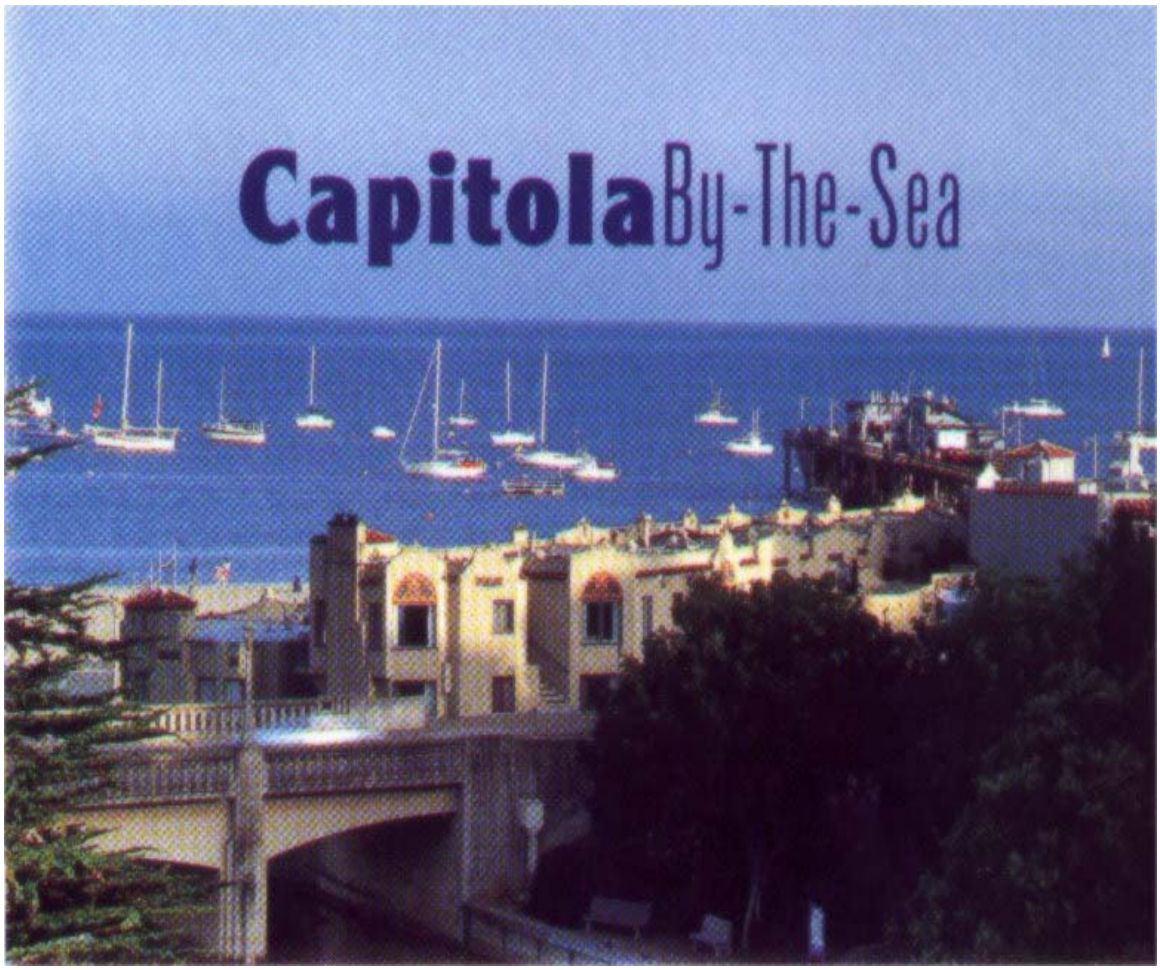
GENERAL SPECIAL EVENT
PERMIT
APPLICATION



CITY OF CAPITOLA

SPONSORING ORGANIZATION AND APPLICANT INFORMATION

- Event Name: _____
- Event Description: _____
- Event Purpose: _____
- Sponsor: _____
- Sponsor's Address: _____
  street
  _____
  city state zip code
- Sponsoring Organization's Phone: (____)_____
- FAX Number: (____)_____ E-Mail Address:_____
- Contact Person's Name: _____
- Business Phone: (____)_____ Cellular Phone: (____)_____
- FAX Number: (____) _____ E-Mail Address: _____

Will you be using a professional Special Event Organizer? If yes, please include all foregoing information about the organizer on a separate sheet of paper and attach to your application.

