



422 CAPITOLA AVENUE
CAPITOLA, CALIFORNIA 95010
TELEPHONE (831) 475-4242
FAX (831) 479-8881

MAJOR SPECIAL EVENT PERMIT APPLICATION

Application fee of \$68 must be submitted with this completed application

Applicant Information:

Name of Applicant: _____

Address: _____ City _____ State _____ Zip _____

Phone #: _____ Email: _____

Organization Information:

Company Name: _____

Address: _____ City _____ State _____ Zip _____

Phone #: _____ Nonprofit ID: _____

Website: _____

Event Information:

Athletic Competition Parade Festival Water/Surf Other: _____

Event Name:					
Event Date:			Event Date:		
	Start Time	End Time		Start Time	End Time
Setup			Setup		
Open to Public			Open to Public		
Breakdown			Breakdown		

Event Location: _____ Anticipated Attendance: _____

Event Description:

Name of Onsite Event Coordinator During Event: _____

Phone #: _____ Email: _____

1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has this event been held before? Number of years?
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this a charitable fundraiser? For what cause?
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will participant registration fees be charged? Registration fee amount?
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be selling merchandise? Type of merchandise?
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will alcohol be sold or served? <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Alcohol Note: ABC Permit will be required. Applicant will coordinate with Capitola Police Department.
6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will food be sold or served? <input type="checkbox"/> Pre-packaged <input type="checkbox"/> Food Trucks <input type="checkbox"/> Other Note: Food service may need to be approved by the County Health Department.
7.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be cooking onsite? <input type="checkbox"/> Wood/Charcoal BBQ <input type="checkbox"/> Liquid Fuel Device
8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any generators be used? Location:
9.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will banners/signs be used? Note: Applicant must complete an Over-the-Street Banner Application.
10.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will canopies be used? Quantity? Type?
11.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be setting up a stage? Details (W x L x H):
12.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be using the Capitola Bandstand? Note: Describe use information on page # 4. Separate fees to be paid by applicant.
13.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will reserved parking be requested? Number of Spaces? Note: <ul style="list-style-type: none"> • Document parking locations on page # 4. Separate parking fees to be paid by applicant. • "No Parking" signs must be posted seventy-two (72) hours prior to your event start time. • See <i>Guidelines for "No Parking" Signage and Towing During Special Events</i> document for specific public notification and posting requirements.
14.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will a street closure be requested? Note: <ul style="list-style-type: none"> • Specify street names and closure times on page # 4. • "No Parking" signs must be posted seventy-two (72) hours prior to your event start time. • See <i>Guidelines for "No Parking" Signage and Towing During Special Events</i> document for specific public notification and posting requirements.
15.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you anticipate any police needs? Note: <ul style="list-style-type: none"> • Describe police needs on page # 4. • Some events will be required to have Capitola Police Department Officers assigned and paid for at appropriate rates by applicant.
16.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you anticipate any lifeguard/first aid needs? Note: <ul style="list-style-type: none"> • Describe lifeguard/first aid needs on page # 5. • Some events will be required to have City of Capitola Lifeguards assigned and paid for at appropriate rates by applicant.
17.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be using private security? Security Company Name:
18.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you have portable toilet facilities? Note: <ul style="list-style-type: none"> • Describe toilet facilities plan on page # 5. • One (1) portable restroom per every 100 people with 10% being ADA Compliant is required.
19.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have a garbage/recycling plan? Describe garbage/recycling plan on page # 5.

Amplified Sound Information:

1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will sound amplification be used? Note: Applicant must complete an Amplified Sound Permit Application. Separate fee to be paid by applicant.
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you read, considered, and agree to abide by the rules and regulations for sound amplification?
Type of Amplified Sound			<input type="checkbox"/> PA Speaker System for Announcements Only <input type="checkbox"/> PA Speaker System for Announcements and Music <input type="checkbox"/> Professional Sound System for Music <input type="checkbox"/> Professional Sound System for Live Music/Band
Live Music/Band Info			Name of Band: Type of Music: Will sound checks be conducted prior to the event? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s) and time(s):
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will fireworks, rockets or other pyrotechnics be used?
			Pyrotechnics Company Name: Pyrotechnics Company Address:

AGREEMENT AND SUBMITTAL INFORMATION

There are no refunds for cancelled events. A completed application package, with associated forms, are required for permit consideration. Completed applications include:

- Application Form(s)
- Detailed Plans with Timelines
- Diagram of Event Layout and Set-Up Location(s) (including location markers)
- Security and Public Safety Plan
- Certificate of Insurance
- Non-Refundable Application Fee(s)

By signing below, I declare, under penalty of perjury, that I am the authorized representative of the organization listed on this application and that the information contained in the foregoing application is true and correct to the best of my knowledge and understanding.

Name of Applicant: _____

Signature of Applicant: _____ Date: _____

Completed application, supporting documents and fee(s) should be submitted to the Special Event Coordinator. Checks should be made payable to the City of Capitola. Visa and MasterCard payments are accepted in person only.

Capitola Police Department
Attn: Esmeralda Gonzalez
 422 Capitola Avenue
 Capitola, CA 95010
 (831) 475-4242

Bandstand Use Information:

Reserved Parking Information:

Street Closure Information:

Police Needs:

Lifeguard/First Aid Needs:

Toilet Facilities Plan:

Garbage/Recycling Plan:

Other Pertinent Information Not Listed on Application: