



City of Santa Rosa SPECIAL EVENT PERMIT APPLICATION

Return To: Planning and Economic Development Department
100 Santa Rosa Ave., Room 3
Santa Rosa, CA 95404
Attn: Carissa Green

speventpermit@srcity.org
Phone: (707) 543-3964
Fax: (707) 543-3288

APPLICANT INFORMATION

Applicant Name _____

Address Street _____
City _____ State _____ Zip _____

Telephone Main _____ Cell _____ Email _____

On Site Contact Name (if different) _____

Address Street _____
City _____ State _____ Zip _____

Telephone Main _____ Cell _____ Email _____

Sponsoring Organization Name (if any) _____

Address Street _____
City _____ State _____ Zip _____

Telephone _____ **Website** _____

EVENT INFORMATION

Event Name: _____

Event Short Description: _____
This should be promotional in nature and should not exceed 20 words.

Event Detailed Description: _____
Please provide a narrative and timeline of your event. You may attach pages if needed.

EVENT INFORMATION (continued)

Event Location: Courthouse Square *Will you need access to electricity? Yes No
 Depot Park *Will you need access to electricity? Yes No
 City Street or Sidewalk Parking Facility Other (please explain):

Describe Event Location: _____
Please describe the location of your event, including name(s) of streets that will be impacted. You may attach a site diagram and/or route map.

Does Event involve the use of a City Park? Yes No

If Yes, list name(s) of park(s): _____

Event Type: Athletic/Recreation Exhibits/Misc. Parade/Procession/March
 Farmer/Outdoor Market Concert/Performance Other (please explain):
 Circus/Carnival Festival/Celebration _____
 Free Speech Block Party _____

Attendance: Anticipated Total Attendance: _____ Anticipated Daily Attendance: _____

Is event open to the public? Yes No

Is this an annual event? Yes No

If yes, how many years holding the event: _____ Prior location(s) of event: _____

Set Up: Set Up Start Date: _____ Set Up Start Time: _____ AM PM

Event Time: Event Start Date: _____ Event Start Time: _____ AM PM

Event End Date: _____ Event End Time: _____ AM PM

Clean Up: Clean Up End Date: _____ Clean Up End Time: _____ AM PM

EVENT DETAILS

Amplified Sound: Yes No *If yes, complete the following.*

Type of Sound Equipment: _____

Location of Amplified Sound: _____

Date of Amplified Sound: _____

Start Time: _____ AM PM End Time: _____ AM PM

Purpose: Non-Commercial Commercial (a \$5 fee may apply)

Description: Stereo Band/Live DJ Microphone/PA System

Owner of Amplified Sound Equipment: _____
First Name Last Name

Business/Organization Name: _____

Max. Power: _____ Watts Max. Volume: _____ Decibels Dist. of Audible Sound: _____ Feet

For Sound Vehicle Only: Vehicle License Number: _____ Vehicle Make: _____

Vehicle VIN: _____ Vehicle Year: _____

Security Plan: Yes No *If yes, complete the following.*

Describe Security Plan: _____

If using Licensed Professionals, list company name: _____ Number of Staff: _____

If using Volunteers, how many? _____ How will volunteers be identified? _____

Street Closure: Yes No *If yes, complete the following.*

Describe Traffic Safety Equipment: _____

Rental Company: _____

Medical Plan: Yes No *If yes, complete the following.*

Describe Medical/Emergency Services Plan: _____

Food: Yes No *If yes, complete the following.*

Describe how food will be served and/or prepared: _____

On-Site Food Preparation Method: Propane* Charcoal Electric Other (please explain): _____

* Propane Use Permit may be required.

EVENT DETAILS (continued)

Will your event include Food Vendors: Yes No *If yes, how many? _____*

Alcoholic Beverages: Yes* No *If yes, complete the following.*
** ABC License may be required.*

Alcohol Distribution Method: Free-Host For Sale

Parking Plan: Yes No *If yes, complete the following.*

Describe Parking Plan: _____

Portable Toilets: Yes No *If yes, complete the following.*

Number of Standard Toilets: _____ Number of ADA Accessible Toilets: _____

Description of Placement: _____
Please indicate location of
toilets on your site diagram.

Garbage/Recycling: Yes No *If yes, complete the following.*

Number of Garbage Cans Provided: _____ Number of Recycling Cans Provided: _____

Description of Clean Up Plan: _____
Please indicate location of
receptacles on your site
diagram.

Mitigation of Impact:

Have you notified or met with the residents, businesses or other entities
that may be impacted by your event? Yes No

Do you have a sample of the written notice that you propose to
distribute prior to your event? Yes No

EVENT COMPONENTS

Please indicate which components will be present at the event:

- | | | |
|---|---|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Inflatables/Jumphouses | <input type="checkbox"/> Tables |
| <input type="checkbox"/> Candles/Open Flame | <input type="checkbox"/> Signs/Banners | <input type="checkbox"/> Tents/Canopies |
| <input type="checkbox"/> Fireworks | <input type="checkbox"/> Stages | <input type="checkbox"/> Vendors |

AGREEMENT AND SIGNATURE

I, the Applicant, confirm that the information contained in this application is complete and accurate. I understand that this is only an application and not a guarantee that a permit will be issued.

I agree to assume the defense of and indemnify and save harmless the City, its officers, agents, employees and volunteers from all suits, actions, damages or claims to which the City may be subjected of any kind or nature whatsoever resulting from, caused by, arising out of or as a consequence of such temporary street closure and the activities permitted in connection therewith. The City requires, as a condition of issuance of a permit, that the applicant obtains insurance to serve this end, in such an amount and with such terms as the City determines to be appropriate under the circumstances. This shall be a continuing release and shall remain in effect until revoked in writing.

Name (printed) _____

Signature _____ Date _____

Please submit this form along with a non-refundable Special Event Permit Application Fee of \$75 to:

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Questions? Please call (707) 543-3964 or email speventpermit@srcity.org