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  
- Farmer/Outdoor Market  
- Circus/Carnival  
- Free Speech  
- Exhibits/Misc.  
- Concert/Performance  
- Festival/Celebration  
- Block Party  
- Parade/Procession/March  
- Other (please explain):  ________________  

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:**
__________________________________________________________

**Business/Organization Name:**
__________________________________________________________

**First Name**
**Last 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 do distribute prior to your event?  [ ] Yes  [ ] No

EVENT COMPONENTS

Please indicate which components will be present at the event:

[ ] Animals  [ ] Inflatables/Jumphouses  [ ] Tables
[ ] Candles/Open Flame  [ ] Signs/Banners  [ ] Tents/Canopies
[ ] Fireworks  [ ] Stages  [ ] Vendors
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:

Planning and Economic Development Department speventpermit@srcity.org
100 Santa Rosa Ave., Room 3 Phone: (707) 543-3964
Santa Rosa, CA 95404 Fax: (707) 543-3288
Attn: Carissa Green

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