



City of Placerville

Department of Community Services

SPECIAL EVENT PERMIT

Application

SUBMITTAL	City of Placerville Department of Community Services 549 Main Street Placerville, CA 95667 (530) 642-5232 ALL APPLICATIONS MUST BE SUBMITTED IN PERSON;	EVENT	Permit Number: _____	
	Received By: _____ Date Filed: _____ Deposit: _____ Fee: _____		(PLEASE KEEP COPY OF APPLICATION WITH RECEIPT)	

NOTE Applications must be submitted to the Community Services Department at least 1 year in advance from event date. Annual Events are required to submit a completed **Special Events Application Form** by the **January** of each **prior** year. See attached deadline schedule for specific dates and more details.

CONTACT INFORMATION	APPLICANT _____
	ADDRESS _____
	CITY _____ STATE _____ ZIP _____
	PRIMARY CONTACT _____ <input type="checkbox"/> Same as Above
	CONTACT PHONE 1 _____ CONTACT PHONE 2 _____
	EMAIL _____ WEBSITE _____
	ORGANIZATION _____ Non-Profit Status: Are you a non-profit organization? <input type="checkbox"/> Yes - _____ <input type="checkbox"/> No Resident: Is your organization located within the City limits? <input type="checkbox"/> Yes <input type="checkbox"/> No

EVENT TITLE	NAME OF EVENT _____
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EVENT DATE(S)	SINGLE DAY EVENT	MULTI-DAY EVENT	SET UP DATE	START DATE	END DATE	CLEAR DATE

EVENT TYPE	STREET CLOSURE
<input type="checkbox"/> Parade <input type="checkbox"/> Filming <input type="checkbox"/> Street Fare <input type="checkbox"/> Festival <input type="checkbox"/> Carnival <input type="checkbox"/> Rodeo <input type="checkbox"/> Sidewalk Sale <input type="checkbox"/> Other _____	<input type="checkbox"/> None <i>Closure Time</i> _____ <input type="checkbox"/> Procession <i>Clear Time</i> _____ <input type="checkbox"/> Partial <i>End Time</i> _____ <input type="checkbox"/> Full <i>Reopen Time</i> _____

Estimated Area of Event Space: _____ WILL YOUR EVENT HOST FOOD VENDORS? <input type="checkbox"/> YES <input type="checkbox"/> NO	Street Name Start: _____ Street Name End: _____	ALL PARADE REQUESTS MUST PROVIDE AN AREA MAP!
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IMPORTANT NOTICE: All food vendors and Event Coordinators / Applicants are required to comply with El Dorado County Environmental Health Division regulations for Temporary Food Facilities (TFF) operating at Community Events. Please contact (530) 621-5300 to apply.

ESTIMATED NUMBER OF ATTENDANCE:	Attendees		Animals	
	Volunteers		Vehicles	

All animals attending event are required to comply with City, County and State regulations.
 Non-compliance may result in dismissal from event.

EVENT ENTERTAINMENT

How many vendors will your event host? _____	How many bands or entertainers will your event host? _____
Are you charging a vendor fee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will there be amplified sound? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is there an event entrance fee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you plan on erecting a portable stage? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will your event have a bands and/or other performances? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you planning to use generators for your event? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will your event require security? <i>If so, who will be your provider?</i> _____	Will you have event support for First Aide? <input type="checkbox"/> YES <input type="checkbox"/> NO
Will alcohol be served? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If so, will there be a charge?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

Are requesting the Police Department support? YES NO *If so, please describe request below*

Please attach an event site map of your event, including, but not limited to; vendors, event stage(s), activities, attractions, public walkways, first-aid/medical support, event equipment, restrooms, etc.

EVENT ACCESS

This a Private or Public event. Will event block sidewalk/rights-of-way? YES NO

Will your event require assigned parking? YES NO How many parking spaces total: _____

	Vendors	Attendees	Volunteers
<i>How many do you anticipate attending?</i>			

EVENT LIABILITY

Will you provide insurance yourself? <input type="checkbox"/> YES <input type="checkbox"/> NO	POTENTIALLY HAZARDOUS ACTIVITIES
<i>If so, who will be your provider?</i> _____	<input type="checkbox"/> Acrobatics, Stunts, etc.
Would you like to purchase the policy from the City? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Simulated Gun Fire
Are you planning to build temporary construction? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Stagecoach Street Use
Do you plan to have a First-Aid station? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Special Effects
If so, please indicate location: _____	<input type="checkbox"/> Other _____

FOR OFFICIAL USE ONLY

Deposit Date	Amount of Deposit	<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit	Received By:
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