



City of Pleasanton SPECIAL EVENT Permit Application



Pleasanton has a rich and diverse history of community based events and entertainment. We are proud to put our community and its amenities on display for all to enjoy and visit as we celebrate what we believe is one of the finest cities in the nation to live and conduct business.

Special events are an important component of this community, from a small community fundraising walk to a large parade or festival; we are committed to ensuring this community vitality.

In order to plan a safe and successful event while remaining mindful of the needs of the surrounding community, there are various departments with the City of Pleasanton that review all special event applications. It is intended that this application provides a simplified process for both the event organizers and the city representatives. However, please be aware that depending upon the nature and size of your event, you as the event planner might need to comply with other department requirements and other federal, state and county regulations in addition to completing this application. Some of these requirements are entirely your responsibility including taxation and revenue reporting. For example, if you intend to sell any product during your event, sales tax must be collected and reported unless otherwise exempted by state or federal law.

On behalf of the City of Pleasanton we appreciate your interest in conducting a special event and thereby adding to our sense of community!

INTRODUCTION:

Permit applications must be received by the City of Pleasanton **no later than ninety (90) days in advance of the event**. Generally, any organized activity involving the use of, or having an impact upon, public property, public facilities, parks, sidewalks, street areas, or the temporary use of private property in a manner that varies from its current land use, requires a permit. It is our goal to assist event organizers in planning a safe and successful event that will create a minimal impact upon the communities or neighborhoods surrounding the event. We hope you find these instructions helpful and you are encouraged to call the special events department with any questions.

PERMIT PROCESS:

The Special Event Permit application process begins when you submit to the City of Pleasanton a special event application. Upon receipt of your application it will be evaluated for its impact on other city entities and will be distributed to other city departments for their review and input. Throughout the process you will be notified if additional information, permits, licenses or certificates is necessary. Due to the many changing aspects of an event and its planning process it is recognized that you will need time to provide all the necessary information and documents. Given this fact, we will remain flexible and a permit might not be physically issued until a few days prior to the event. Upon approval of the event, the event organizer will be provided a permit subject to conditions of operation.

If you intend to hold your event at one of the many city operated facilities (parks, meeting halls, theaters, etc.) you are responsible for contacting the appropriate division or facility manager through the Community Services Department at 200 Old Bernal Ave. or 931-5340. This application will also be forwarded to the respective department, but scheduling and reserving those facilities are your responsibility.

SUMMARY OF EVENT

This section of the application is intended to provide us with an overview of your event. Information you provide in this section is public information and may be used for promotional purposes including but not limited to print, electronic and Internet formats. This information will also be used to populate the City of Pleasanton calendar of Special Events so please complete the application carefully and completely.

DESCRIPTION

Event Title _____

Description _____

(This area should be promotional in nature)

Admission

(How will people be drawn to the event and gain admission?)

EVENT CATEGORY

- Athletic/Recreation Concert/Performance Circus
- Exhibits/Car show Farmer/Outdoor Market Carnival
- Festival/Celebration Parade/Procession/March Dance

Anticipated Attendance Total _____ Per Day _____

Anticipated Participants Total _____ Per Day _____

DATE/TIME

Set up Date _____ Time _____ Day of Week _____
 Event Starts Date _____ Time _____ Day of Week _____
 Event Ends Date _____ Time _____ Day of Week _____
 Dismantle Date _____ Time _____ Day of Week _____

EVENT CONTACT INFORMATION

HOST ORGANIZATION _____

Applicant Name _____

Address (Street) _____

City _____ **State** _____ **Zip** _____

Telephone Day _____ **Cell** _____

Email _____

PROFESSIONAL ORGANIZER

Applicant Name _____

Address Street _____

City _____ **State** _____ **Zip** _____

Telephone Day _____ **Cell** _____

Email _____

MEDIA CONTACT

(If different than public contact)

Name: _____

VENDOR CONTACT

Name: _____

Phone: _____

Event Web Address and links: _____

SECURITY PLAN

Is a private security company being hired to provide security services during your event? Yes No

Security Organization: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____
Event Supervisor Cell Phone: _____

Please describe your security plan including crowd control, internal security, security for any cash received and transported. *(The police department will closely review and work with you on this plan to ensure the safety of the public and the event. Check if additional sheets included)*

MEDICAL PLAN

You must evaluate the possible medical response needs for your event. In some cases the Livermore Pleasanton Fire Department will provide these services and Paramedics Plus will provide ambulance service.

