



GRASS VALLEY POLICE DEPARTMENT

129 S. Auburn Street • Grass Valley, CA 95945
(530) 477-4600 main • (530) 274-4329 fax

SPECIAL EVENT APPLICATION

This application must be completed, signed and forwarded to the Grass Valley Police Department at least forty-five (45) days prior to the first day of the event. Please type or print information clearly and if applicable attach maps, layouts and additional information.

Applicant Information:

Organization: _____ **Phone:** _____

Address: _____

Phone: _____ **FAX:** _____

Organization Type: Non Profit Public Agency Private/Business Other

Authorized Head of the Organization: _____

Signature of Approval: _____

Alternate Contact: _____ **Phone:** _____

Grass Valley Police Department Use Only

Date Rec'd: ___/___/___ Initials: _____ Total Paid: \$____ Date: ___/___/___ Receipt #: _____ Signed

"hold Harmless" Proof of Insurance Attached ABC Form Attached (if applicable) Veterans Hall

Appt. Date: ___/___/___ Initials: _____ Copy to file

FEES: Application = \$30.00 ABC Permit = \$5.00)

Event Information:

Date of Event: _____ **Timeframe:** _____

Event Title: _____

Type of Event: *Run* *Walk* *Street Festival* *Bike Tour*
 Parade *Social Event* *Concert* *Other (explain)*

Event Description: _____

Proposed Location: _____

Estimated Attendance: _____

Event Co-Sponsor(s): _____

Admissions Fee: Yes No

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

Amplified Sound: Yes No

Music Type: _____

Live DJ Dancing Speaker Open Seating Assembly

Estimated Attendance: Under 18: ___% 18-20: ___% 21 & over: ___%

Food/Beverage Sales: Yes No

Catered: Yes No

Alcohol: Yes No

Alcohol Sales to Occur: Yes No

ABC Permit Request Attached: Yes No

Merchandise Sold: Yes No

List of 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: _____ **FAX:** _____

Number of Uniformed Security Assigned to Event: _____

Number of volunteer chaperones provided by event applicant: _____

Insurance Requirements:

Applicants for a Special Events permit must provide insurance at the following minimal limits: General Liability, \$1,000,000 per occurrence, combined single limit. Applicant shall provide a Certificate of Insurance and must name the City as an additional insured, by way of endorsement, throughout the event duration, including setup and breakdown. If your event will include alcohol, and the alcohol provider is " in the business of " manufacturing, selling, distributing, serving alcoholic beverages for charge or no charge if a license is required for the activity, applicant must provide evidence of liquor legal liability coverage. The Certificate of Insurance and additional insured endorsement, 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 (): _____