Understanding the scale of economic activity needed to support these investments helps us evaluate grant requests. For example, to fund a $20,000 grant from lodging tax revenue at a 2% rate, roughly $1,000,000 in taxable overnight stays would be generated. This benchmark should be used to guide our assessment of potential return on investment for proposals.

Beyond legal requirements, using these funds responsibly reflects our commitment to public trust and accountability. Because these dollars come from overnight guests staying in our hotels, motels, and short-term rentals, it is appropriate that they be reinvested in programs and projects that drive visitation and overnight stays.

We thank you for your ongoing investment and commitment to the City of Clarkston.

Warmly,

Robin Albers
Lodging Tax Advisory Committee Chair

CITY OF CLARKSTON

Lodging Tax Funding Committee Award Process

Dear Committee Members,

Thank you for your participation in the City of Clarkston Lodging Tax Committee (LTC). We thank you for your service. The following is an overview of committee member expectations and the application review process.

Each committee member shall attend two meetings per year. These meetings are held during the spring and fall. During the fall meeting, usually in October, the committee will review applications and make award recommendations to the City Council for final review.

The application review process is shown below.

1) The applications shall be provided to the committee members two weeks in advance of the application evaluation meeting. The committee will also be given the total projected lodging tax revenue generated for the calendar year.

2) LTC members shall read all applications submitted in full and complete the LTC scoring tool in advance of the application evaluation meeting. Please allow 30 minutes per application to allow enough time to properly understand the request and to generate questions for the applicants.

3) Applicants will be invited to the meeting by the committee chair. They will be given a 10-minute time slot to present their application and answer any committee questions.

4) After all applicants have presented their applications, the committee will discuss the applications and determine award amounts---no award or amount is guaranteed. This will be done using Robert's rules of order: a motion, a second, discussion, and then a vote.

5) The committee chair will complete meeting notes, including recommendations for council to review. This will go before council prior to the end of the calendar year, and will be included in new business (not the consent agenda).

6) Council will then approve the award(s), and reserves the right to make award changes, as necessary. Awards will then be provided in the following calendar year per MRSC guidelines.

Thank you again for your time and commitment to the City of Clarkston.

Sincerely,

Robin Albers
Lodging Tax Advisory Committee Chair

CITY OF CLARKSTON
Lodging Tax Funding Application Scoring Tool

Organization/Agency Name:	**Date:**	
Evaluator:		
Amount of Lodging Tax Requested: $ **Yearly Lodging Tax Revenue Generated:** **Tax Requested _____/ Total Room Nights _____= $_____** ***Cost per room night****		
CRITERIA	Possible Points	Points Earned
COST PER ROOM NIGHT		
Have demonstrated a reasonable cost per room night as compared to total funds requested from the Committee's perspective to result in overnight stays by tourists from outside a 50-mile radius.	20	
OVERNIGHT STAY IMPACT		
Applicant has demonstrated potential or high potential from the Committee's perspective to result in overnight stays by tourists in lodging establishments within the City of Clarkston and the Asotin County area. Room night generation projection (# rooms * # nights = room demand. Demonstrated ROI calculation. ***Average spend per person per day $_____***	20	
MARKETING STRATEGY		
Promote City of Clarkston and/or events, activities, and places in the County to potential tourists from outside a 50-mile radius. Geographic reach and quality of *marketing plan* or *marketing strategy* to attract overnight guests.	15	
ECONOMIC BENEFIT		
Have demonstrated or high potential from the Committee's perspective to result in documented economic benefit to City of Clarkston.	15	
REGENERATIVE POTENTIAL		
Have a demonstrated history of success in Clarkston, or are proposed by a group with a demonstrated history or high potential of success with similar activities. Likelihood that the applicant will generate ongoing or repeat visits (annual events, recurring attraction)?	15	
FINANCIALS		
The applicant's financial stability.	10	
APPLICATION		
Thoroughness and completeness of the proposal.	5	
TOTAL SCORE	100	
Signature:		

Washington State Department of Commerce

Capital Agreement with

City of Clarkston

through

Connecting Housing to Infrastructure Program (CHIP)

Contract Number:
22-96720-042

For

To support the development of affordable housing by paying for utility infrastructure improvements for the Clarkston Family Haven project

Dated: Thursday, July 1, 2021

Face Sheet

Contract Number 22-96720-042

Growth Management Services

1. Grantee City of Clarkston 830 5th St Clarkston, WA 99403		**2. Project Name and Address** Clarkston Family Haven 1240 Port Drive Clarkston, WA 99403 Parcel #61320009100010000	
3. Grantee Representative Mike Dimmick Public Works Director, City of Clarkston mdimmick@clarkston-wa.com		**4. COMMERCE Representative** Mischa Venables CHIP Project Manager (360)725-3088 Mischa.venables@commerce.wa.gov	PO Box 42525 1011 Plum Street SE Olympia, WA 98504
5. Contract Amount $431,461	**6. Funding Source** **Federal:** ☐ **State:** ☒ **Other:** ☐ **N/A:** ☐	**7. Start Date** July 1, 2021	**8. End Date** June 30, 2027 subject to reappropriation
9. Federal Funds (as applicable) $0.00	**Federal Agency:** N/A	**ALN** N/A	
10. Tax ID # 91-6001238	**11. SWV #** SWV0007406 00	**12. UBI #** 022-001-309	**13. UEI #** HT55NJ4BV5M1

14. Contract Purpose

To support the development of affordable housing by paying for utility infrastructure improvements for the Clarkston Family Haven project

COMMERCE, defined as the Department of Commerce, and Grantee acknowledge and accept the terms of this Contract and attachments and have executed this Contract on the date below to start as of the date and year referenced above. The rights and obligations of both parties to this Contract are governed by this Contract and the following other documents incorporated by reference: Grantee Terms and Conditions including Attachment "A" - Scope of Work, Attachment "B" – Budget, and Attachment "C" – Commitment of Continued Affordability.

FOR GRANTEE	**FOR COMMERCE**
Mike Dimmick, Clarkston Public Works Director mdimmick@clarkston-wa.com	Mark K. Barkley, Assistant Director Local Government Division
Date	Date
	APPROVED AS TO FORM ONLY **BY ASSISTANT ATTORNEY GENERAL** **APPROVAL ON FILE**