



## MINOR SPECIAL EVENT PERMIT APPLICATION

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

Applica	nt Inforn	nation:					
Name o	f Applica	nt:					
Address:				Ci	ty	State	Zip
Phone #:					_Email:		
Organiz	ation Inf	ormatio	on:				
Compar	ny Name:						
Address:			City		State	Zip	
Phone #	t:				_Nonprofit ID:		
	nformatio						
Event I	Name:						
Type of Event:					Event Date(s):		
		Sta	irt Time	End Time		Start Time	End Time
Setup					Open to Public		
Breakdown							
Event Lo	ocation:_				Antic	ipated Attendan	ce:
Event D	escriptio	n:					
Name o	f Onsite	Event C	oordinator	During Event:			
Phone #				-	Email:		
	1						
1.	☐ Yes	☐ No	•				
2.	Yes	☐ No					
3.	☐ Yes	□ No	•	pant registration f		Registration fee am	iount?
4.	Yes	☐ No	□ No   Will you be selling merchandise? Type of merchandise?				

5.	<b>□</b> Yes	<b>□</b> No	Will alcohol be sold or served?				
			<b>Note:</b> ABC Permit will be required. Applicant will coordinate with Capitola Police Department.				
6.	☐ Yes	☐ No	Will food be sold or served? ☐ Pre-packaged ☐ Food Trucks ☐ Other				
		1	<b>Note:</b> Food service may need to be approved by the County Health Department.				
7.	☐ Yes	☐ No	Will banners/signs be used?				
			Note: Applicant must complete an Over-the-Street Banner Application.				
8.	☐ Yes	☐ No	Will canopies be used? Quantity? Type?				
9.	☐ Yes	☐ No	Will you be setting up a stage? Details (W x L x H):				
10.	☐ Yes	□ No	Will you be using the Capitola Bandstand?				
			Note: Describe use information on page # 4. Separate fees to be paid by applicant.				
11.	☐ Yes	☐ No	Will reserved parking be requested? Number of Spaces?				
		•	Note:				
			<ul> <li>Document parking locations on page # 4. Separate parking fees to be paid by applicant.</li> <li>"No Parking" signs must be posted seventy-two (72) hours prior to your event start time.</li> <li>See Guidelines for "No Parking" Signage and Towing During Special Events document for specific public notification and posting requirements.</li> </ul>				
12.	☐ Yes	□ No	Will a street closure be requested?				
	<u> </u>		Note:				
			Specify street names and closure times on page # 4.				
			<ul> <li>"No Parking" signs must be posted seventy-two (72) hours prior to your event start time.</li> <li>See Guidelines for "No Parking" Signage and Towing During Special Events document for</li> </ul>				
			specific public notification and posting requirements.				
13.	☐ Yes	☐ No	Do you anticipate any police needs?				
		•	Note:				
			Describe police needs on page # 4.				
			<ul> <li>Some events will be required to have Capitola Police Department Officers assigned and paid for at appropriates rates by applicant.</li> </ul>				
14.	☐ Yes	□ No	Do you anticipate any lifeguard/first aid needs?				
			Note:				
			Describe lifeguard/first aid needs on page # 4.				
			Some events will be <b>required</b> to have City of Capitola Lifeguards assigned and paid for at				
4.5			appropriates rates by applicant.				
15.	☐ Yes	□ No	Will you be using private security?				
			Security Company Name:				
Amplifie	ed Sound	d Inform	nation:				
1.	☐ Yes	□ No	Will sound amplification be used?				
			<b>Note:</b> Applicant must complete an Amplified Sound Permit Application. Separate fee to				
			be paid by applicant.				
2.	☐ Yes	□ No	Have you read, considered, and agree to abide by the rules and regulations for sound amplification?				
	Amplifie	d	☐ PA Speaker System for Announcements Only				
Sound			☐ PA Speaker System for Announcements and Music				
			☐ Professional Sound System for Music				

fill Professional Sound System for Live Music/Band

Name of Band: Type of Music:

Live Music/Band Info

## 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:
<ul> <li>□ Application Form(s)</li> <li>□ Detailed Plans with Timelines</li> <li>□ Diagram of Event Layout and Set-Up Location(s) (including location markers)</li> <li>□ Certificate of Insurance</li> </ul>
☐ 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
(031) 473 4242
Other Pertinent Information Not Listed on Application:

Bandstand Use Information:
Reserved Parking Information:
Street Closure Information:
Police Needs:
Lifeguard/First Aid Needs: