



APPLICATION FOR SPECIAL EVENTS PERMIT

City of Vista, 200 Civic Center Drive, Vista, CA 92084

(760) 639-6131; (760) 639-6132 fax

1. **Event Type** Street Event Block Party Creekwalk Event Parade
 Vendor Business License Exemption Request Park Event

2. **Event Description & Purpose** _____

3. **Location Requested** _____ City Facility? Yes No

4. **Site Map**

A site map is required on all Special Events. The site map must identify the boundaries of the event, street closures and the location of storage areas, catch basins, storm drain inlets and portable restrooms. Feel free to use as many pages as necessary.

Is a site map attached? Yes No

5. **Event Schedule**

Days (Mon, Tues, etc.)	Date	Arrival Time	Event Begins	Event Ends	Departure Time

6. **Event Sponsor** _____ (_____) _____
Name Phone

7. **Sponsor Type** Commercial Entity tax-exempt, non-profit 501(c)(3) (attach certification)

Other _____

8. **Contact Information**

Sponsor Address _____

Contact Name _____ Daytime Phone Number (_____) _____

Fax Number (_____) _____

Email Address _____ Alternate Phone Number (_____) _____

9. **Estimated Attendance**

Participants: _____ Spectators: _____ Vehicles: _____ Total: _____

Percentage of Vista Residents? _____ Age Range: _____

10. Temporary Street Closures

Are temporary street closures necessary? Yes No If Yes, you must include information on the application site map clearly showing route, assembly area, parking areas, barricades and other pertinent information. **You must submit a traffic control plan prepared by a traffic control company with a C31 California contractor's license.** A "clear path of travel (16 feet)" must be available throughout the event venue. (Note: If any temporary road closures are required for this event, the closures and accompanying traffic control will be conducted by City of Vista staff. Fees incurred by the City will be reimbursed by the Event Sponsor. Please contact the City Manager's office for current rates and cost estimates.)

Names of streets to be closed, add more sheets if necessary:

_____ between _____ and _____
_____ between _____ and _____
_____ between _____ and _____

Parking will be available at the following locations: _____

11. Have the affected businesses been notified?

A) Yes No (A signature list must be submitted prior to the event).

B) Event is held in Historic Downtown Vista Yes No

Chamber of Commerce License Notice (Events located in Historic Downtown Vista must notify the Chamber by obtaining sign off below.

_____ Print Name Signature Date

12. Sound/Electricity Requirements

A) Will there be amplified sound? Yes No
If Yes, please describe: Live Band DJ Other, please describe _____

Proposed Start Time: _____ End Time: _____

B) How will power be supplied? _____

13. Sanitation, Trash and Debris

A) Will restrooms be provided at the event? Yes No
Number of ADA accessible restrooms: _____ Total number of restrooms: _____

B) If restrooms are being provided, will they be portable restrooms? Yes No
If yes, secondary containment pans are required and restrooms must be placed away from storm drains.

C) Will trash receptacles be provided? Yes No Total number provided: _____

D) Will event staff be assigned to monitor trash containers and to collect renegade trash and debris throughout event? Yes No Total number of staff. _____

E) Will there be post-event street sweeping? Yes No

14. Signage (Municipal code 18.52.020 outlines minimum signs standards)

What sort of signage is proposed for the event? _____

Where are the proposed sign locations? _____

15. Safety

A) First Aid

What arrangements have been made for first aid or emergency medical services? _____

B) Security (Any event that includes alcohol must have security onsite and ABC licensing)

Description of proposed security arrangements: _____

Security company name: _____ Contact Person: _____

Contact information: _____

16. Equipment

A) Type of equipment (chairs, tables, vehicles, canopies, PA system etc) planned for this event:

B) Number of tents and/or canopies _____ Size of canopies _____

Please note that tents/canopies larger than 20' X 20' will require a fire permit.

C) City-owned equipment requested for this event. (Fees may be incurred): _____

17. Food/Beverage

A) Food

Will there be cooking or warming of food or any other open flame devices? Yes No

Will the event include food concession and/or preparation areas? Yes No

If yes, Section 17 Vendors must be completed with accompanying documentation

B) Beverages

Will alcoholic beverages be served? Yes No Type: _____

(Note: If alcohol is present at the event, a permit from the California Department of Alcoholic Beverage Control is required. For more information call 760-471-4237)

18. Vendor Information

Does Event Organizer maintain a current City of Vista Business License? Yes No

License Number: _____

Will items (including food and beverages) or services be sold at your event? Yes No

If yes, please indicate number of vendors planned: _____

Is the Event Organizer requesting a Special Event Business License Exemption for vendors?

Yes No _____ 0 – 50 vendors _____ 51+ vendors

Is a Vendor List for Special Event Business License exemption attached? Yes No

Anticipated date of submission (must be 10 days prior to event): _____

Will items or services sold at your event present unique liability issues (e.g., body piercing, massage, animal rides, etc.?) Yes No If yes, please explain: _____

19. Fees

Will fees be charged? Yes No

Entrance \$ _____ Vendor \$ _____ Other \$ _____

20. Insurance Information

Name of insurance company: _____

Policy Number: _____ Copy Attached Yes No

City of Vista Named as Additional Insured? Yes No Endorsement? Yes No

21. Storm water Pollution Prevention Requirements

Have you reviewed the Storm Water Best Management Practices (BMPs) information?

