



# **THE CITY OF PATTERSON**



# **SPECIAL EVENT PERMIT APPLICATION**

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**RECREATION & COMMUNITY SERVICES**

1033 W. LAS PALMAS AVENUE, PATTERSON, CA

# SUMMARY OF EVENT

## DESCRIPTION

Event Date \_\_\_\_\_

Event Title \_\_\_\_\_

## EVENT LOCATION

Location Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Event Category
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Athletic/Recreation     | <input type="checkbox"/> Concert/Performance                       | <input type="checkbox"/> Circus / Carnival |
| <input type="checkbox"/> Exhibits/Misc.          | <input type="checkbox"/> Farmer/Outdoor Market                     | <input type="checkbox"/> Dance             |
| <input type="checkbox"/> Festival/Celebration    | <input type="checkbox"/> Private Event<br>(not open to the public) | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Parade/Procession/March |  |  |

Number of Participants (units and floats): \_\_\_\_\_ Number of Spectators: \_\_\_\_\_

Anticipated Number of Attendance: Total# \_\_\_\_\_ Number Per Day \_\_\_\_\_

## DATE/TIME

Setup	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 _____

## Yes No

- Is this an annual event? How many years have you been holding this event? \_\_\_\_\_
- Is your event part of a larger marketing campaign (i.e. Back to School Block Party & Safety Fair, Apricot Fiesta, etc.)?  
If yes, please list \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARK LOCATION

## VENUE

(Select one or more)

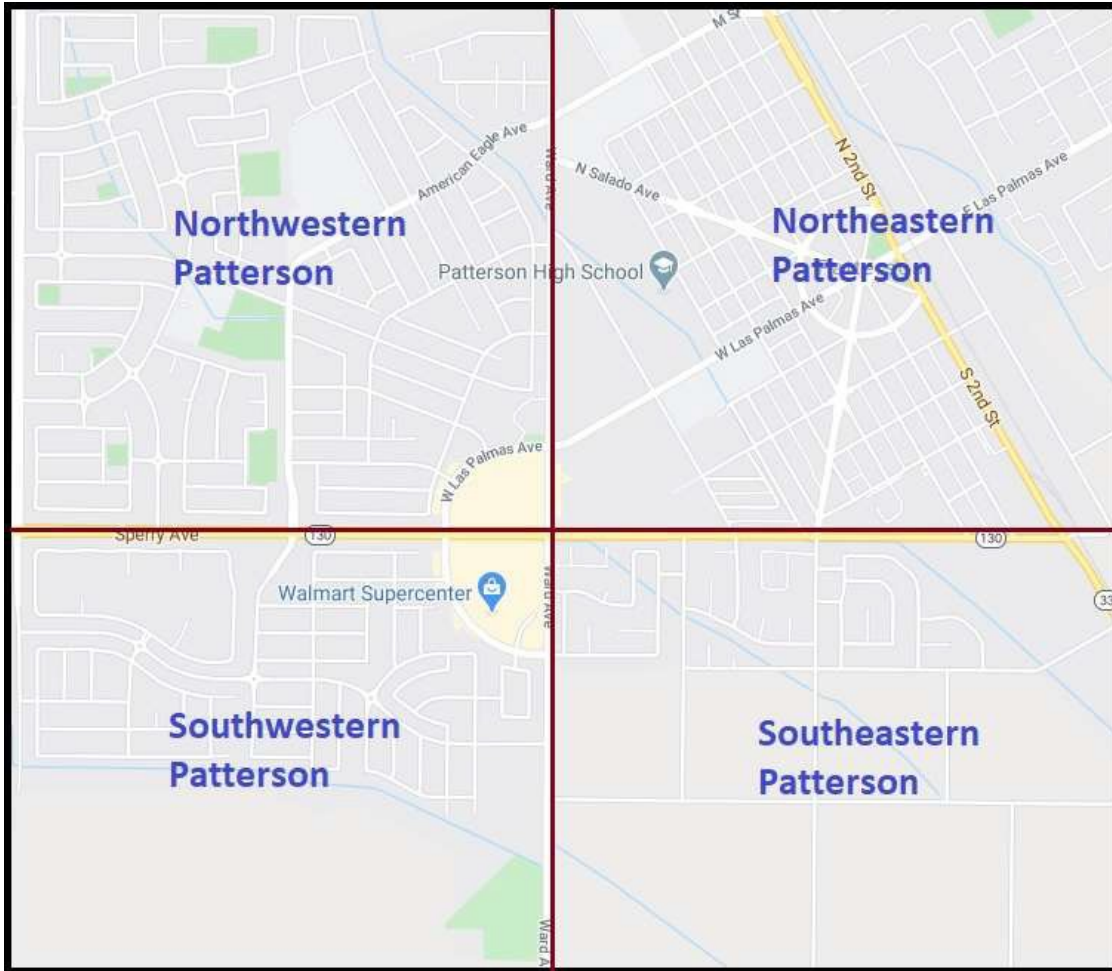
- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> North Park | <input type="checkbox"/> Garza Park     |
| <input type="checkbox"/> South Park | <input type="checkbox"/> Sports Complex |

