

City of National City ■ Neighborhood Services Department 1243 National City Boulevard ■ National City, CA 91950 (619) 336-4364 ■ fax (619) 336-4217 www.nationalcityca.gov

Special Event Application

Type of Event				
☐ Fair/Festival	☐ Parade/March	☐ Walk or Run	☐ Concert/Per	formance
☐ TUP	☐ Sporting Event	Other (specify)		
Event Name & L	ocation			
Event Title				
Event Location (list	all sites being requeste	ed)		
Event Times				
Set-Up Starts Date	Time	Day of Week		<u> </u>
Event Starts Date	Time	Day of Wee	k	<u> </u>
Event Ends Date	Time	Day of Week	.	
Breakdown Ends Date	Time	Day of Week	ζ	
Applicant Inform	nation			
Applicant (Your nan	ne)	Sponsoring	g Organization _	
Event Coordinator (if different from applica	nt)		
Mailing Address				
Day Phone	After Hours	Phone	Cell	Fax
Public Information F	Phone	E-mail		
from and against any attorney's fees) and consustain or be subjected to or death of any peach party hereto) arisunder this agreement. Applicant understands City's Finance Depart	and all loss, damage, liab causes of action of any ched to on account of loss opersons (including but no sing out of or in any way to the extent permitted by a this TUP/special event nument 48 hours prior to the rapplication processing a	ility, claims, demands, of paracter which the City, or damage to property of limited to the emplo connected to the occup relaw. The limited to the occup relaw. The uncomment of the control of t	detriments, costs, course its officers, employ or the loss of use to expees, subcontracted ancy, enjoyment and ity services, which dersigned also under its officers.	
Signature of Applica	ant:			Date

Special Event Application (continued)Please complete the following sections with as much detail as possible since fees and requirements are based on the information you provide us.

Fees/Proceeds/Reporting
Is your organization a "Tax Exempt, nonprofit" organization? Yes \square No \square
Are admission, entry, vendor or participant fees required? Yes No
If YES, please explain the purpose and provide amount (s):
\$_Estimated Gross Receipts including ticket, product and sponsorship sales from this event.
\$Estimated Expenses for this event.
\$What is the projected amount of revenue that the Nonprofit Organization will receive as a result of this event?
Description of Event
☐ First time event ☐ Returning Event ☐ include site map with application
Note that this description may be published in our City Public Special Events Calendar:
Estimated Attendance
Anticipated # of Participants: Anticipated # of Spectators:

Traffic Control, Security, First Aid and Accessibility

Requesting to close street(s) to vehicular traffic? Yes \Box No \Box
List any streets requiring closure as a result of the event (provide map):
Date and time of street closure:Date and time of street reopening:
Requesting to post "no parking" notices? Yes No
☐ Requested "No Parking" on city streets and/or parking lots (list streets/parking lots) (provide map):
☐ Other (explain)
Security and Crowd Control
Depending on the number of participants, your event may require Police services.
Please describe your procedures for both Crowd Control and Internal Security:
Have you hired Professional Security to handle security arrangements for this event? Yes No If YES, name and address of Security Organization
Tes
Security Director (Name):Phone:
If using the services of a professional security firm and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission.
Is this a night event? Yes No If YES, please state how the event and surrounding area will be illuminated to ensure safety of the participants and spectators:

First Aid
Depending on the number of participants, your event may require specific First Aid services. First aid station to be staffed by event staff? Yes \square No \square First aid/CPR certified? Yes \square No \square
☐ First aid station to be staffed by professional company. ▶ Company
If using the services of a professional medical organization/company and the event will occur on City property, please provide a copy of its insurance certificate, evidencing liability with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate, as well as and additional insured endorsement naming the City of National City, its officers, employees, and agents as additional insureds. Evidence of insurance must be provided by the vendor or its insurer to the Neighborhood Services Department at the time of submission.
Accessibility Please describe your Accessibility Plan for access at your event by individuals with disabilities:
Elements of your Event
Setting up a stage? Yes □ No □
Requesting City's PA system
☐ Requesting City Stage; if yes, which size? ☐ Dimensions (13x28) ☐ Dimensions (20x28)
☐ Applicant providing own stage ►(Dimensions)
Setting up canopies or tents?
of canopies size
of tents size

