

CITY OF RIO VISTA

RECREATION AND COMMUNITY SERVICES

One Main Street • Rio Vista, CA 95687

(707) 374-6451 ext 1106 • FAX: (707) 374-5531

TEMPORARY USE APPLICATION: SPECIAL EVENT QUESTIONNAIRE

Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. **Incomplete Applications will not be processed.** Please use dark blue or black ink. A non-refundable Application Fee is due upon submittal of this proposal.

Event Information

Name of Event: _____

Description of Event: _____

Set-up Date(s): _____ / _____ / _____
List each set-up date

Set-up Time(s): _____ / _____ / _____
List hours for each date indicated above (e.g., 9 a.m. – 10 a.m.)

Event Date(s): _____ / _____ / _____
List each event date

Event Time(s): _____ / _____ / _____
List hours for each date indicated above (e.g., 10 a.m. – 5 p.m.)

Tear-down Date(s): _____ / _____ / _____
List each tear-down date

Tear-down Time(s): _____ / _____ / _____
List hours for each date indicated above (e.g., 10 a.m. – 5 p.m.)

Proposed Location of Event: Please list all facilities to be used, including buildings, parking lots, streets, parks, etc.

Facility _____ Location(s) _____

Facility _____ Location(s) _____

Facility _____ Location(s) _____

Facility _____ Location(s) _____

Name of property owner where event is to be held: _____

Has this event ever been held at other location(s)? Yes No

If yes, where and when? _____

Will there be an admission charge? No Yes Amount: _____

Expected daily attendance: _____ Peak attendance: _____

Time of Day: _____ Qty: _____

Describe audience and anticipated demographics: _____

Will there be amplified entertainment or speeches? Yes No

If yes, describe: _____

Will there be any items sold? Yes No

If yes, describe: _____

Will there be contracted concessionaires? Yes No

If yes, describe: _____

How close are the nearest residences? _____

Garbage receptacles are mandatory.

City services will be needed for garbage receptacles (fees apply).

Garbage receptacles will be provided, maintained, and emptied by the applicant.

Recycling containers are mandatory.

City services will be needed for recycling containers (fees apply).

Recycling containers will be provided, maintained, and emptied by the applicant.

Will you need City water connections (fees apply)? Yes No

If yes, describe: _____

What time will water need to be supplied? _____

Will you need City electrical connections (fees apply)? Yes No

If yes, describe (Include voltage; 110v or 220v, and number of amps used by each item of equipment, and a total amperage). Submit an Electrical Service Plan:

Please indicate whether any of the following will be at the event.

Tents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Size(s)/Quantity:
Canopies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Size(s)/Quantity:
Open Flames/Cooking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Explain:
Self-Contained Cooking Trailers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Explain:
Fireworks?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Explain:
Temporary Fencing?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Height:
First Aid Stations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Quantity:
Portable Toilets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Quantity:
Electric Generators?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Quantity:
Carnival/Amusements?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Quantity:
Spotlights?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Explain:

***If generators are required, an electrical permit must be obtained from Community Development (fees apply).**

Description of any other activities at the event: _____

List sponsor(s) of the event: _____

What type of advertising/promotion will you be doing prior to the event?

<input type="checkbox"/> Radio	What Stations?	# of spots?
<input type="checkbox"/> Television	What Stations?	# of spots?
<input type="checkbox"/> Newspaper Ads	Which ones?	# of ads?
<input type="checkbox"/> Press Releases	Where Distributed?	
<input type="checkbox"/> Flyers/Posters	Where Posted?	

By checking this box, I certify that no advertising/promotional materials will have information that conflicts with the information provided in this questionnaire. Copies of all event flyers, posters, and advertisements to be used for the event are attached.

What type of advertising/promotion will be displayed during the event?

	Describe:	Size?
<input type="checkbox"/> Banners		
<input type="checkbox"/> Inflatables		
<input type="checkbox"/> Other		

Alcohol Information

Will there be alcohol? Yes No
If No, skip to Security Information Section.

Will alcohol be sold at the event? Yes No

Will alcohol be given away at the event? Yes No

Will alcohol be brought into the event by attendees? Yes No

Will alcohol be included in ticket/admission price? Yes No

Is event within 300' of a church or school property line? Yes No

Will 50% or more of the gross revenues from the event be derived from alcohol sales?
 Yes No

Has the applicant/organization ever had a liquor license or event permit denied, revoked, or suspended? Yes No

If yes, explain: _____

How will event attendees of legal drinking age (21) be identified?

