



The City of South San Francisco



SPECIAL EVENT PERMIT

APPLICATION & INFORMATION PACKET

SUMMARY OF EVENT

Event Title

Event Category

- Athletic Event
- Concert/Performance
- Cultural Event
- Art Exhibit
- Outdoor Market
- Christmas Tree Lot
- Festival
- Dance/Recital
- Tent
- Parade/March
- Carnival/Fair
- Unassigned

Description of Event

(a summary of the event, cannot exceed 500 characters)

Date & Time

Setup	Date	<input type="text"/>	Time	<input type="text"/>	Day of Week	<input type="text"/>
Start Time	Date	<input type="text"/>	Time	<input type="text"/>	Day of Week	<input type="text"/>
End Time	Date	<input type="text"/>	Time	<input type="text"/>	Day of Week	<input type="text"/>
Break Down	Date	<input type="text"/>	Time	<input type="text"/>	Day of Week	<input type="text"/>

Anticipated Attendance

Min Max

Location Name

Location Address

Location Description

(Information cannot exceed 500 characters)

SUMMARY OF EVENT

NEIGHBORHOOD REGION

(Select one or more)

- | | | |
|---|---|--|
| <input type="checkbox"/> Downtown | <input type="checkbox"/> Old Town | <input type="checkbox"/> Francisco Terrace |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Winston Manor | <input type="checkbox"/> Other Residential |
| <input type="checkbox"/> Sunshine Gardens | <input type="checkbox"/> W. Winston Manor | <input type="checkbox"/> Eastof Hwy 101 |
| <input type="checkbox"/> Buri Buri | <input type="checkbox"/> Orange Park | <input type="checkbox"/> Other Commercial |
| <input type="checkbox"/> Westborough | <input type="checkbox"/> Pecks Lot | <input type="checkbox"/> Other |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Mayfair Village | <input type="checkbox"/> Other |

CONTACTS

Host Organization

Professional Organizer

Public Contact
(Required)

Name

Phone Number

Media Contact
(Required)

Name

Phone Number

Non-Public
Contact

Name

Phone Number

Vendor
Contact

Name

Phone Number

(Internal use only)

Web Address:

Is this an annual event? If yes, how many years have you been holding this event?

Yes No N/A

Is this part of a larger marketing campaign (i.e. Nike Marathon, etc...)?

Yes No N/A

If Yes, Please List

Additional Information:

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 if applicable.

BUSINESS/CLUB/ORGANIZATION INFORMATION					
Business/Club/Organization Name:	<input style="width: 95%;" type="text"/>	Contact Name:	<input style="width: 95%;" type="text"/>		
Street Address	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
		Zip Code	<input style="width: 95%;" type="text"/>		
Bus Phone	<input style="width: 95%;" type="text"/>	Bus Fax	<input style="width: 95%;" type="text"/>	Internet Home Page	<input style="width: 95%;" type="text"/>
		Tax ID #	<input style="width: 95%;" type="text"/>		

Does the group sponsoring the event have non-profit status in the State of California? Yes No

Please check the following that apply:

- | | | | | |
|-------------------------------------|--------------------------------------|--|--|--------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Fraternal Order | <input type="checkbox"/> Civic Group |
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Benevolent | <input type="checkbox"/> Religious Group | <input type="checkbox"/> Social Club | <input type="checkbox"/> Other |

PRESIDENT/OFFICERS INFORMATION					
President / Chief Officer's Name:	<input style="width: 95%;" type="text"/>	Title/Position:	<input style="width: 95%;" type="text"/>		
Home Address	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
		Zip	<input style="width: 95%;" type="text"/>		
Home Phone	<input style="width: 95%;" type="text"/>	Cell Phone	<input style="width: 95%;" type="text"/>	Email Address	<input style="width: 95%;" type="text"/>
		Driver Lic. #	<input style="width: 95%;" type="text"/>		

Is the host organization a commercial entity? Yes No N/A

Does the host organization hold a current South San Francisco business license? Yes No N/A

Has anyone involved with the host organization or business submitted any prior applications to the City of South San Francisco? Yes No N/A

Has the host organization or business ever been known by any other name? Yes No N/A

Has the host organization or business ever been denied a permit request by the City South San Francisco or any other City? Yes No N/A

Site Plan / Route Information

Your event site plan/route map should be submitted in blueprint or Computer (CAD) format and should 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 detailed or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills
- The location of all sources of electricity and/or generators that will be providing electricity
- Placement of any vehicles and/or trailers involved in the event
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.

