



SPECIAL EVENT PERMIT APPLICATION

APPLICANT/ORGANIZATION INFORMATION	
Organization	
Organization Contact Person	
Mailing Address	
City, State, Zip	
Telephone	
Mobile Phone	
Email	
Please list any professional event organizer, event service provider, or commercial fundraiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.	
Contact Person	
Mailing Address	
City, State, Zip	
Telephone	
Mobile Phone	
Email	



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SUMMARY OF EVENT		
Event Title		
Location		
Description		
Event Category	<input type="checkbox"/> Athletic/Recreation <input type="checkbox"/> Circus <input type="checkbox"/> Festival/Celebration <input type="checkbox"/> Carnival <input type="checkbox"/> Parade/Procession/March <input type="checkbox"/> Dance <input type="checkbox"/> Concert/Performance <input type="checkbox"/> Exhibits/Misc. <input type="checkbox"/> Farmer/Outdoor Market <input type="checkbox"/> Car Show	
Does your event include the sale of goods and/or services?		
Total Anticipated Attendance		
Admission fee/registration charged to event attendees?		
If admission/registration fee. What is the amount?		
DATE/TIME		
Set-up	Date:	Time:
Event Starts	Date:	Time:
Event Ends	Date:	Time:
Dismantle	Date:	Time:



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SITE PLAN/ROUTE MAP CHECKLIST	
Your event site plan/route map should be submitted and include but not be limited to the following items if they pertain to your event:	
<input type="checkbox"/>	An outline of the entire event venue including the names of all the streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
<input type="checkbox"/>	The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
<input type="checkbox"/>	The provision of minimum twenty feet (20') emergency access lanes throughout the event venue.
<input type="checkbox"/>	The location of first aid facilities and ambulances.
<input type="checkbox"/>	Ambulance and/or medic name and mobile phone number.
<input type="checkbox"/>	The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, bar areas, trash containers/recycling containers, dumpsters and other temporary structures.
<input type="checkbox"/>	A detailed or close-up of the food booths and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.
<input type="checkbox"/>	Generator locations and/or source of electricity. (Include side of generators)
<input type="checkbox"/>	Placement of vehicles and/or trailers.
<input type="checkbox"/>	Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
<input type="checkbox"/>	Identification of all event components that meet accessibility standards.
<input type="checkbox"/>	Fire lanes, fire hydrants.
<input type="checkbox"/>	Live animals.
<input type="checkbox"/>	Location of fire extinguishers.
<input type="checkbox"/>	Day-of point of contact name and mobile phone number.
<input type="checkbox"/>	Other related event components not listed above.

NARRATIVE
Please provide a narrative and timeline of your event. You may provide this information in an attachment if necessary.



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SECURITY PLAN

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you hired a licensed professional security company to develop and manage your event's security plan?
Security Organization	
Mailing Address	
City, State, Zip	
Telephone	
Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application.	

MEDICAL PLAN

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?
Medical Services Provider	
Mailing Address	
City, State, Zip	
Telephone	
Please describe your medical plan including your communications plan, the number,	



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certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary.

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ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information if necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be a Clear Path of Travel throughout your event venue? Please describe.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Will all food, beverage and vending areas be accessible? Please describe.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe.
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<input type="checkbox"/> Yes <input type="checkbox"/> No	If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, drinking fountains and first aid stations? Please describe.



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PARKING AND SHUTTLE PLAN	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will your event involve the use of a parking and/or shuttle plan? If yes, please describe or provide an attachment of your plan.

SAFETY EQUIPMENT	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will your event involve the use of traffic safety equipment? If yes, please list types of equipment:
Equipment Company	
Mailing Address	
City, State, Zip	
Telephone	
Equipment Delivery	Date: _____ Time: _____
Equipment Pick-Up	Date: _____ Time: _____

INSURANCE REQUIREMENTS	
Name of Insurance Agency	
Mailing Address	
City, State, Zip	
Telephone	
Contact Name	
Policy Type	
Policy Amount	
Policy Number	



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ENTERTAINMENT AND RELATED ACTIVITIES	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any musical entertainment features related to your event? If yes, please provide the number of stages.
Number of Stages:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will sound checks be conducted prior to the event? If yes, complete the following information
Start Time:	Finish Time
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will inflatables, hot air balloons or similar devices be used at your event? If yes, please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your event include the use of fireworks, rockets, lasers or other pyrotechnics? If yes, please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will your event include the use of any signs, banners, decorations or special lighting? If yes, please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be live animals at your event? If yes, please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be any massage activities at your event? If yes, please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do your event plans include any casino games, bingo games, drawings or lottery opportunities? If yes, please describe.



