

Official U	se Only	

Date Received
____Initials

Parks & Recreation Department

323 Church Street Santa Cruz, CA 95060 Ph: (831) 420-5270 | Fax (831) 420-5271

eventpermits@santacruzca.gov www.santacruzparksandrec.com

USE APPLICATION FOR CITY PUBLIC SPACES MINOR & MAJOR PUBLIC EVENTS

Applicant Information:			
Primary Contact Name (First, Last):			
Address:	City	State	Zip
Phone:	Email:		
Mobile:	Website:		
Organization Information:			
Nonprofit ID:	Phone Nun	nber:	
Company name:	FSAI	ITA (
Address:	City	State	Zip
Event Information:			
Title:		Event Time	
		Start	End
Event Date(s):	Setup		
Estimated Attendance	Open to Public		
Youth: Adults:	Breakdown	$\triangle \setminus \Box \Box \Box \Box$	
☐ Athletic Competition ☐ Parade ☐ Fes	tival 🗖 Water/Surf 🗖	Other:	
Proposed activities during event (describe):			
Event Location(s):			
Event Coordinator – Onsite during event (Fir	rst, Last):		
Phone:	Cell Phone: _		

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1.	☐ Yes	☐ No	Has this event been held before?	Number of years?
2.	☐ Yes	☐ No	Is this a charitable fundraiser?	For what cause?
3.	☐ Yes	☐ No	Is there an admission fee?	Admission tax fees may be applicable.
4.	☐ Yes	☐ No	Will you be selling merchandise?	Subject to commercial use fee.
5.	☐ Yes	☐ No	Will alcohol be sold or served?	□Beer □Wine □Alcohol
		1	ABC Permit will be required. Special Event Coordi department.	inator will coordinate with Santa Cruz Police
6.	☐ Yes	☐ No	Will food be sold or served?	□Pre-packaged □ Food Trucks □Other
		1	* Food service may need to be approved by Count Acceptable food packaging ordinance. Subject to 0	
7.	☐ Yes	☐ No	Will you be cooking onsite?	☐ Wood/Charcoal BBQ ☐ Liquid Fuel Device
8.	☐ Yes	☐ No	Will banners/signs be used?	* Banners cannot be larger than 2' x 3'
9.	☐ Yes	☐ No	Will electricity be needed?	Description
10.	☐ Yes	☐ No	Will any generators be used?	Description
11.	☐ Yes	☐ No	Will you be setting up a stage?	(W x L x H) and Details:
12.	☐ Yes	☐ No	Will first aid monitors be provided?	Specify number of monitors and/or stations:
13.	☐ Yes	□ No	Will reserved parking be requested?	Specify Parking lot and meter numbers:
14.	☐ Yes	☐ No	Will a street closure be requested?	Specify Street names & times:
				ublic notification and posting requirements. omply with all requirements listed within the City of
15.	☐ Yes	☐ No	Do you anticipate any police or security needs?	
				Cruz Police Department Officers assigned and paid for
16.	☐ Yes	☐ No	What is your restroom facility plan?	Please describe:
			Note: One (1) portable restroom per every 100 per	eople with 10% being ADA Compliant is required
17.	☐ Yes	☐ No	What is your garbage/recycling plan?	Please describe:
18.	☐ Yes	☐ No	Will sound amplification be used?	
19.	☐ Yes	☐ No	Have you read, considered, and agree to amplification.	abide by the rules and regulations for sound
			 offensive noise within 100 feet of any be which disturbs any person within hearin No person shall make, suffer or permit to unreasonably loud, raucous, jarring or deposition of the suffer shall be suffered by the suffered by the	20:00 p.m. and 8:00 a.m., be permitted to make any uilding or place regularly used for sleeping purposes or ag distance of such noise. (SCMC #9.36.010) to be made any noises or sounds which are listurbing to people of ordinary sensitiveness. (SCMC this chapter and is cited for such a violation, and who such a citation again violates the same section, is guilty a violation when he or she is issued and signs an when he or she is arrested and booked, or when a fied of the filing of such a complaint (SCMC #9.36.030)

20	. 🗖 Yes	☐ No	Have you read, considered and agree to abide by the rules and regulations related to requirements for street closures.
			A 16' clearance in the street must be maintained for emergency vehicle access. In addition, there are standard requirements for street closure barricades. The document entitled "Requirements for Street Closure – Barricades" must be reviewed and complied with by Block Party Coordinator/Permittee. The document also includes requirements regarding adult monitors as well as how to safely close the street.

Equipment and AV Utilized:

☐ Tables (Quantity and Type):	Description:
☐ Chairs (Quantity and Type):	Description:
☐ Canopies (Quantity and Type):	Description:
☐ Speakers and Mics	Description of quantity and type:
☐ Music and/or Band	# of players / pieces description:
☐ Other (Quantity and Type):	Description:

Other Pertinent Information not listed above:

^{**} If you marked 'yes' to any question above, please use additional pages to expand and provide additional details. If there are multiple locations, please provide information for each proposed location.

AGREEMENT AND SUBMITTAL INFORMATION

for permit consideration. Comple Application Form		ţ
☐ Site Plan/Map (including in Security and Public Safety ☐ Business & Marketing Plan ☐ Non-Refundable Applicati	1	
	clare, under penalty of perjury, that the information contained in the nd correct to the best of my knowledge and understanding.	
Name of Applicant (Print):		
Signature:	Date:	
	Parks & Recreation Department ATTN: Event Permits Office 323 Church Street Santa Cruz, CA 95060 (831) 420-5270 eventpermits@santacruzca.gov	