



CITY OF WEST SACRAMENTO
SPECIAL EVENT APPLICATION

ADMINISTRATIVE USE ONLY
SE# _____

PLEASE SUBMIT THIS COMPLETED FORM TO THE PARKS & RECREATION DEPARTMENT FOR REVIEW AND CONSIDERATION. FORMS SHOULD PREFERABLY BE SUBMITTED 45 DAYS IN ADVANCE OF THE EVENT TO ALLOW TIME FOR PROCESSING. FORMS SUBMITTED LESS THAN 30 DAYS IN ADVANCE OF THE EVENT WILL BE ASSESSED A LATE FEE. AN APPLICATION FEE WILL BE REQUIRED AT THE TIME OF SUBMISSION.

APPLICANTS SHOULD UNDERSTAND THAT UNTIL A PERMIT IS ISSUED YOUR EVENT IS NOT APPROVED. ADVERTISEMENT OF YOUR EVENT PRIOR TO PERMIT APPROVAL IS DONE SO AT APPLICANTS RISK AND IS HIGHLY UNADVISED.

APPLICATION DATE: _____ EVENT TITLE: _____

APPLICANT/ORGANIZATION: _____ NAME OF CO-SPONSOR: _____

TYPE OF ORGANIZATION: NON PROFIT PUBLIC AGENCY PRIVATE BUSINESS

EVENT DATE(S): _____ EVENT TIMES: FROM _____ AM PM TO _____ AM PM

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IF THE EVENT IS, MORE THAN TWO (2) DAYS PLEASE LIST ADDITIONAL DATES: _____

ESTIMATED ATTENDANCE: _____

PROPOSED LOCATION: _____

(Events on private property will need to provide a letter of consent from the property owner.)

WILL THE EVENT OCCUR ON CITY OF WEST SACRAMENTO PROPERTY? YES NO

PROPOSED CITY PROPERTY LOCATION: _____

PLEASE VISIT OUR WEBSITE WWW.WESTSACFUN.ORG TO VIEW ALL CITY OF WEST SACRAMENTO PARKS.

(Please contact the Parks & Rec Dept. at (916) 617-4620 to confirm location availability before submitting this application.)

DOES THE WEST SACRAMENTO SPORTS FEDERATION SPONSOR THE EVENT? YES NO

NAME OF PRIMARY CONTACT PERSON: _____

ADDRESS OF PRIMARY CONTACT PERSON: _____

PHONE: _____ ALTERNATE PHONE: _____ FAX: _____ EMAIL: _____

NAME OF SITE SUPERVISOR: _____

PHONE: _____ ALTERNATE PHONE: _____ FAX: _____ EMAIL: _____

TYPE OF EVENT: RUN WALK CONCERT BIKE TOUR PARADE SOCIAL EVENT

SPORTING EVENT STREET FESTIVAL OTHER

DESCRIPTION OF EVENT: _____

ALCOHOL SOLD: YES NO ALCOHOL SERVED: YES NO

(EVENTS SELLING ALCOHOL NEED TO OBTAIN AN ABC PERMIT GO TO [HTTP://ABC.CA.GOV/](http://abc.ca.gov/))

ESTIMATED % OF ATTENDEES BY AGE GROUP: UNDER 18 _____ % 18 TO 20 _____ % OVER 21 _____ %

HOW WILL THE NUMBER OF ATTENDEES BE MONITORED? _____

EVENT WILL BE INDOORS: YES NO (IF YES, COMPLETE THE NEXT QUESTION)

MAXIMUM BUILDING OCCUPANCY: _____ DINING OCCUPANCY: _____ DANCING OCCUPANCY: _____

(RESIDENTIAL LOCATIONS DO NOT APPLY)

STREET OR SIDEWALK CLOSURE REQUIRED: (PD will notify Fire) YES NO (IF YES ATTACH A MAP OF CLOSURES)

TRAFFIC CONTROL NEEDED: YES NO (IF YES ATTACH A MAP AND DETAILS)

NUMBER OF ANTICIPATED VEHICLES: _____ DESCRIBE PLANS FOR PARKING: _____

WILL SECURITY BE PRESENT? YES NO (ATTACH CONTRACT)