EVENT INFORMATION

- Type of event: ☐Run ☐Festival ☐Parade ☐Sale ☐Motion Picture ☐Block Party
- Other (specify) _____
- Event Location: _____
- Event Dates: _____ Anticipated Attendance: _____
- Web Site Information: _____ E-Mail Address: _____
- Will the public be invited? ☐ Yes ☐ No

Actual hours open to the public or "advertised" event hours:

- Date: _____ Time: _____ AM/PM to _____ AM/PM
- Date: _____ Time: _____ AM/PM to _____ AM/PM
- Date: _____ Time: _____ AM/PM to _____ AM/PM
- Has this event taken place before? ☐Yes ☐ No Any changes to this event? ☐Yes ☐No
- If yes, what changes? _____
- If yes, please attach a copy of your last permit for this event, if available.
- Will this event be promoted, advertised or marketed in any manner? ☐Yes ☐No
- Will there be live media coverage during your event? ☐Yes ☐ No
- If yes, please explain: _____
  _____

_____

_____

- Are admission, entry or vendor participant fees required? ☐Yes ☐No
- If yes, explain: Public admission fees: $ _____ per person

  Participant entry fees: $ _____ per person

  Vendor fees: $ _____ per booth

  Number of vendors: _____

  How many vendors are for profit? _____

  How many vendors are nonprofit? _____
- $_____Total estimated gross receipts, including tickets, product and sponsorship sales from this event. Explain how this amount was computed. Indicate amount per item.

  $_____ Admission fees
  $_____ Product fees
  $_____ Sponsorship
  $_____ Participant entry fees
  $_____ Other (Please specify): _____
- $_____ Total estimated expenses for this event.

  $_____ Advertising
  $_____ Wages, salaries
  $_____ City services (police, fire, street closures)
  $_____ Insurance
  $_____ Business license fee
  $_____ Other (Please specify): _____
- Is the organization a "tax exempt, nonprofit" organization? Yes ☐ No ☐
- $_____ Projected amount of revenue the Sponsoring Organization(s) will receive as a result of this event.
- Specify the organization(s) to receive funding: _____

  _____
- City sponsorship requested? ☐Yes ☐No If yes, please describe:

  _____

OVERALL EVENT DESCRIPTION

- Will a staging/setup/assembly location be required? ☐Yes ☐No
- If yes, begin day/date: _____ Start time: _____ ☐AM/☐PM
- Location: _____
- Description of the scope of the setup/assembly work (Attach additional pages and drawings as needed): _____

  _____

  _____

- If yes, dismantle day date: _____ Completion time: _____☐AM/☐PM
- List the street(s) requiring closure as a result of this event. Include street names, day, date and time of closing and the time of reopening: _____

  _____

  _____

  _____

  _____

  _____

  City of Capitola to conduct street closures as needed (cost to be specified)
- List street(s) requiring the posting of "No Parking" signs. Indicate days, dates, and times needed and an explanation of necessity for "No Parking" zone: _____

  _____

  _____

  _____

  _____

  _____

  _____

  _____

  _____

  NOTE: "No Parking" signs will be posted twenty-four hours in advance of required days, dates and time. Cost for the posting of "No Parking" signs will be specified upon review of the application by City staff.

OVERALL EVENT DESCRIPTION (continued)

- Attach a diagram (please try to make diagram reasonably to scale), showing the overall layout and setup locations. Using the letters below, indicate the site for these on your diagram.

