



# Special Events Permit Application

<b>TYPE OF EVENT:</b>					
<b>DATE OF EVENT:</b>			<b>TIME OF EVENT:</b> AM / PM                      to AM / PM		
<b>ORGANIZATION/SPONSOR NAME:</b>					
<b>ADDRESS:</b>					
<b>CITY:</b>		<b>STATE:</b>		<b>ZIP:</b>	
<b>CONTACT PERSON(S):</b>			<b>E-MAIL:</b>		
<b>TELEPHONE NUMBER:</b>			<b>EMERGENCY:</b>		
<b>Description of Event (Please be specific):</b>					
<b>Request for On-Street Parking, list street:</b>					
		<b>From</b>		<b>To</b>	
<b>Amplification Required?</b>		Yes                      No		<b>Alcohol to be Served/Sold?</b>	
		Yes                      No			
<b>Facility Requested:</b>					
<b>Approximate Number of Participants/Guests/Attendees:</b>					
<b>Please list provisions for security/first aid/sanitary facilities/clean-up:</b>					
<b>Applicant's Name (Print):</b>			<b>Applicant's Signature:</b>		
<b>CITY USE ONLY:</b>					
<b>Certificate of Insurance Required:</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Approved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> By: _____	
<b>Traffic Control Plan Required:</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Approved:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> By: _____	
\$40.00 <input type="checkbox"/>		<b>EVENT FEE</b>			
\$80.00 <input type="checkbox"/>					
\$ _____		<b>Other Costs (Define):</b> _____			
<b>Comments:</b> _____					
_____					
<b>Approved by:</b> _____					
Public Works		Admin Serv		City Mgr	
Comm Dev		OCFA		Public Serv	
Rec & CS		Sheriff			
<b>\$</b>		<b>TOTAL FEE</b>		<b>Approved:</b>	
				<b>Date:</b>	

Upon receipt of the above, staff will coordinate your application and advise you of any additional information that may be necessary.  
If Council action is required, a minimum of 60 calendar days will be required for processing.  
 All other events require at least 30 days for application processing.