



City of Salinas – Minor Special Event Application

DATE OF EVENT:

START/ENDING TIME:

LOCATION OF EVENT(S):

NAME OF EVENT:

ORGANIZATION REQUESTING PERMIT

Name of Organization and Representative:

Address:

City:

State:

Zip Code:

Cell Phone Number:

E-mail Address:

Tax Exempt/Non-Profit Entity:

No; City of Salinas Business License Number

Yes; Tax Exemption Number

(Attach a copy of the tax exempt letter)

At Event ON-SITE RESPONSIBLE PARTY:

Same as Above

Name:

Address:

City:

State:

Zip Code:

Cell Phone Number:

E-mail Address:

EVENT DESCRIPTION: (check all that apply)

Dance	Assembly	Food Vendor	Race Radio Remote/Remote Broadcast
Photo	Tents over 400sq'		Canopies over 700sq'
How many open flame devices?			Promotional/Fundraising Activity

Provide method and list of any items to be given away:

Other:

Attach copy of site plan Please highlight any area to be barricaded on Site Plan. Describe how area will be barricaded if applicable:

Sound/Entertainment: (check type of sound entertainment)

D.J. Live Band P.A. System Other

Will admission be charged? No Yes Amount

Will tickets be sold? No Yes *In Advance or Day of Event?*

Identify locations of advance sale box offices

Projected Attendance:

Will the event require:

Street Closure Traffic Detours Parking Police Enforcement Fire Enforcement
Encroachment Permit Other

PROPERTY OWNER CONSENT: No Permit shall be issued unless the owner of the property upon which the proposed Special Event will be held, or that person's representative or agent, has first given their express written consent by signing below.

Printed Name:

Location:

Signature:

Date:

No Permit shall be issued until this Application is approved and is signed by an authorized representative of the City of Salinas. A meeting may be required prior to approval. **Please complete this Application in full and return it no later than ten (10) days prior to the proposed event.** This event shall be conducted in strict accordance with all applicable local, state, and federal laws and regulations including but not limited to, the noise restrictions imposed under the Salinas City Code upon amplified sound.

A site plan must be attached to this Application. No alcohol may be served/sold at this event.

Email the completed application, including any attachments to specialevents@ci.salinas.ca.us, or carry or mail, a copy to Recreation Center, 320 Lincoln Ave, Salinas, CA 93901, Attention Special Events. The *non-refundable* application fee may be mailed or carried to the above address. Checks should be made payable to CITY OF SALINAS.

If you have any questions, please contact Vicky Sargent, Recreation-Parks Division at vickys@ci.salinas.ca.us or at 831.758.7216.

CERTIFICATION OF APPLICANT

I declare that I am 18 years of age or older and the information contained in the foregoing application is true and correct to the best of my knowledge. I have read, understand, and agree to abide by the rules and regulations governing Special Events under the Salinas City Code and I understand this application is made subject to the rules and regulations established by the City Council and/or the City Manager or their designee. I also understand that misrepresentation of facts will cause this Permit to be null and void. I also understand that if an emergency Police or Fire response is generated to this event, I may be charged for the Police or Fire services required.

I further declare that I am authorized to enter into this Application for and on behalf of myself and the organization described above.

Signature:

Date:

For Internal Use Only

Fees Paid: (check #) Account Code 10:00 56121

Permit Number: Date of Application:

Approved: Yes No

Signature: Date:

Vicky Sargent