Yes No You are required to comply with storm water BMPs and must train event staff and vendors of their required BMPs. How will you train them? _____

Please contact the City’s Storm Water Protection Program at (760) 643-2804 if you have any questions regarding the required storm water BMPs. (Note: An event may require an inspection from City Stormwater staff. Fees incurred by the City will be reimbursed by the Event Sponsor. Please contact the City Manager’s office for current rates and cost estimates.) BMPs must be effectively implemented to prevent the runoff of any pollutant into the storm drain system. What BMPs will be implemented at your event? Check the appropriate boxes and describe any other BMPs in the empty boxes.

Describe BMPs	Yes	No	N/A
Spill Kit(s) If yes, how many? _____			
Post-Event trash removal and sweeping			
Protect/Cover storm drains throughout event area			
Grease containment and disposal plan			
Other BMPs: (list)			

Based upon your event site plan and components, Vista Fire Department & the Vista Building Department may require an inspection of your venue at your cost before and/ or during the event. Generally the use of a barbecue, bleachers, food preparation, heating devices, inflatable/hot air balloons, open flame, tent/canopy, or vehicles indoors will require a Fire Department inspection with an approximate charge of \$127.00.

Please initial the following:

- The applicant agrees, within four (4) hours of the event, to remove all trash, debris, and other pollutants from the event area, including any streets and sidewalks. _____
- The applicant agrees to carry the permit during the event and show it upon demand to the City's representatives. _____

To the maximum extent permitted by law, the permit holder shall indemnify and hold harmless the City of Vista, its officers, agents and employees, from any and all claims, causes of action, penalties, losses, expenses (including reasonable attorney's fees) and any other liability for injuries or damage to persons or property which relate to the special event (collectively "losses"), including, without limitation, losses attributable or caused by those attending the special event, resulting from the manner in which the street event is conducted or which were caused by the omissions or authorized acts of the Permittee's officers, agents or employees. If City property is destroyed or damaged by reasons of Permittee's use, event or activity, the Permittee shall reimburse the City for the actual replacement or repair cost of the destroyed property.

The indemnity protections provided herein are not intended to exceed the indemnity available under applicable law. If the indemnity protections are found by a court to be unlawful in any way, the protection shall be curtailed or adjusted but only to the minimum extent required to conform to applicable law. All requirements for insurance on the part of Permittee are in supplementation of this indemnity and shall not limit or excuse Permittee's indemnification obligations. Notwithstanding the foregoing, Permittee shall have no obligation to indemnify City for losses resulting from City's sole negligence or willful misconduct.

Signature of Person Responsible

Date

For Storm Water Staff Use Only

<input type="checkbox"/> Reviewed Application and Site Map	<input type="checkbox"/> No Further Action Required	<input type="checkbox"/> Communication/Meeting with Organizer Required	<input type="checkbox"/> Pre/Post-Event Inspections Required
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SUPPLEMENTAL PARADE INFORMATION
(To be submitted with Special Events Permit Application)

Name: _____ Name of Event: _____

1. Is parade to be conducted for, on behalf of or by an organization? YES NO
If yes, complete below, if no, go to #2

a. Name of organization: _____

Address of organization: _____

Authorized and responsible Official(s): _____

2. If the parade is designated to be held by, on behalf of or for any person or organization other than the applicant, the applicant for such permit shall file with the Director of Community Services a written communication from the person or organization other than the applicant, proposing to hold the parade, authorizing the applicant to apply for the permit on behalf of such person or organization.

3. Parade Chairperson:

Name: _____ Address: _____

Phone number: _____ Alternate number: _____

4. Parade Participants:

Number of People: _____ Number of Animals: _____ Type: _____

Number of vehicles: _____ Description: _____

Other elements: _____

5. Time of assembly: _____ am / pm Length of parade: _____ Interval between units: _____

6. Will parade occupy all or only a portion of the width of the streets proposed? ALL PORTION

7. Give location by streets:

a. Assembly area: _____

b. Dispersal area: _____

c. Parking area: _____

d. Parade route: _____

(attach a diagram of route to be followed, clearly marking starting and termination points. Also include the barricade locations)

I agree to compensate the City for any damage to public property and:

a. that the site shall be cleaned and restored to the condition found prior to the holding of the special event within the time frame specified on my permit application or:

b. I shall agree to deposit cash in an amount sufficient to guarantee the cleaning up of the site and the removal of any debris left as a result of my holding of a special event.

Organization Official

Parade Chair



SPECIAL EVENT PERMIT

Applicant must carry this permit during the entire event.

CITY USE ONLY

The Special Event Permit Committee Chair hereby grants a Special Event Permit to conduct a:

_____ *Event Name*
on _____ during the hours of _____ at _____
(day/date) *location*

All activities shall be conducted in compliance with the provisions of Section 12.12 of the City Code. This authorization shall be carried with the event sponsor during the permitted activity.

Special Event Permit Committee Chair

Date of Approval

- | | |
|--|--|
| <input type="checkbox"/> All insurance requirements met | <input type="checkbox"/> Fire/Sheriff's approval granted |
| <input type="checkbox"/> Other City department approvals | <input type="checkbox"/> Business License Verification |
| <input type="checkbox"/> Deposits received | <input type="checkbox"/> Other _____ |

Cc: Fire
DSC
Code Compliance
Sheriff
Stormwater Program
Risk Management

Event: _____

Event Date/Time: _____

Business Name	Address	Phone #	Contact Name (print)	Signature	Approval (Yes/No)	Date Signed	Additional Comments