# SUMMARY OF EVENT, continue

## NEIGHBORHOOD REGION

- Northeastern Patterson (includes Downtown Patterson & Plaza Circle)
- Southwestern Patterson (includes T.W. Patterson Sports Complex)
- Northwestern Patterson
- Southeastern Patterson
- All four regions

## NEIGHBORHOOD REGION MAP



\* see Special Event Planning Guide with approved street closure for the Plaza Circle  
- under Street Closure Information on pages 5-7

## APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization \_\_\_\_\_

Chief Officer of Host Organization \_\_\_\_\_

Applicant Name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Event Organizer's Name: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

## ORGANIZATION STATUS/PROCEEDS/REPORTING

**Yes** **No**

- Is the Host Organization a commercial entity?
- Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy
- Are patron admission, entry or participant fees required?  
If yes please provide amounts: \_\_\_\_\_
- Are vendor or other fees required?  
If yes please provide amounts: \_\_\_\_\_

## VENDORS

**Yes** **No**

Does your event include food vendors? If yes number of tents/canopies: \_\_\_\_\_

Will any of the food vendors be cooking or heating food on-site? How many: \_\_\_\_\_

What methods will be used (check all that apply)?  Gas  Electric  Charcoal  Other

What is your plan for disposing of grease, charcoal and/or waste water? \_\_\_\_\_

\* see Special Event Planning Guide for Vendor Requirements

## VENDORS, continue

Yes No

- Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used. \_\_\_\_\_  
\_\_\_\_\_

- 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. \_\_\_\_\_  
\_\_\_\_\_

## SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted in blueprint or CAD format and include but not be limited to:

- An outline of the entire event venue including the names of all 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.
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.
- The location of first aid facilities and ambulances.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

## NARRATIVE

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

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## SECURITY PLAN

**Yes No**

- Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California.

Security Organization: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Private Patrol Operator License # \_\_\_\_\_

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application. \_\_\_\_\_

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## MEDICAL PLAN

**Yes No**

- Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

If yes, please list: \_\_\_\_\_

Medical Services Provider: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Please describe your medical plan including your communications plan, the number, 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.

Yes No

Will there be a Clear Path of Travel throughout your event venue? Please describe \_\_\_\_\_

\_\_\_\_\_

Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe \_\_\_\_\_

\_\_\_\_\_

Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe \_\_\_\_\_

\_\_\_\_\_

Will all food, beverage and vending areas be accessible? Please describe \_\_\_\_\_

\_\_\_\_\_

Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe \_\_\_\_\_

\_\_\_\_\_

If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe \_\_\_\_\_

\_\_\_\_\_

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, phones (if any), drinking fountains, and first aid stations? Please describe \_\_\_\_\_

\_\_\_\_\_

## PARKING AND SHUTTLE PLAN

Yes 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 \_\_\_\_\_

\_\_\_\_\_

## STREET CLOSURE INFORMATION

Yes No

Will your event involve street closures?

**Name of street(s) to be closed:** (Attach additional pages as needed; or for moving events such as parades, runs, walks, marches, etc. indicate "see route" and attach the approved map.)

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
between

\_\_\_\_\_  
and

\_\_\_\_\_  
StartTime

\_\_\_\_\_  
End Time

## STREET CLOSURE INFORMATION, continue

Street Name	between	and	Start Time	End Time
Street Name	between	and	Start Time	End Time

**STREET OF EVENT CLOSURE**     One Lane     Two Lane     Half of Street     Full Street  
(Select one or more)

Closure Type:     Rolling Street Closure (street opens to normal traffic after participants pass)  
                           Hard Street Closure (street closed for an extended period of time and/or event equipment will be placed in street for duration of the event; no vehicle access)

Yes    No

Will your event requiring encroachment on City right-of-way or public facilities (park, sidewalks, facilities)?

\*\*Please refer to Special Event Planning Guide page 16 and Best Management Practices (BMPs) that must be implemented during your event.

## ENTERTAINMENT AND RELATED ACTIVITIES

Yes    No

Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages \_\_\_\_\_ What are the dimensions? \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Number of Performers/Bands \_\_\_\_\_

Performer/Band name and music type \_\_\_\_\_

Will sound checks be conducted prior to the event?

If yes, Start time \_\_\_\_\_ Finish time \_\_\_\_\_

Will sound amplification be used?

If yes, Start time \_\_\_\_\_ Finish time \_\_\_\_\_

Do you plan to have a patron dance component to either live or recorded music at your event?

If yes, please describe \_\_\_\_\_

Please describe the sound equipment that will be used for your event \_\_\_\_\_

\_\_\_\_\_

Will inflatables, hot air balloons or similar devices be used at your event?

If yes, please describe \_\_\_\_\_

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?

If yes, please describe \_\_\_\_\_

Will your event include the use of any signs, banners, decorations, or special lighting?

