

City of Grass Valley



Special Event Permit Application

Police Department Use Only

Date Rec'd _____ Initials _____ Hold Harmless Signed _____
Proof of Insurance Attached _____ ABC Form Attached (if applicable) _____
Veterans Hall Appt. Date _____ Initials _____ Copy to File _____

FEES PAID (Special Event \$25.00 ABC Permit \$5.00)

Total Paid: \$ _____ Date _____ Receipt #: _____ Initials _____

Grass Valley Police Department

APPLICATION FOR SPECIAL EVENT

APPLICANT INFORMATION

Organization _____ Phone _____
Type of Organization: Non Profit ____ Public Agency ____ Private/Business ____
Authorized Head of the Organization _____
Signature Indicating Approval or Written Approval Attached _____
Address _____ Phone _____
_____ FAX _____
_____ Phone _____
Alternate Contact _____ Phone _____

EVENT INFORMATION

Date of Application: _____
Type of Event Run Walk Street Festival Bike Tour
 Parade Social Event Concert Other (explain below)
Event Title: _____
Event Description: _____

Proposed Location: _____
Date of Event: _____ Time of Event (from) _____ (to) _____
Estimated Attendance: _____
Event Co-Sponsor(s) _____

Check the appropriate boxes:

Admission Fee YES NO

Amounts: General \$ _____ Child \$ _____ Teen \$ _____ Adult \$ _____ Senior \$ _____

Amplified Sound YES NO

Music – Type _____ Live DJ Speaker

Dancing Open Seating Assigned Seating Assembly

% of Attendees by Age Group: Under 18 _____% 18 to 20 _____% 21 & over _____%

Food/Beverage Sales YES NO Catered YES NO

Alcohol Served or Consumed YES NO Alcohol Sales to Occur YES NO

ABC Permit Request Attached YES NO

Merchandise Sold YES NO

List Vendors: _____

Type of Advertising Invitation Local Media Regional Media Other: _____

Road Closure Required YES NO Sidewalk Closure Required YES NO

Use of Other City Property Required YES NO Type: _____

Other City Service Requested YES NO Type: _____

SECURITY INFORMATION

Security Firm _____ Representative: _____

Address _____ Phone: _____

Number of Uniformed Security Assigned to Event: _____

Number of volunteer chaperones provided by event applicant: _____

INSURANCE REQUIREMENTS

Insurance requirements depend upon the risk level of the event. **If your event will include alcohol, liquor liability coverage must be included on your certificate of insurance.**

Applicant must provide insurance at the following minimal limits: \$1,000,000 combined single limit. Should any portion of the event be held on public property, this Certificate of Insurance must name the City as an additional insured throughout the event duration, including setup and breakdown. The Certificate of Insurance, including limits of insurance, must be attached to this application upon completion.

HOLD HARMLESS

The applicant will, at its sole expense, provide the City with evidence of insurance for general liability and Workers' Compensation benefits for accidents or injuries which occur or are sustained in the course of carrying out this contract. The Applicant agrees to indemnify, defend and save City harmless from any and all liability, claims, damages or injuries to any person, including injury to Applicant's employees, and all claims which arise or are connected with the negligent performance of or failure to perform work or other obligations of this contract, or are caused or claim to be caused by the negligent acts of the City, its agents or employees, and all expenses of investigating and defending against same.

Applicant Signature: _____ Date: _____

City Use Only

Event Evaluation/Conditions/Approval

Event Classification Major Minor Miscellaneous

Application Fee \$_____ Paid YES / NO Date Received: _____ Receipt Number: _____

Permit Fee \$_____ Paid YES / NO Date Received: _____ Receipt Number: _____

Security/Cleaning Fee \$_____ Paid YES / NO Date Received: _____ Receipt Number: _____

Insurance Required YES / NO Amount \$_____ Vendor License YES / NO

Liquor Liability Required YES / NO Date Received: _____

Facility Reservation Required YES / NO Date Received: _____

ABC Permit Required YES / NO Date Received: _____

Permit Granted Permit Granted With Conditions (See Attached) Permit Denied

Permit Number

Approved: _____ Date: _____

Authorized Administrator

Review and Comments:

Police: _____

Fire: _____

Public Works: _____

Administration: _____

Other (): _____