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

Marketing and Public Relations

Yes No N/A **Will your event be marketed, promoted or advertised in any manner? (if yes, describe)**

Yes No N/A **Will there be live media coverage during the event? (if yes, describe)**

Yes No N/A **Will media vehicles be parked within the event venue? (if yes, describe in your safety plan)**

Yes No N/A **Do you have a plan to control placement and/or distribution of promotional items?**

Yes No N/A **Have you presented your event plans to any community groups that represent the area?**

Yes No N/A **Have you met with residents, businesses or public entities impacted by your event? (describe)**

Yes No N/A **Do you have a sample notice you propose to distribute prior to your event? (attach or describe)**

Food Concessions and Preparation

Yes No N/A **Does your event include food concession and/or food preparation areas? (i.e. bbq, hot plate, grill etc..)** If yes, please describe how food will be prepared and served

Yes No N/A **Do you intend to cook food in the event area? If yes, please specify method:**

Gas Charcoal Electric

Other (describe)

Concessionaires

Yes No N/A **Will items and/or services be sold at your event?**

Yes No N/A **Will items at your event include the potential for liability (i.e. rides, animals etc..)?**

Yes No N/A **Will vendors be accepting forms of payment other than cash?**

Please provide a vendor list and a brief description of the items being sold at your event (include rides and attractions)

Alcohol Beverage Control Licensing

Yes No N/A

**Does your event involve the use, sale or distribution of any form alcoholic beverages?
If yes, please check all that apply:**

Yes No N/A

Free and/or Host Alcohol (provided by host of event at no charge to attendees)

Yes No N/A

Alcohol Sales (includes sales by host, vendors and/or participants)

Yes No N/A

Beer Only (no wine or distilled spirits)

Yes No N/A

Wine Only (no beer or distilled spirits)

Yes No N/A

Beer and Wine Only (no distilled spirits)

Yes No N/A

Beer, Wine and Distilled Spirits

Yes No N/A

Will the host limit the number of alcoholic drinks that can be sold to one person at a time?

Yes No N/A

Does your event require a California ABC "Daily On Sale License"?

**Please describe your security plan to ensure the safe sale or distribution of alcohol at your event;
include the steps you will take to confirm age of purchasers and recipients of alcohol**

Entertainment

Yes No N/A **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 Number of Performers Number of Performances

Please check all of the boxes that apply to the performances at your event below:

- Live Band Disc Jockey Comedian Dance Theatrical
 Spoken Word Pageant Karaoke Talent Show Magic Show

Yes No N/A **Will your event include the use of any signs, banners, decorations, or special lighting?**

Yes No N/A **Will inflatables, hot air balloons or similar devices be used or released at your event?**

Yes No N/A **Do your event plans include the use of sound amplification equipment?**

Yes No N/A **Do your event plans include any casino games, bingo games, drawings or lottery opportunities?**

Yes No N/A **Do your event plans include any live animals (i.e. petting zoo, pony rides, etc..)**

Yes No N/A **Do you plan to have a patron dance component to either live or recorded music at your event?**

If you answered yes to any of the above, please provide a detailed description (attach additional pages if necessary)

Security Plan

Yes No N/A **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.**

Company Name

Address

City State Zip Code

Ph Number Cell Number

Private Patrol License Number

Please describe your security plan, including crowd control and event security. (attach additional pages if necessary)

Safety Equipment

Yes No N/A **Will you be contracting with any private companies to provide and/or set up and booths or safety equipment for your event (including traffic barriers, first aid stations, etc.)? If yes, please list.**

Company Name

Address

City State Zip Code

Ph Number Cell Number

Equipment Set up: Date: Time:

Equipment Pick up: Date: Time:

Please describe your set up and break down plans (attach additional pages if necessary)

Parking and Shuttle

Yes No N/A **Will your event involve the use of a parking and/or shuttle plan? (if yes, describe or attach a copy)**

Medical Plan

Yes No N/A **Have you hired a licensed medical service provider to develop and manage your event's medical plan? If yes, please provide the following information.**

Company Name

Address

City State Zip Code

Ph Number Cell Number

Yes No N/A **Will your event include medical aid stations within the venue?**

Yes No N/A **Will you be utilizing the South San Francisco Fire Department for your event?**

Yes No N/A **Will you have licensed medical providers staffing your medical aid stations?**

Yes No N/A **Will you have an emergency response plan in the event of a major medical emergency?**

Please describe your medical plan and emergency response plan (attach additional pages if necessary)

Handicap 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 N/A Will there be a Clear Path of Travel throughout your event venue?

