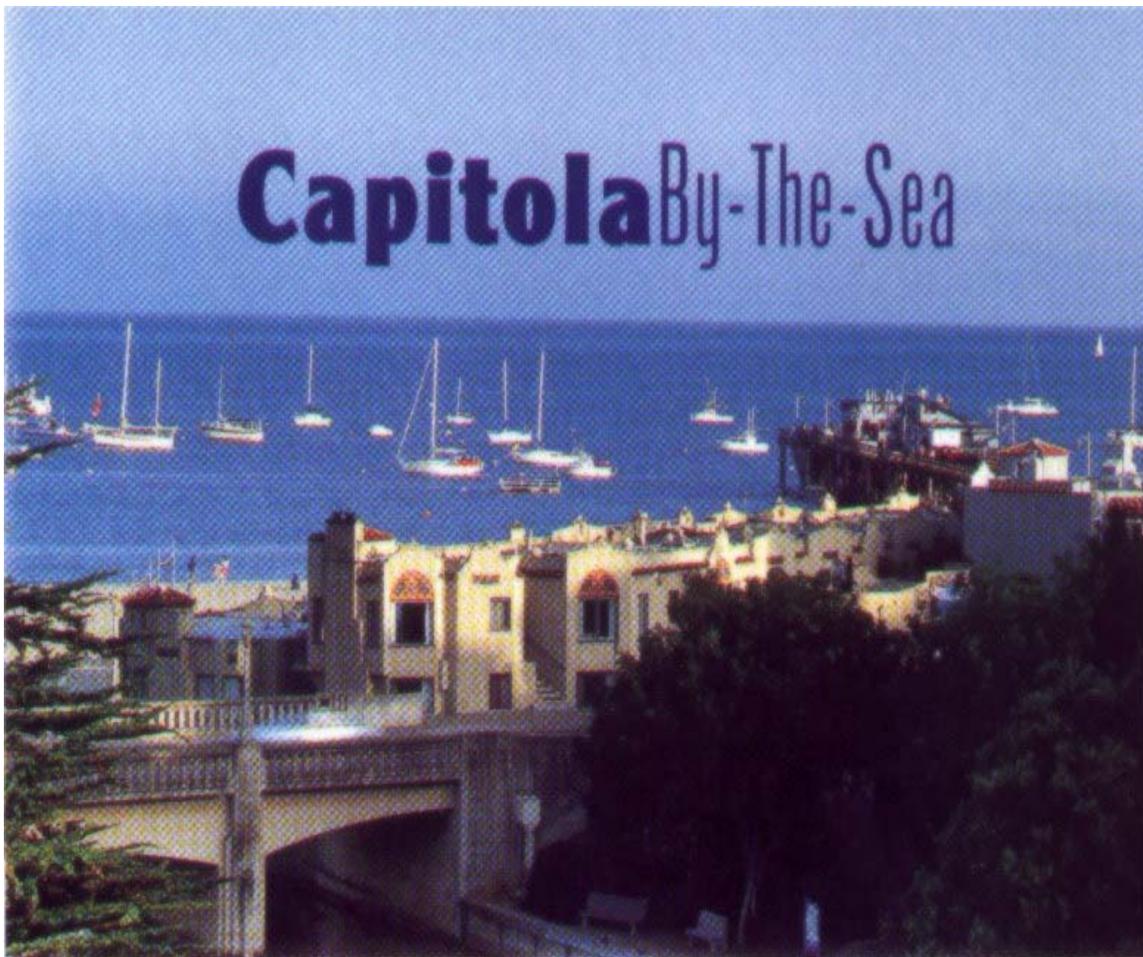


**MINOR SPECIAL EVENT
PERMIT APPLICATION**



**CITY OF
CAPITOLA**

SPONSORING ORGANIZATION AND EVENT INFORMATION

• Type of Event: _____

• Sponsor: _____

• Sponsor's Address: _____

_____ street

_____ city state zip code

• Sponsoring Organization's Phone: (____)_____ E-Mail Address: _____

• Contact Person's Name: _____

• Phone: (____)_____ E-Mail Address: _____

• Event Location: _____

• Event Date(s): _____ Event Times: _____ to _____

• Anticipated Attendance: _____

• Event open to the public? Yes No

• Estimated number of persons in attendance: _____

• Is a fee being charged? Yes No If yes, how much? _____

• Will food be served? Yes No (See County Health Dept. requirements)

• Will alcoholic beverages be served? Yes No

• Will there be amplified sound? Yes No

• Will security personnel be present? Yes No (Attach how many and their job duties)

• Will you need Police Officers for this event? Yes No

• Will you need to close streets for your event? Yes No

• Will any tents, booths or structures be erected? Yes No

• Will your event impact parking or traffic in the area? Yes No

If yes, attach description of parking and/or traffic impact stating which lots or streets, and what provisions will be made to accommodate others in the area.

• Have notices been provided to residential/business owners or tenants? Yes No

• City Sponsorship? Yes No If yes, please describe: _____

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: _____