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ALCOHOL	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your event involve the use of alcoholic beverages? If yes, please check all that apply.
	<input type="checkbox"/> Free/Host Alcohol <input type="checkbox"/> Alcohol Sales <input type="checkbox"/> Host and Sale Alcohol <input type="checkbox"/> Beer <input type="checkbox"/> Beer and Wine <input type="checkbox"/> Beer, Wine and Distilled Spirits
	Please describe your security plan to ensure the safe sale or distribution of alcohol at your event.

FOOD CONCESSIONS OR PREPARATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does your event include food concession and/or preparation areas? If yes, please describe how food will be served and/or prepared.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you intend to cook food in the event area? If yes, please specify method.
	<input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Charcoal <input type="checkbox"/> Other (specify) _____



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CONCESSIONAIRES	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will items or services be sold at your event? If yes, please describe or attach a complete list of vendors.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)? If yes, please describe or attach a complete list of vendors.

PORTABLE RESTROOMS	
You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event. Standard portable restrooms MUST be placed on a liner to prevent spills and run-off into the storm drain system.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to provide portable restrooms at your event? If no, please explain.
If yes, what are the total number of portable restrooms	
Number of ADA accessible portable restrooms	
Equipment Delivery	Date:
Equipment Pick-Up	Date:
	Time:
	Time:



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TRASH AND RECYCLING		
Number of existing trash containers at location		
Number of existing recycling containers at location		
Please describe your plan for cleanup and removal of trash and recycling during and after your event. Be sure to include the number of people you will have on hand to help with trash and recycling, what type of trash and recycling containers you plan to have, and who will be supplying you with the containers needed.		
Equipment Delivery	Date:	Time:
Equipment Pick-Up	Date:	Time:
If you need to rent containers, please contact Republic Services at 619-421-9400		

MARKETING AND PUBLIC RELATIONS	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will this event be marketed, promoted, or advertised in any manner? If yes, please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Will there be live media coverage during the event? If yes, please describe.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a plan for placement of promotional signage on public property? If yes, please describe.



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CITY SERVICES REQUESTED/REQUIRED	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical hook-up to City
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of City Electrician (Staff fees will apply)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Park maintenance services to clean public facility bathrooms, dispose of trash, etc. (Staff fees will apply)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Traffic control by Police (Staff fees will apply)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Crowd control/security by Police (Staff fees will apply)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of City recreation field or facility (Facility fees will apply)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of City park (Park use fees will apply)

SAMPLE FEES	
Special Event Permit	\$150 flat rate
Electrical Hook-up	\$40/hour
City Electrician	\$44.33/hour
Park Maintenance	\$39.64/hour
Police Officer	Rates vary
Fire Permit	\$160 flat rate
Fire Inspector	\$90/hour
Gazebo Rental	\$210 for residents; \$420 for non-residents



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GROUP/ORGANIZATION WAIVER AND RELEASE OF LIABILITY	
Organization/Group Name	
Event Name	
Event Date	
<p>ON BEHALF OF THE ABOVE ORGANIZATIN/GROUP, I expressly WAIVE, RELEASE and DISCHARGE the City of Chula Vista, its officers, agents and employees or any other person from any and all LIABILITY for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent act or omissions, regardless of whether such act or omission is active or passive which may accrue to myself or members of my organization/group or our heirs in connection with our participation in the above-described event. I fully understand and acknowledge that the CITY OF CHULA VISTA is relying on my representation that I have authorization to sign this document and that I will provide all members of my group a completed copy of this Waiver prior to our participation.</p> <p>I expressly INDEMNIFY AND HOLD HARMLESS the City of Chula Vista, its elected and appointed officials, officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of, or in any way related to, or arising from, the event identified herein, any of my/our actions in connection with my/our participation in this event except for those claims arising from the sole negligence or sole willful conduct of the City, its officials, officers, employees, volunteers or other representatives. Such indemnification includes liability settlements, damage awards, costs and attorney fees associated with any such claims.</p> <p>I hereby certify that I have read this document, understand its content and am authorized to sign this document on behalf of all members of the group I represent.</p>	
Date	
Signature	
Title (Please Print)	
Mailing Address	
City, State, Zip	



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Thank you for completing your Special Event Permit Application. Before you submit your application to the City of Chula Vista, please make sure that the following steps have been completed:

Have you?

- Signed and dated your application?
- Attached your event security plan?
- Attached your event medical plan?
- Attached a copy of your accessibility plan?
- Attached your event parking and shuttle plan?
- Attached a detailed map/layout/site plan of the event?
- Attached your Certificate of Insurance and Additional Insured Addendum naming the City of Chula Vista as Additional Insured?
- Included any County, State, Federal or Port of San Diego permits that may be required to hold your event in the selected venue?

If so, please submit your completed permit application to:

City of Chula Vista - Office of Communications
276 Fourth Avenue
Chula Vista, CA 91910
Tel: 619-691-5296
Fax: 619-409-5448