

CITY OF SALINAS – SPECIAL EVENT APPLICATION

A complete application includes this document as well as items on the checklist. This document and site plan are due a minimum of 45 days before your event. Other items need to follow soon after, a minimum of 30 days before your event. Vendor list may be turned in two (2) weeks before the event.

Event Date: _____ Event Set Up Date & Time: _____

Event Start Time: _____ Event End Time: _____ Clean up end Time: _____

Event Location: _____

Name of Event: _____

AGENCY/ORGANIZATION REQUESTING PERMIT

Agency/Organization Name: _____

Representative Name & Title: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Cell Phone: _____

*Email Address: _____

(*required - for communication regarding the permit):

If the above is not authorized to sign the permit, add the below information:

PERSON AUTHORIZED TO SIGN THE PERMIT

Name: _____ Email: _____ Phone: _____

Is your agency/organization a Tax Exempt/Non-profit Entity?

☐

No – if not, add Salinas Business License number: _____

☐

Yes – if yes, add Tax-Exempt number: _____

 **Attach a copy of Salinas Business License or Tax-Exempt letter.**

At Event on Site Responsible Party:

Mark if same as above: ☐

Name: _____

Cell Phone: _____

Email Address: _____

EVENT DESCRIPTION (CHECK ALL THAT APPLY)

☐

Assembly

☐

BBQ Fundraiser

☐

Car Show

☐

Carnival

☐

Circus

☐

Concert

☐

Dance

☐

Fair

☐

Food Vendor(s)

☐

Parade

☐

Petting Zoo

☐

Photo

☐


Race

☐

Radio Remote

Other: _____

Will you have tents and/or canopies? ☐ Yes, if yes see below box ☐ No

 **Include placement and size of any tents and canopies on your site plan, including distance from other structures and each other. Include if they will contain tables or chairs and how many of each. Tents in aggregate greater than 400 sq ft and canopies in aggregate greater than 700 sq ft require Fire Temporary Structure permits.**

Will admission be charged? ☐ No ☐ Yes, amount: \$ _____

Will tickets be sold? ☐ No ☐ Yes ☐ In Advance ☐ Day of Event
(if yes, mark either or both)

Projected Attendance: Per Day: _____ Total Attendance: _____

Trained crowd managers shall be provided for events where more than 1,000 persons congregate. Contact Salinas Fire Department for crowd manager requirement.

Will the event require: (check all that apply - final determination is made by the city)

☐ ~Street Closure ☐ Traffic Detours ☐ Parking
(~Street closures require a Temporary Traffic Control Plan signed by a traffic engineer.)

☐ Police Enforcement ☐ Fire Enforcement ☐ Firefighters

☐ Cal Trans Encroachment Permit (*Encroachment permit may take 90 days or more and must be approved and received prior to city permit approval.*)

Is any portion of the event, proposed to be held on private property? ☐ No ☐ Yes
If yes, signature required at the top of page 6 or other proof of agreement.

Is the event, or any portion thereof, proposed to be held on City property? ☐ No ☐ Yes

Will the event, or any portion thereof, require the closure of any street(s)? ☐ No ☐ Yes
If so, you will be required to comply with applicable City Codes.

FOOD SERVICE/ALCOHOL

Will food be served? ☐ No ☐ Yes: if yes, what type? ☐ Caterer ☐ Potluck
(Mark all that apply)
☐ Food truck(s) ☐ Meal ☐ Booths

Approximate number of vendors/booths: _____

Approximate number of vendors/booths using a heat source: _____
(open flame devices – solid fuel (wood) or combustible/liquid fuel?)

Are you planning to serve/sell alcoholic beverages at this event? ☐ No ☐ Yes
(If so, a Temporary Use of Land Permit, (TULP) may be required.)