- Yes No N/A Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event?

- Yes No N/A Will a minimum of 10% of portable rest rooms at your event be handicap accessible?

- Yes No N/A Will all food, beverage and vending areas be accessible?

- Yes No N/A Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility?

- Yes No N/A If telephones are provided, will at least one telephone at each phone bank have a volume control and be hearing aid compatible?

- Yes No N/A If an information center is provided at your event, will customer service representatives be available to assist disabled individuals?

- Yes No N/A 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?

Use the space below to clarify or describe any of the above mentioned points of accessibility

Sanitation and Recycling Plan

Yes No N/A **Have the organizers of the event contracted with a company for the removal of recyclable goods, waste and garbage during and after the event?** (if yes, complete below questions)

Sanitation Company Information

Company Name

Address

City

State

Zip Code

Ph Number

Cell Number

Yes No N/A **Will you provide dumpsters with lids?** (if yes, how many)

Yes No N/A **Will you provide recycling containers?** (if yes, how many)

Yes No N/A **Will you provide trash containers?** (if yes, how many)

Sanitation Equipment Setup:

Date/Time

Sanitation Equipment Pickup:

Date/Time

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after the event

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

Yes No N/A **Do you plan to provide portable rest room facilities at your event?** (if yes, how many)

Total number of portable toilets?

Total number of ADA accessible toilets?

If you have no plans for portable restroom facilities, please describe alternative facility loations:

Proof of Insurance

Liability insurance in an amount not less than one million dollars (\$1,000,000) must be carried for the date of the actual event and must show the City of South San Francisco as an “Additional Insured” by this policy for the date of the event. *Proof of this insurance must be provided with the Special Event Permit application. Failure to provide this information at the time of application will deem the application incomplete.*

Insurance Company Name

Address

City State Zip Code

Company Ph Number

Fax Number

Insurance Contact Name

Insurance Policy Number

Insurance Policy Type

Insurance Policy Value

Yes No N/A **Is the City of South San Francisco an additional insured to the policy?** (if no, describe why)

Yes No N/A **Are there any additional insurance policies related to this event?** (i.e. contractors, etc..) If yes, list below

Yes No N/A **Has the Host Organization every been denied insurance for an event?** If yes, explain below

Affidavit of Applicant

I/We certify that the information contained in the foregoing application is true and correct to the best of my/our knowledge. I/We authorize an investigation into all statements contained herein, understanding that any mis-statements of facts will constitute grounds for denial or revocation of any permits. I/We have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the City of South San Francisco Municipal Code and I/We understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. I/We agree to comply with all other requirements of the City, County, State and Federal Government, and any other applicable entity which may pertain to the Event. I/We certify that the Host Organization has duly authorized the submission of this application, and therefore I/We agree to be financially responsible for any costs and/or fees that may be incurred on behalf of the Host Organization to the City of South San Francisco.

Print Name of the Host Organization

Name/Title

Signature

Date/Time

Print Name of Professional Event Organizer

Name/Title

Signature

Date/Time

City of South San Francisco
400 Grand Avenue
South San Francisco, CA 94080

Special Event Permit Document Review

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

- Yes No N/A **Signed and dated application?**
- Yes No N/A **Attached an event site plan?**
- Yes No N/A **Attached an event security plan?**
- Yes No N/A **Provided a copy of security company's Private Patrol Operator's License?**
- Yes No N/A **Attached an event medical plan?**
- Yes No N/A **Attached an event accessibility plan?**
- Yes No N/A **Attached an event parking and shuttle plan?**
- Yes No N/A **Attached a complete entertainment list and schedule?**
- Yes No N/A **Included letters of support or endorsement from impacted entities and community groups within your venue area?**
- Yes No N/A **Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and/or other entities?**
- Yes No N/A **Attached the event Certificate of Insurance?**
- Yes No N/A **Attached a copy of the Host Organization's IRS 501(C) tax exemption documentation?**
- Yes No N/A **Included any County, State or Federal permits that may be required to hold your event in the selected venue? (i.e. ABC license, State fire permit, etc...)**

Submit your completed permit application to:

The South San Francisco Police Department
Attn: Community Relations Sergeant
33 Arroyo Drive, Suite C
South San Francisco, CA 94080
(Direct) 650-877-8922 (Fax) 650-877-5982