

**Stockton**



1999

**THE CITY OF STOCKTON**

**SPECIAL EVENT  
APPLICATION**

Date of Event: \_\_\_\_\_

THE FOLLOWING INFORMATION IS NEEDED BY THE CITY OF STOCKTON STAFF IN ORDER TO PROCESS THE SPECIAL EVENT APPLICATION AND QUOTE THE INSURANCE REQUIRED FOR YOUR EVENT. APPLICANT INFORMATION IS TO BE SUBMITTED TO THE SPECIAL EVENTS MANAGER LOCATED IN THE PARKS AND RECREATION DEPARTMENT AT 6 EAST LINDSAY STREET, CA 95202 NO LATER THAN **45 DAYS PRIOR** TO YOUR EVENT DATE OR YOUR EVENT MAY BE CANCELLED. **AN INCOMPLETE AND UNSIGNED FORM WILL BE RETURNED FOR COMPLETION.** FOR QUESTIONS OR ADDITIONAL INFORMATION REGARDING YOUR EVENT, PLEASE CALL (209) 937-8119 OR (209) 937-8958.

1) Named Insured is a:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Individual                 | <input type="checkbox"/> LLC or LLP                  | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Corporation                | <input type="checkbox"/> Public Agency               | <input type="checkbox"/> Not-for-Profit         |
| <input type="checkbox"/> Trust or Estate            | <input type="checkbox"/> Labor Union                 | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Informal Group or Committee | <input type="checkbox"/> Joint Venture          |
| <input type="checkbox"/> General Partnership        |  | <input type="checkbox"/> Other _____            |

2) Is the Applicant/Sponsoring Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(c) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.

3) Named Insured (as it is to appear on the policy):

\_\_\_\_\_

4) Doing Business as (DBA): \_\_\_\_\_

5) Mailing Address \_\_\_\_\_

6) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7) Contact Person: \_\_\_\_\_

8) E-Mail Address: \_\_\_\_\_

9) Phone Number (Home): ( \_\_\_\_\_ ) \_\_\_\_\_

10) Telephone Number (Business): ( \_\_\_\_\_ ) \_\_\_\_\_

11) Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

12) Cell Number: ( \_\_\_\_\_ ) \_\_\_\_\_

13) Web Site Address: \_\_\_\_\_

**EVENT LOCATION INFORMATION**

1) Name of Facility\_\_\_\_\_

2) Street Name \_\_\_\_\_

3) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4) Building Area \_\_\_\_\_

5) Outdoor Area (acres, miles of street)\_\_\_\_\_

6) Building Capacity (# of persons)\_\_\_\_\_

7) Capacity of the room(s) (if less than the building)\_\_\_\_\_

8) Facility Owner \_\_\_\_\_

9) Mailing Address \_\_\_\_\_

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

10) Is there a Property Manager that requires being included as Additional Insured?  Yes  No

a) If yes, Name\_\_\_\_\_

b) Mailing Address\_\_\_\_\_

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

## EVENT INFORMATION

- 1) Name of Event: \_\_\_\_\_
- 2) List **each date** the event will be held, the **hours the event is open** on each day and the **total expected attendance**. Also indicate **event set up date**, **take down date** and **clean up** date. Indicate if **alcoholic beverages will be sold or served** for each day. (Attach a separate page if necessary.)

<u>Date</u>	<u>Start Time</u>	<u>End Time</u>	<u>Attendance (Expected)</u>	<u>Alcoholic Beverages</u>			
				<u>Served</u>	<u>Sold</u>		
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 3) Describe the event and list all activities. Attach a separate page if necessary. If the event is more than one day, include the date(s) each activity occurs.
- \_\_\_\_\_
- \_\_\_\_\_

- 4) Is your event indoor, outdoors or both?       Indoor       Outdoor       Both
- 5) Is the Named Insured the:      Property Owner :  Yes  No      Property Mgr:  Yes  No
- 6) The Event is:       Open to the Public       Private Group       Personal Invitation

**NOTE: If this is an event "Open to the Public" you must contact the Business License Division, City Hall 425 N. El Dorado Street, Stockton to obtain the required business license and related permits before your application can be approved.**