If yes above, have you obtained a temporary Use of Land Permit (TULP) ☐ No ☐ Yes

If you plan to serve/sell alcohol, have you obtained a permit from the State Dept of Alcohol and Beverage Control (ABC)? ☐ No ☐ Yes ☐ In the process

Please check those that apply:

- ☐ Free/Host alcohol ☐ Alcohol Sales ☐ Host & Alcohol Sales
☐ Beer ☐ Wine ☐ Beer & Wine ☐ Beer, Wine & Distilled Spirits

If serving alcohol, initial that you are aware that all servers will need to have completed Alcohol Service Training, authorized by ABC. _____

ENTERTAINMENT & RELATED ACTIVITIES

Will your event include live entertainment (bands, choirs, dance)? ☐ No ☐ Yes
If yes, please complete this section. (The city of Salinas prohibits cage dancing, slam dancing, dance platforms, crowd surfing, mosh pits, and similar activities.)

Number of Stages: _____ Number of Performers/Groups: _____

Name(s) of Performers/Bands/DJ	Type of Entertainment & Proposed Stage

Please attach additional pages if necessary.

Will the event include inflatables, sky jumps or similar devices? ☐ No ☐ Yes
If yes, please describe: _____

Will the event include the use of signs, banners, decorations, or special lighting?

☐ No ☐ Yes, if yes, please describe: _____

Are fireworks, rockets, lasers, or other pyrotechnics planned for the event? ☐ No ☐ Yes

If yes, please describe or attach information: _____

Please note, the Salinas Fire Marshall will require additional information regarding this type of entertainment. Event organizers should contact the Salinas Fire Marshall at 831 758 7466 or FIREPREVENTION@CI.SALINAS.CA.US at the same time as submitting this application.

Have you notified the neighboring properties of your intent to host the proposed event?
(If your event will be in downtown Salinas, also notify Admin@salinascitycenter.com.)

☐ No ☐ Yes

Please attach a copy of the notice you intend to distribute.



AMPLIFIED SOUND

Will your event have amplified sound? ☐ No ☐ Yes Start & End Times:

Source of Power: ☐ Generator ☐ Electrical

Check all types of sound entertainment that apply: ☐ DJ ☐ PA System

☐ Live Entertainment ☐ Other: _____

Provide Vehicle description and license plate number for all vehicles using sound amplifying equipment for this Special Event permit: _____

PARKING & TRANSPORTATION PLAN

A parking and transportation plan may be required to mitigate potential impacts to the City's traffic circulation. Please note that you must always include disabled accessible parking and/or access in your event plans.

Does the proposed location have adequate on-site parking to meet your event needs?

☐ No ☐ Yes. If no, what are your alternative parking plans: _____

If you plan to use private property, the property owner will need to provide written permission for this permit or sign off on page 7.

Do you anticipate any traffic circulation problems as a result of your event?

☐ No ☐ Yes. If Yes, please describe the efforts you are proposing to undertake to minimize impacts to the traffic circulation system surrounding the event venue.

(Please note that significant impacts to traffic circulation resulting from your event could result in the City of Salinas billing you for mitigating the impacts to the affected area. Please attach additional sheets as necessary.)

SECURITY PLAN

Are you planning to contract with a licensed professional security company for your event Security? ☐ No ☐ Yes *If Yes, please provide the following:*

Name of Security Organization: _____ Contact Person: _____

Address _____ City _____ Zip Code _____

Phone - Daytime _____ Phone – Evening _____

Private Patrol Operator License #: _____ Number of Guards Requested: _____

**Attach a copy of the Private Patrol's Operator License AND City of Salinas Business License.
And a SIGNED copy of the contract with the Private Security Company.**

Please describe your security plan including access to venue, crowd control, response to emergency situations, and internal communications. _____

Please attach additional pages if necessary.

DISABLED ACCESSIBILITY PLAN

As an event organizer you are required to comply with all City, County, State and Federal Disability Access requirements applicable to your event.

Please describe your event's Accessibility Plan and designate such plan on your Site Plan (as applicable): _____

Attach additional pages, if necessary.

MEDICAL PLAN

Individuals and organizations planning special events are required to make appropriate arrangements for medical services.

Please describe your medical plan including the number, certification levels, and types of resources that will be at your event and the way they will be managed and deployed.

Medical Service Provider if applicable: _____

Address: _____

Phone/daytime: _____ Phone/evening: _____

For more information, please contact the EMS Program at (831) 758-7411.