Have you hired a licensed professional emergency services provider to develop and manage you event's medical response and plan? Yes No

Medical Services Provider: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Fax: _____

Please describe your medical plan and resources needed at your event. The Livermore Pleasanton Fire Department will evaluate the plan and provide assistance. *(The Livermore-Pleasanton Fire Department will closely review this plan and work with you to ensure medical needs are addressed).*

ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline for providing access to disabled persons and may not be inclusive of all City, County, State and federal access requirements. You are encouraged to attach more detailed information if necessary.

Check box when completed. If not applicable, indicate with "NA"

- Will there be a clear path of travel throughout your event?
- Will a minimum of 4' wide sidewalks and pathways be maintained throughout the event?
- What accommodations have you made for disabled parking and/or transportation, including use of public transportation or shuttle services?
- Will a minimum of 10% of your restrooms be accessible? (*Attach map*)
- Will food, beverage and vending be accessible?
- Will signage be used so pedestrian flow will not obstruct its visibility?
- If all areas of your event venue are not accessible, will maps or programs be available to show the location of available restrooms, parking and first aid stations?

PARKING AND SHUTTLE PLAN

Have you considered the parking impact and availability of your event and whether you will need to direct people where to park? (Please describe and attach plan)

SAFETY EQUIPMENT

Will your event require the use of traffic safety equipment?
Please describe:

Equipment Company: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Cell: _____
Equipment set up: Date: _____ Time _____
Equipment pick up: Date: _____ Time _____

ENTERTAINMENT AND RELATED ACTIVITIES

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

Number of stages: _____
Location of stages: _____

Number of performers/Bands: _____
Performer/band name and music type: _____

Will sound checks be conducted prior to the event?
Start time: _____ Finish Time: _____

Will sound amplification be used?
Start time: _____ Finish Time: _____

Will there be massage activities at your event?
Please describe _____

Does you event include any casino games, bingo games or raffles?
Please describe _____

ALCOHOL

Does your event involve the service or sale of alcoholic beverages for consumption during your event? (A separate application is necessary in addition to ABC and County Health permit requirements)

Please indicate the type of beverage:
 Beer Beer and wine Beer, wine and spirits

Please describe your plan to ensure the safe sale or service of alcohol at your event.

FOOD CONCESSIONS OR PREPARATION

Does your event include food concession and/or preparation areas?
Please describe how food will be served/prepared or prepared:

How do you intend to cook food at your event?

Gas Electric
 Charcoal Other (Specify): _____

PORTABLE RESTROOMS

Depending upon your event, you will be required to provide portable restrooms at your event, 10% of which must be ADA accessible. A matrix of recommended number of portable restrooms is available from the Police Department for your convenience.

Do you plan to provide portable restrooms at your event?

Yes No

If no, provide reason _____

Total number of portable toilets: _____
Number of ADA accessible toilets: _____

Restroom Company: _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Cell: _____

Equipment Setup: Date _____ Time _____
Equipment pickup: Date _____ Time _____

SANITATION AND RECYCLING

You are required to provide ample trash receptacles and ensure the event is free of all rubbish and litter throughout your event. Please indicate on your detailed map of the event the location of these trash receptacles.

Number of trash cans _____
Number of Dumpsters _____

Sanitation company _____
Address Street: _____
City: _____ State: _____ Zip: _____
Telephone Day: _____ Evening: _____ Cell: _____

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

Have you met with the residents, businesses, or other entities that may be directly impacted by your event? _____

Attach copy of the flier or other material you will distribute to the affected entities.
Website address of event announcement: _____

REFERENCES

Have you organized this event previously? If so please list at least two locations where you have held the event and contact information for that city.

	<u>City/County</u>	<u>Contact Person</u>	<u>Contact Phone #</u>
1.	-----	-----	-----
2.	-----	-----	-----

INSURANCE REQUIREMENTS

(Attach copy of policy)

Name of Insurance Agency: _____

Address Street: _____

City: _____ State: _____ Zip: _____

Telephone _____

Policy Coverage Amount _____

Policy Number _____

Insurance certificate attached: Yes

No **

**If not, explain _____

Insurance must be for a minimum of \$1,000,000.00.

