

**CITY OF ESCALON
SPECIAL EVENT APPLICATION**

Applications must be received at City Hall no less than 60 days prior to the date of event

APPLICANT INFORMATION

Applicant/Responsible Party _____ CDL or ID# _____
Physical Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Primary Phone _____ Alternate Phone _____
2nd Contact Name _____ Phone _____

ORGANIZATION INFORMATION (If Applicable)

Organization Name _____ ☐ Non-Profit ☐ For Profit
Physical Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Phone _____ Federal or Tax ID # _____
Certificate/Documentation Submitted ☐ Non-Profit ☐ For Profit ☐ 501c(3) IRS

EVENT INFORMATION

Type of Event ☐ Block Party ☐ Festival ☐ Fun Run ☐ Parade ☐ Other _____

Event Title _____

Event Location _____

Date _____ Day of Week _____

Set Up Time _____ AM /PM to _____ AM /PM

Event Time _____ AM /PM to _____ AM /PM Total Event Hours

Parade Time _____ AM/PM

Clean Up Time _____ AM /PM to _____ AM /PM

Street Closure Time _____ AM /PM to _____ AM /PM

Streets to be Closed _____

Anticipated Attendance _____ Admission Charge ☐ Yes ☐ No \$ _____

Brief Description of Event _____

Event Name:

FOOD/BEVERAGE SERVICE (Not including alcohol)

Food Vendors need a special PERMIT from the Health Department (209) 468-3420

☐ Food Vendors ☐ Pre-Packaged Food ☐ Prepared on Site

For food prepared on site, what will the cooking methods be?

☐ Gas ☐ Electric ☐ Charcoal ☐ Other _____

☐ Beverage Sales (non-alcoholic) **No glass containers allowed**

ALCOHOL SERVICE

Will alcohol be served at this event? ☐ Yes ☐ No (if No, skip this section)

City must approve if consumption of alcohol will be allowed/served at event. State Alcohol Beverage Control (ABC) Permit required.

Name of Person and/or group applying for ABC permit: _____

ALCOHOL CHECKLIST (All items are required) Drink Limit per Person _____

How will the drink limit be controlled? _____

How will you prevent service to minors? _____

Your pricing policy must discourage over consumption. What is the price per drink? _____

CONDITION OF APPROVAL FROM THE CITY

All alcohol sales will stop at least one (1) hour prior to close of event. The Escalon Police Department must have a copy of the approved ABC alcohol license at least 72 hours prior to the event. Full Liquor Liability Insurance coverage is required and must be on file with the City of Escalon.

EVENT ACTIVITIES

Please check each activity that will occur during the event. List all other activities not already listed.

<input type="checkbox"/> Retail Sales	Type _____	
<input type="checkbox"/> Non-Profit Fundraising	<input type="checkbox"/> Carnival Games	<input type="checkbox"/> Car Show
<input type="checkbox"/> Dancing	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Recorded Music	<input type="checkbox"/> Other _____

Activities requiring physical activity must have a certificate of insurance from the company providing the activity.

<input type="checkbox"/> Inflatables	Company _____	Quantity _____
<input type="checkbox"/> Carnival Rides	Company _____	Quantity _____

Please check all equipment items you will be using during the event (Not supplied by the City of Escalon).

<input type="checkbox"/> Generators	Quantity _____	
<input type="checkbox"/> Pop-Up Tents	Quantity _____	(All pop up tents and canopies must be secured to the ground)
<input type="checkbox"/> Extension Cords	Quantity _____	(Use of extension cords may not cause a tripping hazard)
<input type="checkbox"/> Stages or platforms	_____	
<input type="checkbox"/> Other	_____	
<input type="checkbox"/> Other	_____	

Event Name: _____

ENVIRONMENTAL

The City does not provide portable toilets. One (1) portable toilet is required for every 50 people and at least one (1) must be ADA compliant. You must also provide hand washing facilities.

- ☐ Portable Toilets # ADA Compliant _____ # Regular _____
- ☐ Hand Washing Facilities Quantity _____

The City will require, but does not provide, large trash containers for most events. Gilton Solid Waste is the current trash collector in Escalon. They can be reached at (209) 527-3781 to arrange for large trash containers.

Please indicate how trash will be disposed of: _____

_____ # of Containers _____

Applicants are encourage to set up recycling receptacles at the event.

EVENT SECURITY & MEDICAL RESPONSE PLAN

Please describe in detail your security plan, including crowd control: _____

Please describe, in detail, your emergency/medical plan, including your communication procedure: _____

CITY OF ESCALON CO-SPONSORSHIP REQUEST

If you will be requesting City Co-Sponsorship for your event, you must attach a letter addressed to the City Council requesting co-sponsorship.

Will you be seeking City of Escalon Co-Sponsorship? ☐ Yes ☐ No

ADDITIONAL FEES MAY APPLY

THE CITY MAY REQUIRE CITY STAFF AT YOUR EVENT. IN THE EVENT THAT STAFF IS REQUIRED AS A CONDITION OF YOUR EVENT, AN HOURLY BREAKDOWN AND PROJECTED COST ESTIMATE WILL BE PROVIDED ON A SEPARATE WORKSHEET.

