

SPECIAL EVENT PERMIT APPLICATION

THE CITY OF MT. SHASTA



Please Submit Appropriate Deposit with your Application

\$50.00 Application Deposit - No street closures

\$150.00 Application Deposit – Street closures required

**The City of Mt. Shasta
Planning Department
305 N. Mt. Shasta Boulevard - Mt. Shasta, California 96067
(530) 926-7510**

SUMMARY OF EVENT

DESCRIPTION

Event Title _____

Description

(This should be promotional in nature and cannot exceed 300 characters)

Admission

(Information cannot exceed 300 characters)

Event Category

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Athletic/Recreation | <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Exhibits/Miscellaneous | <input type="checkbox"/> Farmer/Outdoor Market | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Museum/Special Attraction | |
| <input type="checkbox"/> Parade/Procession March | <input type="checkbox"/> Dance | |

Anticipated Attendance

Total _____ Per Day _____

Anticipated Participants

Total _____ Per Day _____

DATE/TIME

Setup
Event Starts
Event Ends
Dismantle

Date _____	Time _____	Day of Week _____
Date _____	Time _____	Day of Week _____
Date _____	Time _____	Day of Week _____
Date _____	Time _____	Day of Week _____

LOCATION

Location Description

(Information cannot exceed 300 characters)

APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization _____

Chief Officer of Host Organization _____

Applicant Name _____

Address: Street _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Fax _____ Cellular _____

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name: _____

Address: Street _____

City _____ State _____ Zip _____

Phone: Day _____ Evening _____ Fax _____ Cellular _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

Yes No

Is the Host Organization a commercial entity?

Is the Host Organization a bona fide tax-exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax-exempt, nonprofit status.

SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted a blueprint or CAD format and include but not be limited to:

- An outline of the entire event venue, including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The provision of minimum twelve foot (12') emergency access lanes throughout the event venue.
- The location of first aid facilities and ambulances, if applicable.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- A detail or close-up of the food booth and cooking area configuration, including booth identification of all vendors cooking with flammable gases or barbecue grills.
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

SECURITY PLAN

Yes No

Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid private Patrol Operator's License issued by the State of California.

Security Organization _____

Address: Street _____
City _____ State _____ Zip _____

Telephone: Day _____ Evening _____ Fax _____ Cellular _____

Private Patrol Operator License # _____

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application.

MEDICAL PLAN

Yes No

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

If yes, please list: _____

Medical Services Provider _____

Address: Street _____
City _____ State _____ Zip _____

Telephone: Day _____ Evening _____ Fax _____ Cellular _____

Please describe your medical plan, including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application, if necessary.

ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information, if necessary.

Yes No

Will there be a Clear Path of Travel throughout your event venue? Please describe: _____

Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe: _____

Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe: _____

Will all food, beverage and vending areas be accessible? Please describe. _____

Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe. _____

If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe. _____

If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe. _____

If all areas of your event venue cannot be made accessible, will maps or programs be made available to show the location of accessible rest rooms, parking, phones (if any), drinking fountains, and first aid stations? Please describe. _____

PARKING AND SHUTTLE PLAN

Yes No

Will your event involve the use of a parking and/or shuttle plan? If yes, please describe or provide an attachment of your plan. _____

SAFETY EQUIPMENT

Yes No

Will your event involve the use of traffic safety equipment? If yes, please list: _____

Equipment Company _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____ Fax _____ Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

ENTERTAINMENT AND RELATED ACTIVITIES

Yes No

Are there any musical entertainment features related to your event? If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages _____

Number of Performers/Bands _____

Performer/Band name and music type _____

Will sound checks be conducted prior to the event?
If yes, Start time _____ Finish time _____

Will sound amplification be used? If yes,
Start time _____ Finish time _____

Will inflatables, hot air balloons or similar devices be used at your event? If yes, please describe:

Does your event include the use of fireworks, rockets, lasers or other pyrotechnics? If yes, please describe:

Will your event include the use of any signs, banners, decorations, or special lighting? If yes, please describe:

Will there be any massage activities at your event? If yes, please describe: _____

Do your event plans include any casino games, bingo games, drawings or lottery opportunities? If yes, please describe: _____

ALCOHOL

Yes No

Does your event involve the use of alcoholic beverages? 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

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event: _____

FOOD CONCESSIONS OR PREPARATION

Yes No

Does your event include food concession and/or preparation areas? If yes, please describe how food will be served and/or prepared: _____

Do you intend to cook food in the event area? If yes, please specify method:

- Gas
- Electric
- Charcoal
- Other (Specify) _____

CONCESSIONAIRES

Yes No

Will items or services be sold at your event? If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used: _____

Will items or services sold at your event present unique liability issues (e.g., body piercing, massage, animal rides, etc.): If yes, please describe or attach a complete list of item or service providers:

PORTABLE REST ROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event.

Yes No

Do you plan to provide portable rest room facilities at your event? If yes:

Total number of portable toilets _____

Number of ADA accessible portable toilets _____

If no, please explain: _____

Rest Room Company _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____ Fax _____ Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

SANITATION AND RECYCLING

Number of Trash Cans _____

Number of Trash Cans with Lids _____

Number of Dumpsters with Lids _____

(One for every increment of 400 people)

Number of Recycling Containers _____

Sanitation Company _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____ Fax _____ Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

MITIGATION OF IMPACT

Yes No

Have you presented your event concept to the officially recognized community groups that represent the venue area? If yes, please attach letters of endorsement or support from each of these groups.

If no, please explain: _____

Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities.

If no, please explain: _____

Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach.

If no, please explain: _____

INSURANCE REQUIREMENTS

Name of Insurance Agency _____

Address: Street _____

City _____ State _____ Zip _____

Telephone: Day _____ Evening _____ Fax _____ Cellular _____

Contact Name _____

Policy Type _____

Policy Amount _____

Policy Number _____

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Mt. Shasta Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply with all other requirements of the City, County, State, Federal Government and other applicable entity which may pertain to the use of the Event venue and the conduct of the event. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financial responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Mt. Shasta.

Print Name of Applicant/Host Organization _____

Title _____

Signature _____

Date _____

Print Name of Professional Event Organizer _____

Title _____

Signature _____

Date _____

Thank you for completing your Special Event Permit Application. Before you submit your application to the City of Mt. Shasta, please make sure that the following steps have been completed.

Have you...

- Signed and dated your application?
- Attached your event site plan?
- Attached your event security plan?
- Provided a copy of your security company's private Patrol Operator's License?
- Attached your event medical plan?
- Attached a copy of your accessibility plan?
- Attached your event parking and shuttle plan?
- Attached a complete entertainment list and schedule?
- Included letters of support or endorsement from impacted entities and community groups within your venue area?
- Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities?
- Attached your Certificate of Insurance?
- Attached a copy of your IRS 501 (C) tax exemption letter?
- Included any County, State, Federal or City of Mt. Shasta permits that may be required to hold your event in the selected venue?
- Applied for a Police Department Permit, if applicable?

Submit your completed Special Event Permit Application and deposit to:

**Tuliyani Potts
City Planner
City of Mt. Shasta
305 N. Mt. Shasta Boulevard
Mt. Shasta, California 96067
(530) 926-7510
potts@mtshastaca.gov**



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