 \square No canopies/tents being set up

Setting up	tables and chairs	'		
☐ Furnishe	ed by Applicant or C	ontr	actor	
	_# of tables		No tables being set up	
	_ # of chairs		No chairs being set up	
☐ (For City	Use Only) Sponso	red	Events – Does not apply to co-sponso	ored events
	_# of tables		No tables being set up	
	_# of chairs		No chairs being set up	
Contractor	Name			
Contractor	Contact Information	1 Addre	ss City/State	Phone Number
Setting up	other equipment?	•		
☐ Sporting	g Equipment (explai	n) _		
☐ Other (e	explain)			
☐ Not sett	ing up any equipme	nt lis	ted above at event	
Having am	plified sound and/	or n	usic? Yes ☐ No ☐	
☐ PA Sys	tem for announcem	ents	☐ CD player or DJ music	
☐ Live Mu	usic ▶ ☐ Sma	4-5	piece live band ► ☐ Large 6+	piece live band
Other (explain)			
If using live	music or a DJ.	Con	ractor Name	
▶	A -1-1		Citv/State	Phone Number
	Addres	5	City/State	Priorie Nutriber

Using lighting equipment at your event? Yes L No L				
☐ Bringing in own lighting ed	quipment			
☐ Using professional lighting company ► Company Name				
Addison	01/10/11	Discount when		
Address	City/State	Phone Number		
Using electrical power? Ye	s ⊔ No⊔	☐ Using Kimball Park Bowl Lighting (fromto)		
☐ Using on-site electricity	☐ For sound and/or lighting	☐ For food and/or refrigeration		
☐ Bringing in generator(s)	☐ For sound and/or lighting	☐ For food and/or refrigeration		
Vendor Information				
PLEASE NOTE: You may be required to apply for a temporary health permit if food or beverages are sold of given away during your special event. Also see 'Permits and Compliance' on page 8 in the Special Event Guide. For additional information on obtaining a temporary health permit, please contact the County of San Diego Environmental Health at (619) 338-2363.				
Having food and non-alcoh	nolic beverages at your event?	res □ No□		
	n-site ▶ #▶ Business L	icense #		
If yes, please describe ho	ow food will be served and/or prep	ared:		
	in the event area please specify th IC ☐ CHARCOAL ☐ OTHEF	e method: R (Specify):		
☐ Vendors bringing pre-packaged food ▶ #▶ Business License #				
☐ Vendors bringing bottled,	non-alcoholic beverages (i.e., bott	led water, can soda, etc.) ▶ #		
☐ Vendors selling food #▶ Business License #(s)				
☐ Vendors selling merchandise # ► Business License #(s)				
☐ Food/beverages to be handled by organization; no outside vendors				
☐ Vendors selling services # ► Business License #(s)				
► Explain services		<u> </u>		
☐ Vendors passing out inform	mation only (no business license n	eeded) #		
► Explain type(s) of infor	mation			
☐ No selling or informational	vendors at event			

Having children activities? Yes ☐ No ☐			
PLEASE NOTE: In the event inflatable jumps are provided at the event, The City of National City requires commercial liability insurance with limits of at least \$1 Million dollars per occurrence/\$2 Million dollars aggregate. In addition, the City of National City must be named as an Additional Insured pursuant to a separate endorsement, which shall be provided by the vendor or its insurer to the City's Risk Manager, along with the Certificate of Insurance, for approval prior to the event. The application should be filed out at least one week prior to the event. For questions or to obtain a copy of the "Facility Use Application", please contact the Engineering/Public Works Department at (619) 336-4580.			
☐ Inflatable bouncer house # ☐ Rock climbing wall Height			
☐ Inflatable bouncer slide # ☐ Arts & crafts (i.e., craft making, face painting, etc.)			
☐ Carnival Rides ☐ Other			
Having fireworks or aerial display? Yes ☐ No ☐			
☐ Vendor name and license #			
☐ Vendor name and license #			
DimensionsDuration			
Dimensions			
Dimensions Duration			

Event Signage

PLEASE NOTE: For City sponsored or co-sponsored events, banners publicizing the event may be placed on the existing poles on the 1800 block and 3100 block of National City Boulevard. The banners must be made to the City's specifications. Please refer to the City's Special Event Guidebook and Fee Schedule for additional information.