Attach a copy of approved Special Event Liquor License Application or Permit.

Security Information

Name of Responsible Person to be present at event: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Pager Number/Cell Phone No. of Person at event: _____

Type of Private Security Personnel/Company Name* _____

Number of Security Personnel: _____

How will they be identified? _____

***After reviewing the permit application, the City may require the use of off duty Rio Vista Police Officers, paid for by the applicant.**

Parades, Motorcades, Running/Walking/Cycling/Skating Events (if applicable)

Location of Assembly Area: _____ Assembly Time: _____

Location of Disassembly Area: _____ Disassembly Time: _____

Description of Participating Units (motorized, animals, floats): _____

Number of Participating Units: _____

Illustrative Site Plans

Site Plan - A Site Plan of the event area indicating the location(s) of equipment and activities must be submitted with this Application. Please include location of:

- | | | |
|------------------------------------|-----------------------------------|--------------------|
| Stage(s)/Amplified sound equipment | Controlled access/Admission areas | Water service |
| Merchandise/Food vendors | Open flames/Cooking areas | Tents/Canopies |
| First aide/Emergency stations | Carnival/Amusement rides | Fencing |
| Activity/Amusement area | Handicap parking/Access areas | Emergency access |
| Recycling/Trash receptacles | Liquor distribution/Control areas | Portable restrooms |

Street Closures and Public Access – A Traffic Control Plan indicating vehicle/pedestrian traffic control, detour routes, directional signs and barricades, and street closures must be submitted for the proposed closure of any street, sidewalk, alley, right-of-way, parking lot or similar public access area. Include/indicate the proposed parade/race route, if applicable. Street closures are primarily intended for parades, races, and events that must take place within the street. Applicant must notify merchants and/or residents affected by the street closure no later than 14 business days prior to the event. Copies of the notification letters or flyers with a list of recipients must be submitted to the Recreation and Community Services office no less than 14 business days prior to the event.

Electrical Service Plan - An additional plan must be submitted for electrical service usage showing layout of extension cords, spider boxes, generators and anticipated amperage draw.

Note: Please submit all plans on 8 ½ x 11" paper and attach to Application.

Vendor Information

Applicant/Organizer is required to provide a list of all individuals scheduled to sell merchandise, food, or other items. The information must include company names, contact persons, addresses, phone numbers and city Business License numbers if applicable. Vendors must have a current Rio Vista Business License or obtain a one-day Business License from Community Development.

Applicant Information

Name of Primary Contact (first, middle, last): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ FAX #: _____

Cell Phone: _____ Email Address: _____

Driver's License Number/State: _____

Name of Corporation/Organization (include D.B.A. name if applicable): _____

State of Incorporation: _____ Tax I.D. No.: _____

Sales Tax No.: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Insurance

For events occurring on City-owned property, the applicant must provide evidence of insurance for commercial general liability, auto liability, and liquor liability (if applicable) naming the City of Rio Vista as additional insured. The endorsement must indicate the dates, times, and location of the event. The person/organization listed on the endorsement must be the applicant. Please have your insurance provider address the insurance documents to the attention of Parks and Recreation, no later than **2 business days prior** to the event date. Minimum limits are as follows:

- \$ 1,000,000 per occurrence
- \$ 1,000,000 aggregate
- \$ 1,000,000 automobile liability (or non-owned automobile liability)
- \$ 1,000,000 liquor liability insurance

Additional limits may be required after review. Providing the above-listed insurance does not in any way reduce or eliminate any responsibility assumed under the indemnity agreement statement.

Indemnity

The applicant agrees to defend, indemnify, and hold harmless the City of Rio Vista, its agents, representatives, officials, and employees, from and against any and all claims, damages, losses, and expenses (including, but not limited to, attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or alleged to have resulted from the acts, errors, mistakes, or omissions of the applicant, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the applicant, in connection with the Special Event described in this Application, provided that such claims, damages, losses and expenses are attributable to bodily injury or to injury to or destruction of property.

Certification

I have read and understand all of the attached policies and will abide by all policies, rules, regulations, and conditions of use as written. I understand that the Temporary Use Permit for this Special Event permit is not transferable to any other individual or group.

Applicant's Signature: _____ Date: _____

OFFICE USE ONLY		
Date Rec'd. _____	Staff Initials _____	
Fee Paid _____	Receipt # _____	
Level Assignment (A, B or C): _____		