



SPECIAL EVENT PERMIT APPLICATION

Special Events Office • City Hall • 1st floor • 425 North El Dorado Street • Stockton, CA 95202
 Telephone: (209) 937-8119 • Fax: (209) 939-9593

Application/Organization Name: _____
 Date of Birth: _____
 Phone Number: _____
 Mailing Address: _____
 E-Mail Address/Website: _____
 Is your organization a local 501 c3? YES NO

EVENT INFORMATION

Facility/Park Location being requested: _____

Event be held on City or private property? CITY PRIVATE

Event Name: _____

Type of Event: _____

Date of Event: _____

Set up time (pre-event, including decorating): _____

Event Start Time for the Public: _____

Event Ending Time for the Public: _____

Completion Time (clean up): _____

Equipment/Vendor Load-in YES NO

Loading in anything prior to the day? YES NO

Loading out anything after the event? YES NO

Expected number of attendance: _____

Please indicate the expected age range of attendees? 18 – 29 30 - 49 50 and over

Is the event private or public? Public Private

Ticket Sales/Seating

Is there an admission charge? YES Ticket Price NO

When are tickets sold? Pre-sold At Door Both

List all ticket vendors and websites for ticket sales: _____

Seating at the event is? Reserved General Admission Both

Will there be candles at the event?
 (candle permit required) YES NO

Is there any advertising associated with the event? YES NO

List type of advertising: _____

(IMPORTANT: Events are not authorized to advertise until approved by the City Events Committee)

Showmobile - Mobile Stage Rental
 (If you are not renting the showmobile, please enter N/A)

Are you renting the Showmobile? YES NO

Set up Time/Date: _____

Take Down Time/Date: _____

Delivery Location: _____

Showmobile rental options: Electricity 30 chairs



ENTERTAINMENT

Please list all bands, individual artists, and or disc jockeys that will be performing. Attach additional sheets as necessary, including type of music, sound check and performance schedule.

Band Name/Artist/DJ _____
 Address _____
 Phone Number _____

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 Address _____
 Phone Number _____

List all types of music that will be performed /played: _____

Number of performers: _____

Number of stages: _____

Will there be dancing at event? YES NO

Will there be other entertainment? YES NO

If yes, please check all that apply and list company name:

- Amplified Sound: _____
- Activity Booths: _____
- Cars/Trailer Show: _____
- Carnival Games: _____
- Celebrities: _____
- Demonstrations: _____
- Inflatables: _____
- Parade Floats: _____
- Other: _____

VENDOR INFORMATION

List of all vendors including food, beverage, caterers, equipment's (dumpster, portable restrooms, jumpers, etc.) service, merchandise, exhibitors, arts and crafts, etc. with name, address and phone numbers. A current business license and insurance must be on file with the City of Stockton.

Will alcohol be served/sold at the event? Yes Serving - No Charge Sold at Event No

Beverages: (check all that apply) Soda Water Beer Wine Mixed

Name of alcohol vendor: (ABC license will be required) _____

Alcohol Served between the times of: _____

Will food be served at the event? YES NO

Will there be food vendor's or caterers at the event? YES NO

Vendor/Caterer: _____

Type of vendors: (check all that apply) Food Merchandise Arts and Crafts Exhibitors

PLEASE SUBMIT ANY ADDITIONAL VENDORS ON A SEPARATE PIECE OF PAPER



PUBLIC SAFETY AND STREET CLOSURE

As an event organizer, you are required to provide a safe and secure environment for your event through sound preparation and anticipation of potential concerns. Please answer questions below regarding internal security, crowd control and location of security.

Private security company are you using? _____

Useage of volunteers as additional monitors? YES NO

List amount that will assist your event: Event Monitors:
Peer Group of Ushers:
Employees of Event Holder:
Parent Chaperones:
Volunteers:

Possibility of any protest or problems that may arise? _____

Additional parking needed? YES NO
If yes, please list streets: _____

PARADE/RUN/MARCH

Please check the following event that applies: PARADE RUN MARCH

Streets or lanes to be closed? YES NO
If "yes" please list streets: _____

Attach the proposed route and barricade plan and indicate the start and finish

Time of closure : _____
YES NO

Is your event effecting sidewalks?
If yes please list location:
Company Name of Barricades:
(If required by Stockton Police Department)

How many monitors/volunteers will station on route/course? _____

Will your event required alternate parking? YES NO
If yes please list location: _____

Have you made ADA accessibility arrangements? YES NO
Plese explain: _____

Where will the attendees be parking? YES NO

Your plan for notifying sourounding residences and businesses? _____

Signature petition with the signature sheet must be submitted

STOCKTON POLICE DEPARTMENT WILL DETERMINE THE TYPE (S) AND NUMBER OF PERSONNEL, BARRICADES, SIGNAGE AND EMERGENCY VEHICLE ACCESS NEEDED FOR EVENT AT COST TO APPLICANT.