If yes, please describe \_\_\_\_\_

## ALCOHOL

\* see Special Event Planning Guide (pages 9-11) for Alcohol Management Plan

**Yes** **No**

Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:  Beer  Wine  Distilled Spirits

Explain your sales plan (ticket system, cash at service area, etc.): \_\_\_\_\_

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Explain who will serve the alcohol (professional bartenders, volunteers, etc.): \_\_\_\_\_

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**Yes** **No**

Is the event open to all ages?

Explain how IDs will be checked, wristbands applied and how you will monitor for underage drinking: \_\_\_\_\_

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**Yes** **No**

Do you have an alcohol sponsor?

If yes, explain: \_\_\_\_\_

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## TENTS

**Yes** **No**

Will your event include tents or canopies for vendors? (Food and non-food vendors)

Number of tents / canopies: \_\_\_\_\_

If yes, indicate on the site map and explain \_\_\_\_\_

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## TENT PERMIT APPLICATION

Location of tent:

Date of set-up:	Date of take down:
Event Date(s):	Start Time:

Event Sponsor:		
Event Address:		
City:	State:	Zip:
Sponsor Contact:	Phone:	

Rental Company:		
Address:		
City:	State:	Zip:
Rental Contact:	Phone:	

Brief Description of Event:

Estimated Attendance:

Applicant Signature: _____	Date: _____
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Tent Permit Fees are \$159.00. A check made payable to the City of Patterson Fire Department shall be submitted with this application.

\*Permits that require after hours inspection will be billed by invoice for the inspection. Normal inspection hours are Monday- Friday 8:00 am to 5:00 pm.

## PORTABLE REST ROOMS

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and inaccessible facilities in the immediate area of the event site which will be available to the public during your event.

**Yes No**

Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets \_\_\_\_\_

Number of ADA accessible portable toilets \_\_\_\_\_

If no: Please explain: \_\_\_\_\_

\_\_\_\_\_

Rest Room Company \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Equipment Setup: Date \_\_\_\_\_ Time \_\_\_\_\_ Pickup: Date \_\_\_\_\_ Time \_\_\_\_\_

## SANITATION AND RECYCLING

Number of Trash Cans \_\_\_\_\_

Number of Trash Cans with Lids \_\_\_\_\_

Number of Dumpsters with Lids \_\_\_\_\_  
(One for every increment of 400 people)

Number of Recycling Containers \_\_\_\_\_

Sanitation Company: \_\_\_\_\_

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Equipment Setup: Date \_\_\_\_\_ Time \_\_\_\_\_ 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

Yes No

- Have you meet with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? \* [see Special Event Planning Guide for requirements](#)

If yes, please attach a complete list of these entities.

If no, please explain \_\_\_\_\_

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- Do you have a sample of the notice that you propose to distribute two weeks prior to your event?  
\* [see Special Event Planning Guide for sample of the notice](#)

If yes, please attach.

If no, please explain \_\_\_\_\_

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## MARKETING AND PUBLIC RELATIONS

Yes No

- Will this event be marketed, promoted, or advertised in any manner?

If yes, please describe \_\_\_\_\_

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- Will there be live media coverage during the event?

If yes, please describe \_\_\_\_\_

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- Will media vehicles be parked within the event venue?

If yes, please describe safety plan \_\_\_\_\_

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- Do you plan to place signs or hang banners on City property?

If yes, please describe \_\_\_\_\_

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## INSURANCE REQUIREMENTS

Name of Insurance Agency \_\_\_\_\_

\* see [Special Event Planning Guide for insurance requirements](#)

Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Contact Name \_\_\_\_\_

Policy Number \_\_\_\_\_

**Yes No**

- Have you submitted the Certificate of Insurance & Additional Endorsement? (Your permit will not be issued until both the Certificate of Insurance and Additional Endorsement have been received. )

If you do not have insurance, contact HUB International Insurance for Special Event coverage. For more information visit [www.eventinsure.com](http://www.eventinsure.com)

## AFFIDAVIT OF APPLICANT

I have read the rules and regulations contained in this document and agree to abide by these rules and regulations. I am duly authorized by the Organization to submit this application on its behalf and agree to be financially responsible for any fees and costs that may be incurred by or on behalf of the event in the City of Patterson. I certify that the information that I have provided on this application is true and accurate to the best of my knowledge. If the event details change, I agree to submit a revised application or provide additional information in writing at least 30 days prior to the event.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ <sup>11</sup> Driver License # \_\_\_\_\_

**<sup>11</sup>Additional Documentation Required:** Please attach a current copy of your Driver's License or California ID to complete application.

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

*Have you?*

- Signed and dated your application?
- Attached your event site plan?
- Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities?
- Attached your Certificate of Insurance and Additional Endorsement?
- Attached a copy of your IRS 501(C) tax exemption letter, if applicable?

**Submit your completed permit application to:**

**City of Patterson  
Recreation & Community Services  
1033 W. Las Palmas Ave.  
Patterson, CA 95363**



This information is available in alternative formats upon request.