- a) Is there an admission charge?  Yes  No    If yes, what is the admission charge? \_\_\_\_\_
- b) Will you sell tickets to attend the Event?  Yes  No      If yes:
- 1) How many tickets do you expect to sell? \_\_\_\_\_
- 2) What is the expected total receipts from ticket sales \$ \_\_\_\_\_
- 3) What is the price per admission ticket \$ \_\_\_\_\_
- 4) Tickets are:       Pre-sold Only  
                           Sold only at the door  
                           Pre-sold and sold at the door
- Who is selling the tickets? \_\_\_\_\_
- c) Do you expect to receive donations to attend this Event?     Yes     No
- 7) Seating at the Event is:       Assigned Seating  
     Open Seating  
     Bring Your Own Seating  
     Grandstands or Bleachers

## SECURITY INFORMATION

**As an event organizer, you are required to provide a safe and secure environment for your event. All events require the services of a professional security company licensed by the State of California and the City of Stockton. The size, type, time of day and location of your event, as well as the overall activities area need to be analyzed in depth and addressed through your security plan. The number of guards will be determined by the Stockton Police Department. A Certificate of Insurance and endorsement naming the City of Stockton as an additional insured must be on file with Risk Management for the determined Security Company.**

1) What type of security and number of security personnel?

**Type of Security**

- Private Security Company  
 Police or Sheriff

**# of Security Guards/Police**

\_\_\_\_\_

\_\_\_\_\_

**Event Monitors**

- Peer Group or Ushers  
 Employees of Event Holder  
 Parent Chaperones  
 Volunteers

**# of Event Monitors**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

a) Name and phone number of Security Company

\_\_\_\_\_

b) Security Company contact name \_\_\_\_\_

c) Security will be:     Armed         Unarmed

d) Security will be:     Wanding         Checking carry-in items

2) Have you made arrangements for ADA/Handicap accessible entrance and exits?         Yes         No

a) Have you made arrangements for ADA/Handicap accessible parking facilities?         Yes         No

3) Is the Event being advertised or promoted?     Yes         No

If yes, how? (Include all methods)

Event Web-site \_\_\_\_\_  Yes         No

(Provide web-site address)

- |                         |                          |     |                          |    |
|-------------------------|--------------------------|-----|--------------------------|----|
| Television              | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Radio                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Newspaper               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Brochure                | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Handout or Announcement | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Billboard               | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Poster                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other                   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

## ALCOHOL INFORMATION:

**NOTE:** If you plan to sell alcoholic beverages at your event you will be required to obtain a permit from the State Department of Alcoholic Beverage control (ABC). In many areas of the city, the public consumption of alcohol is illegal. The Police Department will determine if a separate confined area (Beer Garden) will be required for alcohol consumption. Persons under the legal drinking age will not be permitted into this confined area. If your event includes the use of alcohol on city property, Liquor Liability coverage must be included on your certificate of insurance.

- 1) Will alcoholic beverages be served:  Yes  No
- a) Will alcoholic beverages be sold:  Yes  No
- b) If yes, will you charge a fee or collect a ticket?  Yes  No  
 Do people pay to attend the event?  Yes  No  
 Do you receive a donation?  Yes  No
- c) Type of Alcoholic Beverage:  Beer  Wine or Champagne  Mixed Drinks or Full Bar
- d) Do you have a caterer or vendor serving or selling the alcoholic beverages?  Yes  No
- e) If yes, have you received a Certificate of Insurance from the caterer or vendor showing they have liquor liability insurance?  Yes  No
- f) Estimated sales receipts for Alcoholic Beverages \$ \_\_\_\_\_
- g) How many different locations at the Event will alcoholic beverage be served or sold? \_\_\_\_\_
- h) Are you required to obtain or have a liquor license for your Event?  Yes  No
- i) What management practices do you have in place to monitor and control the consumption of alcoholic beverages? **(Circle each number that pertains to your event.)**

1 Alcoholic beverages must be purchased and consumed in a confined area	3. Everyone must show identification to receive an alcoholic beverage	5. Beverage servers are to monitor the consumption of alcoholic beverages
2 Individuals over the legal drinking age receive a wristband	4. There is a limit of two servings to any one individual per visit to the concession	6. The concession or bar is closed one hour prior to the end of the event

- 2) Does your Event include any athletic or recreational activity?  Yes  No
- a) If yes, list the date of the activity, list each activity, and the number of participants each day.
- | Date  | Activity | # of Participants |
|-------|----------|-------------------|
| _____ | _____    | _____             |
| _____ | _____    | _____             |
- b) Explain your procedure for collecting and keeping Waivers and Release of Liability Form, which have been signed by all participants. **(The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability)**
- c) Provide a copy of the Waiver and Release of Liability which will be signed by all participants.