Insurance certificate is required to have the following wording: "City of Pleasanton, its officials, employees, agents and volunteers."

AFFADAVIT OF APPLICATION

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 abide by the rules and regulations governing the proposed Special Event. Applicant agrees to comply with all other requirements of the City, County, State and Federal Government and any other applicable entity which might 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 financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Pleasanton.

Print name of Applicant/Host organization _____

Title _____

Signature _____

Date _____

Print Name of Professional Event Organizer _____

Title _____

Signature _____

Date _____

CITY OF PLEASANTON

Waiver and Indemnification Form

In consideration of submitting this application for a special event, which is generally described as a _____, to be held within the City of Pleasanton on _____, I (we) do so with the understanding that I (we) am fully responsible for the actions which occur at the above-mentioned special event, including spectators (if any), as well as the transportation to and from the special event, and that special event participants shall conduct themselves in an orderly manner during the special event. I (we) agree to abide by any decision of City Officials relative to the ability to safely participate in the special event.

I (we) are aware that the special event may be hazardous to persons and property and assume all risks associated with this special event, including, but not limited to, personal injury and property damage.

As the applicant for this special event permit, I (we) agree, on behalf of myself (ourselves), my (our) heirs and assigns, to release and discharge, indemnify, defend, and hold harmless the City of Pleasanton, its officials, employees, agents and volunteers, from and against any and all claims, loss, liability, and damages (including reasonable attorney's fees) resulting from injury or death, or from damage to property arising out of or in any way connected with this special event, including actions by the City of Pleasanton in providing a special event permit.

BY SIGNING THIS WAIVER AND INDEMNIFICATION, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ AND UNDERSTOOD THE FOREGOING, AND AGREE THAT I (WE), MY (OUR) HEIRS AND ASSIGNS SHALL BE BOUND BY THESE TERMS.

Applicant Signature: _____ Date: _____

Print Name: _____

As the authorized agent for (Event Name): _____

**This form to be provided to the organizer as a checklist before a permit or approval will be granted.*

Special Events Checklist:

Some special events will require the organizers to obtain additional permits, schedule additional personnel or schedule coordination meetings with various city departments. Any items checked below must be completed before a permit is issued. Failure to meet any of these requirements could result in the denial of the Special Event Permit.

Event Name/Organization: _____
Date of Event: _____ Location of Event: _____
Contact Person: _____ Phone #: _____

Please complete each item listed below

- ___ General Liability Insurance certificate with required endorsements
- ___ State of California Alcoholic Beverage Control Permit if selling alcohol.
- ___ Alameda County Health Department Permit if selling/providing food.
- ___ Copy of adjacent jurisdiction approval if the event involves another jurisdiction (Alameda County, Livermore, Dublin)
- ___ Coordination with Pleasanton Police Department for special traffic considerations or event security/staffing requirements.
- ___ Additional security from private company
- ___ City staff required for each day
- ___ Coordination meeting with City Support Service staff if street closures/signage is necessary
- ___ Coordination meeting with Community Services staff relating to use of City facilities
- ___ Coordination with downtown merchants/PDA and/or City of Pleasanton Economic Development if the event includes the downtown area
- ___ Portable toilets and washing stations # required _____
- ___ Garbage containers # required _____
- ___ Other: _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

**Upon approval of all departments, a special event permit will be issued which will include a list of conditions, if necessary.*

Special Event Application Routing:

Police

Reviewed by: _____ Approval Date: _____

Conditions of approval required: Y N

Conditions: _____

Planning

Reviewed by: _____ Approval Date: _____

Conditions of approval required: Y N

Conditions: _____

Engineering

Reviewed by: _____ Approval Date: _____

Conditions of approval required: Y N

Conditions: _____

Community Services

Reviewed by: _____ Approval Date: _____

Conditions of approval required: Y N

Conditions: _____

City Attorney

Reviewed by: _____ Approval Date: _____

Conditions of approval required: Y N

Conditions: _____

Fire Department

Reviewed by: _____ Approval Date: _____

Conditions of approval required: Y N

Conditions: _____

Streets Department

Reviewed by: _____ Approval Date: _____

Conditions of approval required: Y N

Conditions: _____