

**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**

Applicant/Responsible Party \_\_\_\_\_ CDL or ID# \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
2<sup>nd</sup> 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**

Type of Event  Block Party  Festival  Fun Run  Parade  Other \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Event Name:

## FOOD/BEVERAGE SERVICE (Not including alcohol)

Food Vendors need a special PERMIT from the Health Department (209) 468-3420

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**

## ALCOHOL SERVICE

Will alcohol be served at this event?     Yes     No (if No, skip this section)

City must approve if consumption of alcohol will be allowed/served at event. State Alcohol Beverage Control (ABC) Permit required.

Name of Person and/or group applying for ABC permit: \_\_\_\_\_

ALCOHOL CHECKLIST (All items are required)                                      Drink Limit per Person \_\_\_\_\_

How will the drink limit be controlled? \_\_\_\_\_

How will you prevent service to minors? \_\_\_\_\_

Your pricing policy must discourage over consumption. What is the price per drink? \_\_\_\_\_

### CONDITION OF APPROVAL FROM THE CITY

All alcohol sales will stop at least one (1) hour prior to close of event. The Escalon Police Department must have a copy of the approved ABC alcohol license at least 72 hours prior to the event. Full Liquor Liability Insurance coverage is required and must be on file with the City of Escalon.

## EVENT ACTIVITIES

Please check each activity that will occur during the event. List all other activities not already listed.

<input type="checkbox"/> Retail Sales	Type _____		
<input type="checkbox"/> Non-Profit Fundraising	<input type="checkbox"/> Carnival Games	<input type="checkbox"/> Car Show	
<input type="checkbox"/> Dancing	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey	
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Recorded Music	<input type="checkbox"/> Other _____	

Activities requiring physical activity must have a certificate of insurance from the company providing the activity.

<input type="checkbox"/> Inflatables	Company _____	Quantity _____
<input type="checkbox"/> Carnival Rides	Company _____	Quantity _____

Please check all equipment items you will be using during the event (Not supplied by the City of Escalon).

<input type="checkbox"/> Generators	Quantity _____	
<input type="checkbox"/> Pop-Up Tents	Quantity _____	(All pop up tents and canopies must be secured to the ground)
<input type="checkbox"/> Extension Cords	Quantity _____	(Use of extension cords may not cause a tripping hazard)
<input type="checkbox"/> Stages or platforms	_____	
<input type="checkbox"/> Other	_____	
<input type="checkbox"/> Other	_____	

Event Name:

**ENVIRONMENTAL**

The City does not provide portable toilets. One (1) portable toilet is required for every 50 people and at least one (1) must be ADA compliant. You must also provide hand washing facilities.

- Portable Toilets      # ADA Compliant \_\_\_\_\_ # Regular \_\_\_\_\_
- Hand Washing Facilities    Quantity \_\_\_\_\_

The City will require, but does not provide, large trash containers for most events. Gilton Solid Waste is the current trash collector in Escalon. They can be reached at (209) 527-3781 to arrange for large trash containers. Please indicate how trash will be disposed of: \_\_\_\_\_

\_\_\_\_\_ # of Containers \_\_\_\_\_

Applicants are encourage to set up recycling receptacles at the event.

**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

**ADDITIONAL FEES MAY APPLY**

**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 \_\_\_\_\_

Event Name:

**MAPS**

**\* If requesting street closure, the attached Business/Resident 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.**

**MEETINGS**

Preliminary Meeting      Date \_\_\_\_\_      Time \_\_\_\_\_

Finalization Meeting      Date \_\_\_\_\_      Time \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE**

The applicant/sponsoring organization agree to defend, protect, indemnify and hold the City of Escalon, its officers, employees and agents free and harmless from and against any and all claims, damages, expenses, loss or liability of any kind or nature whatsoever arising out of, or resulting from, the alleged willful or negligent acts or omissions of applicant, its officers, agents or employees, in connection with the licensed event or activity.

- Applicant must provide a \$2,000,000 General Liability Insurance Policy, including the name of the insured, the insurance carrier, the policy number, coverage limits and defective and expiration dates for the coverage. The standard proof of insurance is the ACORD certificate form.
- Certificate holder must be listed on the certificated as City of Escalon, 2060 McHenry Ave., Escalon CA 95320.
- An **Additional Endorsement** is required to reflect that the insurance policy has been amended to include the City of Escalon as insured. The Additional Endorsement must reference the policy number as it appears on the certificate. "The City of Escalon, its officials, agents, employees and volunteers" must be named as additionally insured on the Additional Endorsement.

Event Name:

**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"/> Full 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 _____	<input type="checkbox"/>	_____	_____

**SIGNATURE**

I certify that the information that I have provided in this application is true and accurate to the best of my knowledge. I am duly authorized as the Applicant/Responsible Party to submit this application and agree to be financially responsible for any fees and cost that may be incurred by or on behalf of the event in the City of Escalon. 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: \_\_\_\_\_ Driver's License # \_\_\_\_\_

Event Name:

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Event Name:

Office Use Only:

**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: \_\_\_\_\_

Event Name:

# 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			
1854 Main			
1906 Main			

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



## Special Event Street Closure Notification Sheet

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<b>House Number</b>	<b>Street</b>	<b>Name</b>	<b>Date Notified</b>	<b>Signature</b>

\* If house is vacant/unoccupied write vacant in the Name column