A	Alcoholic and nonalcoholic concession
B	First-aid facilities
C	Tables and chairs
D	Fencing, barriers and/or barricades
E	Generator locations and/or sources of electricity
F	Canopies or tent locations
G	Booths, exhibits, displays or enclosures
H	Scaffolding, bleachers, platforms, stages, grandstands, related structures
I	Vehicles and/or trailers
J	Trash containers or dumpsters
K	Non-food vendor locations
L	Food concession and/or food preparation areas
M	Portable toilet locations

N Other related event components not covered above (describe separately)

- Please describe how food will be served at the event: _____

  _____

- Will food be cooked in the event area? ☐ Yes ☐ No
- If yes, specify method: ☐ Gas ☐ Electric ☐ Charcoal ☐ Other (specify):

  _____

- Does the event involve the sale or use of alcoholic beverages? ☐ Yes ☐ No
- If yes, please describe: _____
- If alcohol is to be sold, how will the alcohol sales be regulated? _____

  _____

  Please attach a copy of your ABC license.

- Will there be items or services sold at the event? ☐ Yes ☐ No
- If yes, please describe: _____

  _____

  _____

  _____

  _____

  _____

- Do the vendors have City of Capitola business licenses? ☐ Yes ☐ No

OVERALL EVENT DESCRIPTION (continued)

Portable and/or permanent toilet facilities:

- Number of portable toilets: _____ (Recommended: 1 for every 250 people)
- Number of ADA–accessible toilets: _____ (Recommended: 10% of total toilets)

(NOTE: Unless the Applicant can substantiate the availability of both accessible and non-accessible toilet facilities in the immediate area of the site, the above is required. Portable toilet facilities must be in place 24 hours in advance, cleaned and sanitized daily during the event, and must be removed by 8:00 a.m. the next business day following the event. Location sites for portable toilets must be pre-approved prior to installation.)

- Number of trash receptacles: _____
- Number of dumpsters with lids: _____ (Recommended 1 per 400 people)
- Number of recycling containers: _____ (Voluntary)
- Describe the plan for cleanup and removal of waste and garbage during and after the event:

_____
_____
_____
_____
_____
_____
_____
_____
_____

(Note: It is the event organizer's responsibility to dispose of waste and garbage daily throughout the term of the event, unless otherwise contracted with City staff, which will require a fee. Immediately upon conclusion of the event, the venue must be returned to a clean condition. Street sweeping can be arranged with City crews for an additional fee.)

PARKING PLAN – SHUTTLE PLAN – MITIGATION OF IMPACT

- Please provide a detailed description or diagram that indicates the proposed parking plan and/or shuttle plan for the event. Include a description of the parking plan/shuttle plan for the disabled.

_____

_____

_____

_____

- Describe plan to notify those residents, businesses, churches, etc. that will be impacted by this event.

_____

_____

_____

_____

_____

- Does this event involve a moving route of any kind along streets or sidewalks?

  ☐ Yes ☐ No

- If yes, highlight your proposed route on a map, indicating the directions of travel, and provide a written narrative to explain your route and its impact.

- _____

_____

_____

_____

_____

_____

_____

_____

- Does this event involve a fixed venue site? ☐ Yes ☐ No
- If yes, highlight the site on the enclosed map, showing all the streets impacted by the event.

SAFETY - SECURITY

- Is there a professional security organization to handle security for this event? ☐ Yes ☐ No
- If yes, please name security company: _____
- If no, do you wish to contract police services from the Capitola Police Dept.? ☐ Yes ☐ No (See fee schedule)
- Security company's address: _____
  street
  _____
  city state zip code
- Security Director's name: _____
- Security Director's phone number: (__)_____
- Security company's state license number: _____
- Security company's business license number: _____
- Security company's insurance carrier: _____City or privately secured?
- On-site contact person (security supervisor): _____
- Any searches prior to entering? Yes ☐ No ☐
- Bottle and can check? Yes ☐ No ☐
- Metal detectors? Yes ☐ No ☐
- How many security guards at each entrance? _____