Attach additional pages, if necessary.

MARKETING & PUBLIC RELATIONS

Will the event be marketed, promoted, or advertised to the public? ☐ No ☐ Yes

If yes, please describe your marketing plan and any efforts to control or limit the placement and/or distribution of promotional signage, stickers, and other items. _____

Attach additional pages, if necessary.

TRASH & RECYCLING

Please describe your trash and recycling plan: _____

➡ **Attach a SIGNED copy of the contract with the waste vendor.**

RESTROOM & HANDWASHING FACILITIES

If you have a contract for a location, will participants have access to **flush** toilets/urinals?

☐ No ☐ Yes; if yes, how many: _____

Will you be renting portable restrooms and handwashing?

☐ No ☐ Yes

If yes, how many of each: ADA restrooms _____ ADA handwashing _____

Basic restrooms _____ Basic handwashing _____

➡ **Attach a SIGNED copy of the contract with the vendor and a copy of their Business License**

VENDOR INFORMATION

For each vendor, please include the following information. **Add pages, if necessary.**

<u>Name</u>	<u>Service</u>	<u>Address</u>	<u>Phone Number</u>	<u>Business License & Health Permit number (if food vendor)</u>

PROPERTY OWNER'S CONSENT

No permit shall be issued unless the owner of the property upon which the proposed Special Event will be held, or that person's representative or agent, has first given their express written consent by signing below or by providing an approved use agreement.

(There is space below for Two (2) property owners to sign.)

1

Printed Name _____ Location _____

Signature _____ Date _____

2

Printed Name _____ Location _____

Signature _____ Date _____

CERTIFICATION OF APPLICANT

Applications may be submitted six (6) months in advance but **no fewer than forty-five (45) days prior to the event.**

A signed Hold Harmless agreement and Certificate of Insurance with Additional Insured Endorsement are also required as part of the application packet. (Follows this application.)

Email the completed application, including any attachments to specialevents@ci.salinas.ca.us, or carry or mail, a copy to Recreation Center, 320 Lincoln Ave, Salinas, CA 93901, Attention Special Events. The *non-refundable* application fee (nonprofits exempt) may be mailed or carried to the above address. Checks should be made payable to CITY OF SALINAS.

Permits are only issued after all required documents are received, reviewed, and approved, resulting in a permit signed by an authorized representative of the City of Salinas. A meeting with the Special Events Committee may be required prior to approval. This event shall be conducted in accordance with all applicable local, state, and federal laws and regulations.

If you have any questions, please contact Vicky Sargent, Library & Community Services at vickys@ci.salinas.ca.us or 831 758-7453.

CERTIFICATION OF APPLICANT

I declare that I am 18 years of age or older and the information contained in the foregoing application is true and correct to the best of my knowledge. I have read, understand and agree to abide by the rules and regulations governing Special Events under the Salinas City Code and I understand this application is made subject to the rules and regulations established by the City Council and/or the City Manager or their designee. I also understand that misrepresentation of facts will cause this Permit to be null and void. I also understand that if an emergency Police or Fire response is generated to this event, I may be charged for the Police or Fire services required.

I further declare under penalty of perjury that I am authorized to enter into this Application for and on behalf of myself and the organization described above.

Signature: _____ Date: _____





Special Event

Hold Harmless Agreement and Release of Liability

Name of Special Event _____ Date(s) of Special Event _____

Name of Sponsoring Individual(s) or Organization _____

Address _____ Phone Number _____

_____ (hereafter referenced as "Sponsoring Individual" or "Organizer") agree(s) to indemnify, defend at its own expense, and hold harmless the City of Salinas, its officials, officers, employees, agents, volunteers, and representatives from and against any and all losses, liability, claims, actions, causes of action, demands, lawsuits, expense(s) and cost(s), including reasonable attorney fees, arising out of or in any way connected or related to the above-referenced Special Event, including whether caused in whole or in part by any act or omission of Organizer or any of Organizer's vendors or subcontractors or anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable, except where caused by the sole negligence, gross negligence, or willful misconduct of the City. Organizer shall meet the Insurance Requirements of Exhibit A hereto, but any minimums specified shall not relieve or reduce Organizer's indemnification obligations hereunder.

