

SUMMARY OF EVENT

DATE OF EVENT: _____ START/ENDING TIME: _____

LOCATION OF EVENT: _____

NAME OF EVENT: _____

PERSON OR ORGANIZATION REQUESTING PERMIT

Name: _____

Address: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Phone Number: _____

E-mail Address: _____

Tax Exempt/Non-Profit Entity:

No; City of Salinas Business License Number: _____

Yes; Tax Exemption Number _____

ON-SITE RESPONSIBLE PARTY:

Same as Above

Name: _____

Address: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail Address: _____

EVENT DESCRIPTION: (check all that apply)

- | | | | | | |
|---------------------------------------|--|---|-----------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Dance | <input type="checkbox"/> Assembly | <input type="checkbox"/> BBQ Fundraiser | <input type="checkbox"/> Carnival | <input type="checkbox"/> Car Show | <input type="checkbox"/> Concert |
| <input type="checkbox"/> Fair | <input type="checkbox"/> Circus | <input type="checkbox"/> Food Vendor | <input type="checkbox"/> Parade | <input type="checkbox"/> Race | <input type="checkbox"/> Photo |
| <input type="checkbox"/> Radio Remote | <input type="checkbox"/> Tents over 400sq' | <input type="checkbox"/> Canopies/Tents w/ Aggregate Area over 700sq' | | | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Petting zone | | | | |

PLEASE PROVIDE PROPOSED SITE PLAN/ DIAGRAM OF EVENT SETUP. (OCCUPANCY LOAD MAY CHANGE FROM NORMAL USE)

SOUND/ENTERTAINMENT: (check type of sound entertainment)

D.J. Live Entertainment 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: Total Attendance: _____ Per Day: _____

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

Street Closure Traffic Detours Parking Police Enforcement Fire Enforcement

Encroachment Permit Other _____

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

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 provisions of the City Code including Article I-B of Chapter 20.

FOOD SERVICE/ALCOHOL

Will food be served: No Yes; if Yes, what type?

Caterer Pot Luck Meal Booths

(Please provide the number of vendors _____)

How many of these vendors/booths will be using 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, you will be required to obtain a Temporary Use of Land Permit.

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

Alcohol Sales

Host and Sale Alcohol

Beer

Beer and Wine

Beer, Wine and Distilled Spirits

Have all servers completed the Alcohol Service Training? No Yes

(Responsible Beverage Services Training Authorized by ABC)

ENTERTAINMENT AND RELATED ACTIVITIES

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 _____

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 831.758.7251 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: _____

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 the needs of your event? 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

Have you or are you planning to contract with a licensed professional security company to assist in the development and implementation of your event's Security Plan? [] No [] Yes

Name of Security Organization _____

Contact Person _____

Address _____ City _____ Zip Code _____

Telephone (day) _____ (Evening) _____ (Fax) _____

Private Patrol Operator License No. _____

(please 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 as many pages as necessary.

DISABLED ACCESSIBILITY PLAN/MEDICAL 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.* _____

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: _____

Address: _____ City _____ Zip Code _____

Telephone Number (day) _____ (Evening) _____ (Fax) _____

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

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 (attached a separate sheet if necessary): _____

RESTROOM AND SANITATION FACILITIES

Total number of portable restroom and sanitation facilities _____

Total number of ADA accessible portable restroom and sanitation facilities _____

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

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.

Printed Name _____

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 thirty (30) 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 without approval from the Salinas Police Department and all requirements all been met.

Ten (10) copies of this Application must be submitted with payment of a *non-refundable* application fee. Checks should be made payable to CITY OF SALINAS.

If you have any questions, please contact Sheila Molinari, Recreation-Parks Division at 831.758.7476.

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: _____ **Account Code 10:00 56121**

Permit Number: _____ **Date Application Received:** _____

Approved: [] Yes [] No _____

Signature: _____ **Date** _____
Sheila Molinari

STEPS TO COMPLETE APPLICATION

Thank you for completing the Special Event Permit Application. Before submitting the application to the City of Salinas, please make sure you have completed all the applicable steps listed below:

Ten (10) copies of this Application must be submitted with payment of a *non-refundable* application fee. Checks should be made payable to CITY OF SALINAS.

- Signed and dated Application
- Completed Sound Permit section of Application
- Attached event Site Plan
- Attached sanitation and/or recycling plan
- Attached event Security Plan
- Provided a copy of your security company's Private Patrol Operator's license
- Provided a copy of your signed agreement with the Private Patrol Operator
- Attached event Medical Plan
- Attached a copy of Disabled Accessibility Plan
- Attached event parking and shuttle plan
- Attached an event agenda/entertainment list and schedule
- Provided sample letters, flyers and other communications distributed to impacted residents, businesses, schools, places of worship and other entities
- Attached Certificates of Insurance
- Attached Hold Harmless Agreement
- Attached a copy of the IRS 501(c) exemption letter
- Included copies of all applicable local, state and federal permits (e.g., Monterey County Health Department Permit, CALTRANS, ABC, FAA) that may be required to hold the event in the selected venue