

CITY OF ESCALON SPECIAL EVENT APPLICATION

Applications must be received at City Hall no less than 60 days prior to the date of event

APPLICANT INFORMATION

Name _____ CDL or ID# _____
Physical Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Primary Phone _____ Alternate Phone _____
2nd Contact Name _____ Phone _____

ORGANIZATION INFORMATION (If Applicable)

Organization Name _____ Non-Profit For Profit
Physical Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Phone _____ Federal or Tax ID # _____
Certificate/Documentation Submitted Non-Profit For Profit 501c(3) IRS

EVENT INFORMATION

Event Title _____
Event Location _____
Date _____ Day of Week _____
Set Up Time _____ AM /PM to _____ AM /PM
Event Time _____ AM /PM to _____ AM /PM Total Event Hours
Parade Time _____ AM/PM
Clean Up Time _____ AM /PM to _____ AM /PM
Street Closure Time _____ AM /PM to _____ AM /PM
Streets to be Closed _____
Anticipated Attendance _____ Admission Charge Yes No \$ _____
Brief Description of Event _____

FOOD/BEVERAGE SERVICE (Not including alcohol)

Food Vendors need a special PERMIT from the Health Department (phone number)

Food Vendors Pre-Packaged Food Prepared on Site

For food prepared on site, what will the cooking methods be?

Gas Electric Charcoal Other _____

Beverage Sales (non-alcoholic) **No glass containers allowed**

EVENT SECURITY & MEDICAL RESPONSE PLAN

Please describe in detail your security plan, including crowd control: _____

Please describe, in detail, your emergency/medical plan, including your communication procedure: _____

CITY OF ESCALON CO-SPONSORSHIP REQUEST

If you will be requesting City Co-Sponsorship for your event, you must attach a letter addressed to the City Council requesting co-sponsorship.

Will you be seeking City of Escalon Co-Sponsorship? Yes No

THE CITY MAY REQUIRE CITY STAFF AT YOUR EVENT. IN THE EVENT THAT STAFF IS REQUIRED AS A CONDITION OF YOUR EVENT, AN HOURLY BREAKDOWN AND PROJECTED COST ESTIMATE WILL BE PROVIDED ON A SEPARATE WORKSHEET.

Please check all areas you are interested in having the City of Escalon help with: (based on availability)

- Public Works Staff how many? _____
- Street Barricades
- Temporary Electrical Power
- Access to Electrical
- Police Personnel _____
- Other _____

MAPS

*** If requesting street closure, the attached Business Notification form must be completed and turned in with this application.**

Please provide a site map on an additional piece of paper. Please include:

- Names of streets in the event area.
- All street or lane closures.
- The location of fences, barriers or barricades. (include dimensions for fenced in areas)
- Locations of First Aid Facilities.
- Location of all stages, platforms, booths, cooking areas, trash and/or recycling containers.
- Location of Generator and/or electricity source.
- Placement of vehicles or trailers used for the event.
- Placement of portable toilets/restroom facilities.

If a parade is included in your event, please attach a City map with the route highlighted.

ATTACHMENTS (Must be included for document submittal)

Please check all applicable.

	<u>Received</u>	<u>Date</u>	<u>Staff</u>
<input type="checkbox"/> Non-Profit/For Profit/501c(3) Documents	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Inflatable Co. Business License	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Inflatable Co. Certificate of Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Carnival Rides Certificate of Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> ABC Permit	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Liquor Liability Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Letter to Businesses and Residences	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Main St. Closure Business Notification	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Building/Fire Permit	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other _____			

MEETINGS

Preliminary Meeting Date _____ Time _____

Finalization Meeting Date _____ Time _____

Comments: _____

DEPARTMENTAL COMMENTS

Police: _____

Public Works: _____

Fire: _____

City Manager: _____

RETURN COMPLETED COPY OF THIS PAGE TO CITY HALL:

POLICE DEPARTMENT: Approved Denied Signature: _____

PUBLIC WORKS: Approved Denied Signature: _____

CITY MANAGER: Approved Denied Signature: _____

Special Events

Main Street Closure Notification Sheet

If you are requesting the closure of Main Street for your event, you will need to notify the following businesses before submitting your application. Please contact the businesses at the following addresses and obtain their signature that they have been notified. Their signature indicates only that they have been notified.

Address	Business Name	Date Notified	Business Signature They Are Notified
1700 Main			
1702 Main			
1710 Main			
1714 Main			
1718 Main			
1724 Main			
1725 Main			
1730 Main			
1734 Main			
1740 Main			
1744 Main			
1746 Main			
1748 Main			
1750 Main			
1754 Main			
1756 Main			
1758 Main			
1760 Main			
1764 Main			
1802 Main			
1826 Main			
1834 Main			
1840 Main			
1910 Main			

* If address is vacant, write VACANT in the Business Name column.