**MUSIC INFORMATION**

A DANCE PERMIT may be required if your event is open to the public. Please contact the License Division of Administrative Services at 425 N. El Dorado Street, Stockton, CA 95202 – Main Floor, or call (209) 937-8313. A CERTIFICATE OF INSURANCE AND ENDORSEMENT naming the City of Stockton as an additional insured must be on file with Risk Management for each band or Disc Jockey listed below.

1) Will your Event have music?     Yes     No    If yes, what type of music?

- Live Music                       Disc Jockey                       Stereo/CD Player

a) Will there be amplified sound?     Yes     No

b) How many bands/artists/Disc Jockeys will be participating? \_\_\_\_\_

c) What are the names of the bands/artists/Disc Jockey? (Please provide a list with names, address and telephone number and contact person.)

Name:	Address:	Phone:	Contact:
_____	_____	_____	_____
_____	_____	_____	_____

d) What type of music will be played? Indicate all types, which will be played.

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Acid Rock               | <input type="checkbox"/> Funk        | <input type="checkbox"/> Goth        |
| <input type="checkbox"/> Alternative             | <input type="checkbox"/> Hard Rock   | <input type="checkbox"/> Goth Metal  |
| <input type="checkbox"/> Big Band                | <input type="checkbox"/> Hip Hop     | <input type="checkbox"/> Gospel      |
| <input type="checkbox"/> Blues                   | <input type="checkbox"/> Jazz        | <input type="checkbox"/> Industrial  |
| <input type="checkbox"/> Christian               | <input type="checkbox"/> Pop         | <input type="checkbox"/> Psychedelic |
| <input type="checkbox"/> Classical               | <input type="checkbox"/> Rap         | <input type="checkbox"/> Punk        |
| <input type="checkbox"/> County Soul             | <input type="checkbox"/> Reggae      | <input type="checkbox"/> Rave        |
| <input type="checkbox"/> County Rock             | <input type="checkbox"/> Soft Rock   | <input type="checkbox"/> Ska         |
| <input type="checkbox"/> Death Rock              | <input type="checkbox"/> Soul        | <input type="checkbox"/> Techno      |
| <input type="checkbox"/> Disco                   | <input type="checkbox"/> Symphony    | <input type="checkbox"/> Bubblegum   |
| <input type="checkbox"/> Contemporary            | <input type="checkbox"/> Swing       | <input type="checkbox"/> Rockabilly  |
| <input type="checkbox"/> Ethnic/Foreign Cultural | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 1950's/1960's           | <input type="checkbox"/> Folk        |                                      |

e) Will you be supplying your own electricity?     Yes     No  
If no, then what arrangements have you made? \_\_\_\_\_

f) Will there be any other type of entertainment?     Yes     No  
If yes, please describe \_\_\_\_\_

g) Will there be any inflatable jumps, dunk tanks, trains, etc?     Yes     No  
If yes, what is the name of the company supplying these services?

\_\_\_\_\_

## OTHER RELATED EVENT ACTIVITIES

**NOTE: A CERTIFICATE OF INSURANCE AND ENDORSEMENT naming the City of Stockton as an additional insured must be on file with Risk Management for each of the below activities.**

1) Does the Event include any of the following activities? If yes, describe the activity on a separate page.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Climbing Wall   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skate board Activities  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Roller Blade or Roller Skate Activities   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bicycle or Unicycle Activities  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Watercraft Activities or Use  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use or Demonstration with Guns  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use or Demonstration with Fire  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Use of Demonstration with Chemicals   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Providing Medical or Chiropractic Information or Care                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any Construction or Demolition Work   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any use of Scaffolding or Elevated Platform more than 4 feet above ground level | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2) Does the Event include any of the following? **Claims arising out of each are excluded under this insurance policy.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Aircraft, Balloon Ride or Gliders  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All Terrain Boarding   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Base Jumping   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bouldering   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boxing, Wrestling, Hockey, Contact Karate or Martial Arts  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bungee Jumping   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Circus Acts or Carnival Rides  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Concerts exceeding 6 hours of performance time   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Concert or Dance with Mosh Pit   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diving, Platform Diving or Spring Board Diving   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hand/Hang Gliding  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kayaking, Rafting or Canoeing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mechanical Amusement Ride  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motorized Sporting Equipment   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mountain Biking  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power Boats  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Professional Sporting Activity: Games, Races or contests of a professional nature with cash prizes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyrotechnics, Fireworks, Explosives, Black Powder  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rap, Heavy Metal or Rock Concert   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rock Climbing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rodeo and Roping Events (including practice)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skin Diving  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scuba Diving   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tractor Pull/Truck Pull  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trampoline   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**VENDOR INFORMATION**