Parking Lot Patrol (Private Security):

- Security company: _____
- Contact person (security supervisor): _____
- Number of security guards patrolling the parking lot: _____

Lighting:

- If this is an evening event, please state how the event and surrounding areas will be illuminated to ensure the safety of the participants and spectators.
  _____
  _____

Medical:

- Indicate what arrangements have been made for providing first-aid staffing:
  _____

ENTERTAINMENT – ATTRACTION – RELATED EVENT ACTIVITIES

- Is there any musical entertainment or amplified sound related to your event?
  ☐Yes ☐No
- If yes, what kind: _____
  _____
- Contact person's name: _____Phone number: (____)_____
- Contact person's address: _____
  street
  _____
  city state zip code
- Number of stages: _____ Number of bands: _____
- Type of music: _____ Sound amplification? ☐Yes ☐No
- If yes, start time: _____☐AM/☐PM Finish time: _____☐AM/☐PM
- Have you applied for a sound permit? ☐Yes ☐No (Refer to city ordinance 9.12.040)
- Will sound checks be conducted prior to the event? ☐Yes ☐No
- If yes, do you wish to have the city provide the checks? ☐Yes ☐ No
- Describe sound equipment that will be used: _____
  _____
- Will fireworks, rockets or other pyrotechnics be used? ☐ Yes ☐ No
- If yes, name and phone number of pyrotechnic company: _____
  _____(____) _____
- Describe (indicate dates, times and locations for launching and fallout areas):
  _____
  _____
- Has a permit been issued? ☐Yes ☐No
- Will there be any type of open flames used? ☐Yes ☐No
- If yes, please describe: _____
- Will any signs, banners, decorations or special lighting be used? ☐Yes ☐No
- If yes, please describe: _____
  (Refer to city ordinance chapter 17.57)

INSURANCE REQUIREMENTS

INSURANCE

Applicant must provide insurance at the following minimal limits: $1,000,000 (one million) combined single limit. (Two million for the annual Art and Wine Festival). This Certificate of Insurance must name the City as an additional insured throughout the event duration, including setup and breakdown. The Certificate of Insurance, including limits of insurance, must be received by the Special Events Coordinator by _____ to finalize this permit.

HOLD HARMLESS

The Applicant will, at its sole expense, provide the City with evidence of insurance for general liability and Worker's Compensation benefits for accidents or injuries that occur or are sustained in connection with the special event which is the subject of this permit application and contract. The Applicant agrees on behalf of itself and on behalf of its agents and employees that the Applicant will not make a claim against, sue, attach the property of, or prosecute the City or any of the City's agencies, employees, contractors or agents for injury or damages resulting from negligence or other acts, however caused, which might be asserted against the City in connection with actions taken by the City or the City's employees or agents in connection with this Special Event Permit. In addition, Applicant, on behalf of itself and its agents and employees, as well as its successors and assigns, hereby releases, discharges and holds the City harmless from, and indemnifies the City against, all actions, claims or demands Applicant, or Applicant's employees, agents, successors or assigns, or any third person now has or may hereafter have for personal injury or property damage resulting from the actions of the Applicant, the Applicant's employees or agents, or any other person under the control of the Applicant, taken pursuant to this Special Event Permit whether said actions are characterized as negligent or intentional.

Applicant Signature: _____

ADVANCED CANCELLATION NOTICE REQUIRED

If this event is cancelled, notify the Special Events Coordinator at (831) 475-4242.

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 special event under Capitola Municipal Code, and that I understand that this applications is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. I agree to comply with all permit conditions and with all other requirements of the City, County, state and federal governments and any other applicable entity that may pertain to the use of the event premises and the conduct of the event. I agree to abide by these rules and further certify that I, on behalf of the 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 Capitola.

Name of Applicant (print): _____

Title: _____

Signature of Applicant: _____ Date: _____

Submit to Capitola PD