

# SPECIAL EVENT PERMIT APPLICATION

**DATE OF EVENT:**

**START/ENDING TIME:**

**LOCATION OF EVENT:**

**NAME OF EVENT:**

**AGENCY/ORGANIZATION REQUESTING PERMIT**

Agency/Organization Name:

Representative Name & Title:

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:

If Yes, attach **Tax Exemption letter**

**AT EVENT ON-SITE RESPONSIBLE PARTY:**

**MARK IF SAME AS ABOVE**

Name:

Address: \_\_\_\_\_ City:

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail Address:

**EVENT DESCRIPTION:** *(check all that apply)*

Dance	Assembly	BBQ Fundraiser	Carnival	Car Show	Concert
Fair	Circus	Food Vendor	Parade	Race	Photo
Radio Remote		Tents over 400sq'	Canopies/Tents w/ Aggregate Area over 700sq'		
Petting zoo			Tent/Booth Supplier:		

Other:

Provide **proposed site plan/ diagram of event** setup. (Occupancy load may change from normal use)

**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:** Total Attendance: \_\_\_\_\_ Per Day: \_\_\_\_\_

*Trained crowd managers shall be provided for events where more than 1,000 persons congregate. Contact the Salinas Fire Department for crowd manager requirements.*

**Will the event require: (check all that apply; final determination is made by the City)**

Street Closure    Traffic Detours    Parking    Police Enforcement    Fire Enforcement

Firefighters    \*Encroachment Permit    Other:

\*Encroachment Permit can take 90 days or more and must be approved and received prior to city permit approval.

Is the event, or any portion thereof, proposed to be held on private property?    No    Yes  
*If yes, signature required at the top of page 6 or a signed agreement.*

Is the event, or any portion thereof, proposed to be held on City property?    No    Yes

Will the event, or any portion thereof, require the closure of any street(s)?    No    Yes  
*If so, you will be required to comply with applicable City Codes.*

<b>FOOD SERVICE/ALCOHOL</b>
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Will food be served:    No    Yes; if Yes, what type?    Caterer    Pot Luck    Meal    Booths  
 Approximate number of vendors/booths  
 How many of these vendors/booths will be using a heat source (i.e. open flame devices: solid fuel (wood) or combustible /liquid fuel)?

Are you planning to serve/sell alcoholic beverages at this event?    No    Yes  
*If so, a Temporary Use of Land Permit (TULP) will be required.*

Have you obtained a Temporary Use of Land Permit?    No    Yes

Have you obtained a permit to sell and serve alcohol from the State Department of Alcohol and Beverage Control (ABC)?    No    Yes    If yes, please check all that apply:

Free/Host Alcohol Beer	Alcohol Sales Beer and Wine	Host and Sale Alcohol Beer, Wine and Distilled Spirits
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Have all servers completed the Alcohol Service Training?    No    Yes  
 (Responsible Beverage Services Training Authorized by ABC)

<b>ENTERTAINMENT AND RELATED ACTIVITIES</b>
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Does the proposed Special Event include live entertainment (bands, choirs, dance)?    No    Yes

*(If Yes, please complete this section. If No, please skip this section. Please note, the City of Salinas prohibits cage dancing, slam dancing, dance platforms, crowd surfing, mosh pits and similar activities)*

Number of Stages:

Number of Performers/Groups

Name(s) Performers/Bands/DJ	Type of Entertainment/ Proposed Stage
<i>( example ) Carlos Santana</i>	<i>(example) Latin Jazz/Fusion/Main Stage</i>

*Please attach additional pages if necessary*

Does the proposed Special Event include inflatable, sky jumps or similar devices?

No Yes *If Yes, please describe*

Does the proposed Special Event include the use of signs, banners, decorations, or special lighting?

No Yes *If Yes, please describe*

Are fireworks, rockets, lasers or other pyrotechnics planned for this Special Event? No Yes

*If Yes, please describe*

*(Please note the Salinas Fire Marshal will require additional information regarding this type of entertainment. Event organizers should contact the Salinas Fire Marshal for additional information at 831.758.7466 prior to submitting this Special Event Application.)*

Have you notified the neighboring properties of your intent to host the proposed event? No Yes

*Please attach a copy of the notice you intend to distribute.*

**AMPLIFIED SOUND**

Will the proposed Special Event use amplified sound? No Yes Start/End Time:

SOURCE OF POWER: GENERATOR:

ELECTRICAL:

**SOUND/ENTERTAINMENT: (*check type of sound entertainment*)**

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

Please provide the name(s) of the company(ies) including City of Salinas business license number that is providing sound equipment and/or describe the sound equipment that the organization will use for this event.