SECURITY FIRM NAME: _____ NAME OF SECURITY REPRESENTATIVE: _____

NUMBER OF UNIFORMED SECURITY: _____ SECURITY WILL BE ARMED: YES NO

PHONE: _____ ADDRESS: _____ EMAIL: _____

NUMBER OF VOLUNTEER CHAPARONES: _____

ADMISSION FEE: YES NO GENERAL \$ _____ CHILD \$ _____ OTHER \$ _____

AMPLIFIED OR ELEVATED SOUND LEVELS INVOLVED: YES NO

IF YES, DESCRIBE: _____

HOURS OF AMPLIFIED OR ELEVATED SOUND: FROM _____ AM PM TO _____ AM PM

AMPLIFIED OR ELEVATED SOUND WILL BE: INSIDE ENCLOSED DWELLING OUTSIDE ENCLOSED DWELLING

TENT, CANOPY OR AWNING 200 SQUARE FEET OR LARGER WILL BE USED: YES NO

(IF YES, CONTACT THE WEST SACRAMENTO FIRE DEPARTMENT AT 916-617-4600 TO OBTAIN A FIRE PERMIT TO BE INCLUDED WITH THIS PACKET)

ADVERTISING USED: INVITATION LOCAL MEDIA REGIONAL MEDIA OTHER

WILL SIGNS OR BANNERS BE USED? YES NO

IF YES DESCRIBE BANNER, SIZE, MATERIAL, ETC: _____

PARADES ONLY – (PLEASE ATTACH THE PARADE ROUTE)

NUMBER OF PERSONS IN PARADE: _____ NUMBER OF VEHICLES IN PARADE: _____

POLICE ESCORT REQUESTED FOR PARADE: YES NO FIRE ESCORT REQUESTED FOR PARADE: YES NO

WILL THERE BE A NEED FOR TEMPORARY ELECTRICITY? YES NO

IF YES, PLEASE DESCRIBE: _____

WILL THERE BE ANY CONSTRUCTION OF TEMPORARY STRUCTURES, INCLUDING STAGES? YES NO

IF YES, PLEASE DESCRIBE EACH ONE TO INCLUDE THE APPROXIMATE SQUARE FOOTAGE:

STRUCTURE 1: _____

STRUCTURE 2: _____

STRUCTURE 3: _____

STRUCTURE 4: _____

MERCHANDISE SOLD: YES NO

LIST MERCHANDISE VENDORS:

1. NAME OF VENDOR: _____

2. NAME OF VENDOR: _____

3. NAME OF VENDOR: _____

LIST FOOD VENDORS:

1. NAME OF VENDOR: _____

2. NAME OF VENDOR: _____

3. NAME OF VENDOR: _____

WILL THERE BE ANIMALS PRESENT? YES NO

IF YES, PLEASE DESCRIBE: _____

HOW WILL SOLID WASTE AND RECYCLING BE HANDLED? _____

(IF MORE THAN 2,000 ATTENDEES, A FORMAL RECYCLING PLAN IS REQUIRED. PLEASE CONTACT THE RECYCLING DEPARTMENT AT 916-617-4590.)

HOW MANY INDOOR AND/OR OUTDOOR TOILETS WILL BE AVAILABLE? INDOOR _____ OUTDOOR _____

DO YOU HAVE A CONTRACTED SERVICE FOR CLEAN UP? YES NO (IF YES, PLEASE ATTACH A COPY OF THE CONTRACT)

WILL A WATER STATION BE AVAILABLE? YES NO

IF YES, PLEASE DESCRIBE: _____

WILL MEDICAL SERVICES BE PRESENT? YES NO

IF YES, PLEASE DESCRIBE: _____

WILL FIREWORKS BE INVOLVED? YES NO

(IF YES, CONTACT THE WEST SACRAMENTO FIRE DEPARTMENT AT 916-617-4600)

BY SIGNING BELOW, THE APPLICANT AGREES TO COMPLY WITH ALL APPLICABLE PROVISIONS OF MUNICIPAL CODE SECTION 12.08 INCLUDING BUT NOT LIMITED TO PAYING ALL FEES ASSOCIATED WITH EVENT REQUIRED CITY SUPPORT SERVICES.

SIGNATURE _____ TITLE _____

ORGANIZATION _____ DATE _____