**If food is sold or served, an ENVIRONMENTAL HEALTH PERMIT is required and a Temporary Seller's Permit may be required. A CERTIFICATE OF INSURANCE AND ENDORSEMENT naming the City of Stockton as an additional insured must be on file with Risk Management for each listed below.**

- 1) Please list all **caterers, food vendors, retail merchandise vendors, arts and craft vendors, concessionaires, entertainers, promoters and sponsors or alcohol vendors.** (Add additional pages if required.)

<u>EXAMPLE:</u>	
<u>Type of Service</u>	
<u>Food Vendor</u>	Name <u>Dino's Hot Dogs</u>
	Mailing Address <u>123 Anystreet Lane</u>
	City <u>Stockton</u> State: <u>CA</u> Zip <u>95210</u>
	Phone: <u>(209) 987-6543</u>
Insurance Certificate to be supplied ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Service

a. \_\_\_\_\_ Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Insurance Certificate to be supplied ?     Yes     No

b. \_\_\_\_\_ Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Insurance Certificate to be supplied ?     Yes     No

c. \_\_\_\_\_ Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Insurance Certificate to be supplied ?     Yes     No

d. \_\_\_\_\_ Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Insurance Certificate to be supplied ?     Yes     No

e. \_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

f. \_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

g. \_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

h. \_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

i. \_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

j. \_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

k. \_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

2) Are any of the above vendors Selling or Serving Alcoholic Beverages?

Yes  No

**EXHIBITOR INFORMATION**

Exhibitors are participants who are set up for informational purposes only and do not need proof of insurance.

**1) PLEASE LIST ALL EXHIBITORS.**

EXAMPLE	
<u>Type of Service</u>	
<u>HOSPITAL FACILITY</u>	Name: <u>St. Charles Hospital</u> Mailing Address: <u>123 Heaven Way</u> City: <u>Stockton</u> State: <u>CA</u> Zip: <u>95202</u> Phone: <u>(209) 987-6543 or Cell: 601-1234</u>

Type of Service:

- |          |   |
|----------|---|
| a. _____ | Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Phone: _____ |
| b. _____ | Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Phone: _____ |
| c. _____ | Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Phone: _____ |
| d. _____ | Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Phone: _____ |
| e. _____ | Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Phone: _____ |

*IF MORE ROOM IS NEEDED, PLEASE ADD ON A SEPARATE PAGE AND ATTACH TO THIS FORM.*

## PORTABLE REST ROOMS

**A CERTIFICATE OF INSURANCE AND ENDORSEMENT naming the City of Stockton as an additional insured must be on file with Risk Management for the Portable Rest Room Company.**

You are required to provide portable rest room facilities at your event which will be available to the public and ADA accessible (Handicapped) during your event.

- 1) Do you plan to provide portable rest room facilities at your event?    Yes    No

If yes: Total number of portable rest rooms: \_\_\_\_\_

Number of ADA accessible portable rest rooms: \_\_\_\_\_

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

- 2) Portable Rest Room Company: \_\_\_\_\_

Equipment Set-up: Date \_\_\_\_\_ Time: \_\_\_\_\_

Equipment Pick-up: Date \_\_\_\_\_ Time: \_\_\_\_\_

## SANITATION AND RECYCLING

**A CERTIFICATE OF INSURANCE AND ENDORSEMENT naming the City of Stockton as an additional insured must be on file with Risk Management for the Sanitation Company.**

- 1) Number of Dumpsters: \_\_\_\_\_ (One for every increment of 400 people)

- 2) Sanitation Company: \_\_\_\_\_

Equipment Set-up: Date \_\_\_\_\_ Time: \_\_\_\_\_

Equipment: Pick-up: Date \_\_\_\_\_ Time: \_\_\_\_\_



## STREET CLOSURES

**NOTE: A Specific Event Permit and/or A Block Party Permit may be required and accompanied with a certificate of insurance and endorsement naming the City of Stockton as an additional insured.**

16) Will there be a need for street closures  Yes  No

a) Describe reason street closure is needed:

---

---

b) If yes, which streets are you requesting to be closed?

