Parks and Recreation Department
323 Church Street
Santa Cruz, CA 95060
Ph: 831-420-5270 Fax 831-420-5271
www.santacruzparksandrec.com

Street Performance Permit Application

Name of Applicant: ____

Company/Organization (if applicable):____________________________________

Address: ____

City: ___________________________ State: __________ Zip: ______________

Home phone: ____________________ Work/Cell phone:______________________

Email address: ____

_ _

Requested Performance Location: ____

Second Choice Location: ____

Date(s): ____

Set up time: ___________________ Event hours: *start* __________*end*___________

Exit time: _____________________

Type of music/performance: ____

Number and type of performers: ____

_ _

Please indicate the following:

	YES	NO
Will sound amplification be used?	☐	☐
For what? ____		
Will other equipment be brought on site?	☐	☐
Please explain: ____		

I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed in this application and that the information I supplied here in is true and correct. I have carefully read, considered, and agreed to abide by all rules and regulations shown on the reverse.

_____________________________ ____________
Applicant date