Identify all vehicles that will use sound amplifying equipment under this Permit (Vehicle description and license plate number).

**PARKING AND TRANSPORTATION PLAN**

Depending on the location of your proposed event and its size, a parking and transportation plan may be required to mitigate potential impacts to the City's traffic circulation plan. Please note that you must always include disabled accessible parking and/or access in your event plans.

Does the proposed location have adequate on-site parking to meet your event needs? No Yes

*If No, what are your alternative parking plans?*

Do you anticipate any traffic circulation problems as a result of your event? No Yes

*If Yes, please describe the efforts you are proposing to undertake to minimize impacts to the traffic circulation system surrounding the event venue. (Please note that significant impacts to traffic*

*circulation resulting from your event could result in the City of Salinas billing you for mitigating the impacts to the affected area. Please attach additional sheets as necessary.)*

## **SECURITY PLAN**

Are you planning to contract with a licensed professional security company to assist in the development and implementation of your event Security Plan?      No      Yes

*If Yes, please provide the following:*

Name of Security Organization

Contact Person

Address

City

Zip Code

Phone - Daytime

Phone - Evening

Private Patrol Operator License No.

*Attach a copy of the Private Patrol's Operator License **and** City of Salinas Business License)*

*Number of Guards requested:*

*Attach a copy of the signed contract with the Private Security Company.*

Please describe your Security Plan including access to venue, crowd control, and internal communications. *Attach additional pages, if necessary*

## **DISABLED ACCESSIBILITY PLAN**

As an event organizer you are required to comply with all City, County, State and Federal Disability Access requirements applicable to your event. Please describe your event's Accessibility Plan and designate such plan on your Site Plan (as applicable): *Attach additional pages, if necessary.*

## **MEDICAL PLAN**

Individuals and organizations planning special events are required to make appropriate arrangements for medical services. Please describe your medical plan including the number, certification levels, and types of resources that will be at your event and the manner in which they will be managed and deployed *Attach additional pages, if necessary.*

Medical Service Provider if applicable:

Address:

City

Zip Code

Phone - Daytime

Phone - Evening

For more information, please contact the EMS Program at (831) 758-7411.

## MARKETING AND PUBLIC RELATIONS

Will this Special Event be marketed, promoted, or advertised to the general public?      No      Yes

If yes, please describe your marketing plan and any efforts to control or limit the placement and/or distribution of promotional signage, stickers, and other items. *(Attach additional pages, if necessary)*

## SANITATION AND RECYCLING PLAN

Please describe your sanitation and recycling plan. *(Attach additional pages, if necessary)*

Attach a copy of the signed contract and the business license for the Sanitation Company.

## RESTROOM AND HANDWASHING FACILITIES

Total number of portable restrooms

and handwashing facilities

Total number of ADA accessible portable restrooms

and handwashing facilities

Attach a copy of the signed contract and the business license for the Restroom Company.

## VENDOR INFORMATION

For each vendor, please include the following information. *Attach additional pages, if necessary*

NAME	SERVICE	ADDRESS	PHONE NUMBER	BUSINESS LICENSE/HEALTH PERMIT NUMBER
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## PROPERTY OWNER'S 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 or by providing and approved use agreement.

Printed Name

Location

Signature

Date

## CERTIFICATION OF APPLICANT

**Please complete this Application in full and return it at least thirty (30 days) and up to six (6) months prior to the date of the proposed event.** A signed Hold Harmless agreement and Certificate of Insurance with Additional Insured Endorsement are also required as part of the application packet.

Email the completed application, including any attachments to [specialevents@ci.salinas.ca.us](mailto: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.

Permits are only issued after all required documents are received, reviewed and approved, resulting in a permit signed by an authorized representative of the City of Salinas. A meeting with the Special Events Committee may be required prior to approval. This event shall be conducted in accordance with all applicable local, state, and federal laws and regulations.

If you have any questions, please contact Vicky Sargent, Library & Community Services at [vickys@ci.salinas.ca.us](mailto:vickys@ci.salinas.ca.us) or 831 758-7453

## 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 under penalty of perjury 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 #:**

**Permit Number:**

**Date Application Received:**

**Approved:    Yes    No**

**Account Code 10:00 56121**

**Signature:**

**Date**