---

c) Is a sidewalk march planned?  Yes  No

## FIREWORKS DISPLAY

**NOTE: You must obtain a Fireworks Permit from the Fire Department – Permit Center, 345 N. El Dorado Street, Stockton, CA 95202 or call (209) 937-8801. A Certificate of Insurance and endorsement naming the City of Stockton as an additional insured must be on file with Risk Management for the fireworks supplier.**

d) Will there be any fireworks?  Yes  No

e) If yes, who have you hired to display the fireworks?

---

**AFFIDAVIT OF APPLICANT**

17) The following items are required to be submitted for insurance purposes with this information form.

- 1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them.)
- 3) Copies of all Brochures, Promotional Materials and Event Advertising.
- 4) Copy of the complete Schedule of Events or Activities.
- 5) Copy of the Waiver and Release of Liability to be signed by Participants if recreational or athletic activity is planned.
- 6) Diagram or Site Plan of location/set up.
- 7) Three (3) year detailed loss history from previous carrier(s). (If applicable).

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any policy issued by the company is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void coverage.

The applicant requests that this application for insurance coverage be submitted for consideration to General Star Management Company (Company). Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the Company all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the Company of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the coverage requested.

The applicant understands and acknowledges that participation may involve risk of serious injury or death, including economic losses. The applicant assumes any and all risks of personal injuries to self, including medical or hospital bills, permanent or partial disability, death, and any and all damage to the City of Stockton property, caused by or arising from participation in this event or activity.

Any person who knowingly and with intent to defraud an insurance company or other person, files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
(Owner, Partner or Officer)

Date: \_\_\_\_\_

**THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS COVERAGE NOR GUARANTEES THAT A POLICY WILL BE ISSUED.**

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

## **HAVE YOU?**

- Signed and dated your application?
- Attached your Certificate of Insurance/Additional Insured Endorsement?
- Provided proof of Liquor Liability Insurance?
- Attached a copy of your IRS 501 (c) tax exemption letter?
- Applied for your event Business License?
- Provided Certificates of Insurance for all Vendors?
- Provided Certificates of Insurance for all Suppliers?
- Applied for your event Dance Permit?
- Attached a copy of your approved Health Permit?
- Applied for an Alcohol Beverage Control Permit?
- Provided a copy of the Security Company contract?
- Attached the completed Assemblage Permit?
- Attached a completed Specific Event Permit?
- Attached a completed Street Closure Permit?
- Provided for your event medical assistance?
- Attached a complete entertainment list and schedule?
- Prepared information for your event parking plan?

**CITY OF STOCKTON STAFF USE ONLY**

Staff receiving Special Event Application & Date: Supervisor/Staff initial(s)\_\_\_\_\_

+++++

Security Deposit/Fee       Yes    No      Approval & Date:\_\_\_\_\_

Assemblage Permit       Yes    No      Approval & Date:\_\_\_\_\_

Specific Event Permit       Yes    No      Approval & Date:\_\_\_\_\_

Street Closure       Yes    No      Approval & Date:\_\_\_\_\_

Tent/Canopy Approval       Yes    No      Approval & Date:\_\_\_\_\_

Business License       Yes    No      Approval & Date:\_\_\_\_\_

Dance Permit Required       Yes    No      Approval & Date:\_\_\_\_\_

Electrician Services       Yes    No      Approval & Date:\_\_\_\_\_

Environmental Health Permit       Yes    No      Approval & Date:\_\_\_\_\_

ABC License       Yes    No      Approval & Date:\_\_\_\_\_

Police Services       Yes    No      Approval & Date:\_\_\_\_\_

Liquor Liability Ins.       Yes    No      Approval & Date:\_\_\_\_\_

Event Liability Ins.       Yes    No      Approval & Date:\_\_\_\_\_

Suppliers Insurance       Yes    No      Approval & Date:\_\_\_\_\_

Vendors Insurance       Yes    No      Approval & Date:\_\_\_\_\_