



**CITY OF SALINAS  
MINOR SPECIAL EVENT--PERMIT APPLICATION**

**DATE OF EVENT:** \_\_\_\_\_ **START/ENDING TIME:** \_\_\_\_\_

**LOCATION OF EVENT(S):** \_\_\_\_\_

**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 type of event)**

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 items to be given away

Other \_\_\_\_\_

Please highlight area to be barricaded on Site Plan. Describe how area will be barricaded.

**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 \_\_\_\_\_

***Applications must be submitted at least 10 days prior to the event.***

**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 \_\_\_\_\_

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.

**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 of Application** \_\_\_\_\_

**Approved:** [ ] Yes [ ] No \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

*Sheila Molinari*