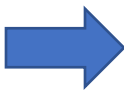
I intend my signature below to be a complete and unconditional release of all liability, and for such release to be as broad and inclusive as permitted by the laws of the State of California.

AUTHORIZED REPRESENTATIVE

(To be completed by individuals representing an organization or group)

I, _____, represent and warrant that I have the authority, right, and power to enter into this Hold Harmless Agreement and that I have obtained any and all consents, powers, and authorities, necessary to permit me to enter into this Hold Harmless Agreement and Release of Liability on behalf of _____ and to bind this individual/organization.

Organizer



Signature _____ Date _____

Printed Name _____

Insurance Requirements

Organizer shall procure and maintain, at Organizer's sole cost and expense, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the special event, use of property and facilities, and the activities of the Organizer and Organizer's guests, attendees, agents, representatives, employees, volunteers, vendors, or contractors/subcontractors.

MINIMUM SCOPES AND LIMIT OF INSURANCE

Commercial General Liability ("CGL"): Coverage shall be at least as broad as Insurance Services Form CG 00 01 covering Commercial General Liability ("CGL") on an occurrence basis, including property damage, bodily injury and personal & advertising injury with limits no less than \$1,000,000 per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to the special event project/location (Insurance Services Office 'ISO' CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit. If Organizer utilizes volunteers, Organizer shall provide evidence of coverage respecting the same.

Workers' Compensation Insurance: If Organizer employs others for the event; Organizer shall maintain workers' compensation insurance as required by the State of California and employer's liability insurance with a limit of no less than \$1,000,000 per occurrence. If requested, Organizer shall provide an endorsement waiving subrogation against the City.

OTHER INSURANCE PROVISIONS

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The City of Salinas, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy. Organizer shall provide an additional insured endorsement to the City. General liability coverage can be provided in the form of an endorsement to the Organizer's insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of **both** CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later edition is used).

Primary Coverage

Organizer's insurance coverage shall be primary insurance as respects the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the Organizer's insurance and shall not contribute with it.

Waiver of Subrogation

Organizer hereby grants to City a waiver of any right to subrogation, which any insurer of said Organizer may acquire against the City by virtue of the payment of any loss under such insurance. Organizer agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer.

Verification of Coverage

Organizer shall furnish the City with original certificates and endorsement(s) effecting coverage. All certificates and endorsements are to be received and approved by the City in the time frame specified by City before the event. The City reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required herein, at any time.

Notice of Cancellation

Each insurance policy required shall provide that coverage shall not be canceled, except with notice to the City.

Acceptability of Insurers

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A-, unless otherwise acceptable to the City, and exception may be made for the State Compensation Insurance Fund for Workers' Compensation Insurance.

Availability of Limits

Any deductible or self-insured retention must be identified and approved by the City. In the event either is deemed to be too great, the City may require Organizer to have Organizer's insurer eliminate or reduce it. If Organizer maintains higher limits than the minimums shown above, the City requires and shall be entitled to coverage for the higher limits maintained by the Organizer. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

Liquor Liability

If Organizer will be supplying alcoholic beverages, the general liability insurance shall include host liquor liability coverage. If Organizer is using a caterer or other vendor (hereafter either is "Vendor") to supply alcohol that vendor must have liquor liability coverage. If Organizer intends to sell alcohol either the Organizer or Vendor providing the alcohol for sale must have a valid liquor sales license and liquor liability insurance covering the sale of alcohol.

Homeowner's Insurance

In some cases, the Organizer's homeowner's liability insurance may provide coverage sufficient to meet these requirements. Organizer should provide these requirements to his or her agent to confirm and provide verification to the City.

Special Events Coverage

As an informational courtesy to Organizers, a list of special events brokers and/or insurers is located on the City of Salinas public website.

Special Risks or Circumstances

City reserves the right to modify these requirements based on the nature of the risk, prior events, insurance coverage, or other special circumstances.