FIRE AND SANITATION

The tent company, event coordinator and/or the responsible party must obtain the proper permits from the Stockton Fire Department. This will ensure accurate permit processing.

Please check the following that applies: 10x10 Tent 200 sq. ft. 400 sq. ft.

If tents or canopies are being used, please complete the following:

Company Name of Tent Supplier: _____

Number of tents: _____

Number of canopies: _____

Installing stages? YES NO

Installing bleachers or grandstands? YES NO

If yes, please show location on site plan map.

Check if vendors will be using the following: Gas Grill Propane Stoves

Will there be emergency personnel working the event? YES NO

What are your plans for providing _____

SANITATION

As an event organizer, you must properly dispose of waste/garbage and develop a plan for food handling, preparation and distribution. Please answer the questions below. Additional requirements may be applicable.

Number of Recycling Containers: _____

Number of Garbage Receptacles: _____

Number of Dumpsters: _____

Company Name of Waste Disposal: _____

PLEASE ATTACH YOUR PLAN FOR CLEAN UP AND REMOVAL OF GARBAGE AND RECYCABLES

REFERENCES

For **public events** only. Please list references from your last two events. Previous event references may be checked to better assist you with the City of Stockton's Special Event process.

Type of event: _____

Facility name: _____

Address, City, State: _____

Type of event: _____

Facility name: _____

Address, City, State: _____



AFFIDAVIT OF APPLICATION

I hereby release, discharge and agree not to sue the City of Stockton, its officers, employees, agents, and contractors for any injury or damage to or loss of personal property, or illness, including, but not limited to, communicable diseases such as MRSA, influenza, and COVID-19, arising out of, or in connection with, my participation in the activity/event from whatever cause, including the active or passive negligence of the promoter/organizer or City or any other participant in the activity/event. In consideration for being permitted to participate in the activity/event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City from any and all claims, demands, actions or suits arising out of or in connection with my participation in the activity/event. This form will act as a medical release in the case of an emergency.

I understand that by participating in this event, that I am giving consent for images of myself and event to be used for promotional purposes or instruction by the City of Stockton.

In case of an emergency or for reasons beyond the City's control, the City reserves the right to cancel the scheduled activity prior to scheduled use without liability. Refunds will be made if cancellation by the City is necessary.

I have carefully read this release, hold harmless and agree not to sue and fully understand its contents. I am aware that this form is a full release of all liabilities and signed by my own free will.

This event application is only a request for a reservation. All confirmations will be decided upon by the City of Stockton's Event Committee. A request for reservation cannot be made without submitting the required security deposit. If the request is approved a tentative event confirmation will be mailed/emailed to the below listed party. By signing this form it is understood that you are obligated to provide all required fees and documents as set forth by the City of Stockton Event Manager (i.e. insurance requirements, liquor liability, security, payment, etc.) to the City of Stockton 45 days prior to the event or your reservation is subject to cancellation due to non-compliance. Cancellation fees will apply. The contact name listed below will be the sole contact for all matters regarding the event. The party will work directly with the City of Stockton employee assigned to each facility. The liable party will be responsible for all signed documents and fees that are required. If you do not list a contact name the liable party will be listed for all matters. The Parties agree that this agreement may be signed with a digital signature, which has the same force and effect of a handwritten signature.

CONTACT INFORMATION

Name: _____
Phone Number: _____
Cell Phone Number: _____
Address: _____
Email: _____

RESPONSIBLE PARTY INFORMATION

Name: _____
Phone Number: _____
Cell Phone Number: _____
Address: _____
Email: _____

I, the undersigned, understand all terms listed above and that all information that has been complete is factual. I understand that if any of the information is found to be fraudulent or if I have withheld any information it will be grounds for cancellation.

Signature: _____ **Date:** _____

Print Name Here: _____