Please check all areas you are interested in having the City of Escalon help with: (based on availability)

- ☐ Public Works Staff how many? _____
- ☐ Street Barricades
- ☐ Temporary Electrical Power
- ☐ Access to Electrical
- ☐ Police Personnel _____
- ☐ Other _____

Event Name:

MAPS

*** If requesting street closure, the attached Business/Resident Notification form must be completed and turned in with this application.**

Please provide a site map on an additional piece of paper. Please include:

- ☐ Names of streets in the event area.
- ☐ All street or lane closures.
- ☐ The location of fences, barriers or barricades. (include dimensions for fenced in areas)
- ☐ Locations of First Aid Facilities.
- ☐ Location of all stages, platforms, booths, cooking areas, trash and/or recycling containers.
- ☐ Location of Generator and/or electricity source.
- ☐ Placement of vehicles or trailers used for the event.
- ☐ Placement of portable toilets/restroom facilities.

If a parade is included in your event, please attach a City map with the route highlighted.

MEETINGS

Preliminary Meeting Date _____ Time _____

Finalization Meeting Date _____ Time _____

Comments: _____

INSURANCE

The applicant/sponsoring organization agree to defend, protect, indemnify and hold the City of Escalon, its officers, employees and agents free and harmless from and against any and all claims, damages, expenses, loss or liability of any kind or nature whatsoever arising out of, or resulting from, the alleged willful or negligent acts or omissions of applicant, its officers, agents or employees, in connection with the licensed event or activity.

- Applicant must provide a \$2,000,000 General Liability Insurance Policy, including the name of the insured, the insurance carrier, the policy number, coverage limits and defective and expiration dates for the coverage. The standard proof of insurance is the ACORD certificate form.
- Certificate holder must be listed on the certificated as City of Escalon, 2060 McHenry Ave., Escalon CA 95320.
- An **Additional Endorsement** is required to reflect that the insurance policy has been amended to include the City of Escalon as insured. The Additional Endorsement must reference the policy number as it appears on the certificate. "The City of Escalon, its officials, agents, employees and volunteers" must be named as additionally insured on the Additional Endorsement.

Event Name:

ATTACHMENTS (Must be included for document submittal)

Please check all applicable.

ReceivedDateStaff

<input type="checkbox"/> Non-Profit/For Profit/501c(3) Documents	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Certificate of Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Inflatable Co. Business License	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Inflatable Co. Certificate of Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Carnival Rides Certificate of Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> ABC Permit	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Full Liquor Liability Insurance	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Letter to Businesses and Residences	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Main St. Closure Business Notification	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Building/Fire Permit	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other _____			

SIGNATURE

I certify that the information that I have provided in this application is true and accurate to the best of my knowledge. I am duly authorized as the Applicant/Responsible Party to submit this application and agree to be financially responsible for any fees and cost that may be incurred by or on behalf of the event in the City of Escalon. If the event details change, I agree to submit a revised application or provide additional information in writing at least 30 days prior to the event.

Name (please print): _____

Signature: _____

Date: _____ Driver's License # _____

Event Name:

City of Escalon
Facility Use & Special Event Permit

Assumption of Risk and Waiver of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The City of Escalon has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, City of Escalon cannot guarantee that you (nor any participants or spectators of the activities permitted under the Facility Agreement or Permit) will not become infected with COVID-19 through your accessing of City of Escalon facilities or participating in the activities permitted under the permit. Further, your accessing of City of Escalon facilities or participating in the activities permitted under the Facilities Agreement or Permit may increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of being exposed or infected by COVID-19, any and all loss, bodily injury, illness, death, or property damage caused by or arising from my accessing of City of Escalon facilities or participating in the activities permitted under the Agreement/Permit.

I hereby release, waive, and discharge, and hold harmless the City of Escalon, its employees, volunteers, agents, representatives, and partners from all liability, claims, actions, demands, damages, costs or expenses of any kind arising out of or relating to my accessing of City of Escalon facilities or participating in the activities permitted under the Agreement/Permit. I understand and agree that this release includes any liability, claims, actions, demands, damages, costs or expenses of any kind based on the actions, omissions, or negligence of the City of Escalon, its employees, agents, representatives, and partners whether a COVID-19 infection occurs before, during or after accessing City of Escalon facilities or participating in the activities permitted under the Agreement/Permit.

I have read and voluntarily sign this waiver, release of liability, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Printed Name of Facility User

Signature of Facility User

Date

Name of Organization (if applicable)

Office Use Only:

DEPARTMENTAL COMMENTS			
Police: _____			

Public Works: _____			

Fire: _____			

City Manager: _____			

<u>RETURN COMPLETED COPY OF THIS PAGE TO CITY HALL:</u>			
POLICE DEPARTMENT:	Approved	Denied	Signature: _____
PUBLIC WORKS:	Approved	Denied	Signature: _____
CITY MANAGER:	Approved	Denied	Signature: _____

Event Name:

Special Events

Main Street Closure Notification Sheet

If you are requesting the closure of Main Street for your event, you will need to notify the following businesses before submitting your application. Please contact the businesses at the following addresses and obtain their signature that they have been notified. Their signature indicates only that they have been notified.

Address	Business Name	Date Notified	Business Signature They Are Notified
1700 Main			
1702 Main			
1710 Main			
1714 Main			
1718 Main			
1724 Main			
1725 Main			
1730 Main			
1734 Main			
1740 Main			
1744 Main			
1746 Main			
1748 Main			
1750 Main			
1754 Main			
1756 Main			
1758 Main			
1760 Main			
1764 Main			
1802 Main			
1826 Main			
1834 Main			
1840 Main			
1854 Main			
1906 Main			

* If address is vacant, write VACANT in the Business Name column.

[illegible]

* If house is vacant/unoccupied write vacant in the Name column