Are you planning to have signage at your event	? Yes □ No □
☐ Yes, we will post signage #	Dimensions
☐ Yes, having inflatable signage #	_▶ (complete Inflatable Signage Request form)
Yes, we will have banners #	
☐ What will signs/banners say?	
☐ How will signs/banners be anchored or mou	inted?
Location of banners/signage	
Waste Management	
PLEASE NOTE: One toilet for every 250 peopl are <u>sufficient</u> facilities in the immediate area available.	e is required, unless the applicant can show that there ailable to the public during the event.
Are you planning to provide portable restrooms	s at the event? Yes 🗆 No 🗆
If yes, please identify the following:	
► Total number of portable toilets:	
► Total number of ADA accessible portable	e toilets:
☐ Contracting with portable toilet vendor. ►	
► Load-in Day & Time	Company Phone ▶ Load-out Day & Time
☐ Portable toilets to be serviced. ► Time	
Set-up, Breakdown, Clean-up	
Setting up the day before the event?	
Yes, will set up the day before the event.	► # of set-up day(s)
☐ No, set-up will occur on the event day	
Requesting vehicle access onto the turf?	
Yes, requesting access onto turf for set-up a Request form)	and breakdown (complete attached Vehicle Access
No vehicles will load/unload from nearby str	reet or narking lot

NPDES-Litter Fence
☐ City to install litter fence
☐ Applicant to install litter fence
□ N/A
Breaking down set-up the day after the event?
☐ Yes, breakdown will be the day after the event. ► # of breakdown day(s)
☐ No, breakdown will occur on the event day.
How are you handling clean-up?
☐ Using City crews
Using volunteer clean-up crew during and after event.
☐ Using professional cleaning company during and after event.
Miscellaneous
Please list anything important about your event not already asked on this application:

Please make a copy of this application for your records. We do not provide copies.



Special Events

Pre-Event Storm Water Compliance Checklist

I. Special Event Information			
Name of Special Events			
Name of Special Event:			
Event Address:Expected # of Atte	endees:		
Event Host/Coordinator: Phone N	lumber:		
II. Storm Water Best Management Practices (BMPs) R	eview		
	YES	NO	N/A
Will enough trash cans provided for the event?			
Provide number of trash bins:			
Will enough recycling bins provided for the event?			
Provide number of recycle bins:			
Will all portable toilets have secondary containment trays? (exceptions			
for ADA compliant portable toilets)			
Do all storm drains have screens to temporarily protect trash and debris from entering?			
Are spill cleanup kits readily available at designated spots?			

^{*} A Post-Event Storm Water Compliance Checklist will be completed by City Staff.

City of National City

PUBLIC PROPERTY USE HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

Persons requesting use of City property, facilities or personnel are required to provide a minimum of \$1,000,000 combined single limit insurance for bodily injury and property damage which includes the City, its officials, agents and employees named as additional insured and to sign the Hold Harmless Agreement. Certificate of insurance must be attached to this permit. The insurance company issuing the insurance policy must have a A.M. Best's Guide Rating of A:VII and that the insurance company is a California admitted company; if not, then the insurance policy to the issuance of the permit for the event. The Certificate Holder must reflect:

City of National City Risk Management Department 1243 National City Boulevard National City, CA 91950

Organization:

			_	
Person in Charge of A	ctivity:		-	
Address:				
) of Use:		
Ŀ	OLD HARMLE	SS AGREEMENT		
As a condition of the issuance of a temporary use permit to conduct its activities on public or private property, the undersigned hereby agree(s) to defend, indemnify and nold harmless the City of National City and the Parking Authority and its officers, employees and agents from and against any and all claims, demands, costs, losses, iability or, for any personal injury, death or property damage, or both, or any litigation and other liability, including attorney's fees and the costs of litigation, arising out of or related to the use of public property or the activity taken under the permit by the permittee or its agents, employees or contractors.				
Signature of Applica	nt:		_	
Official Title:		Date:	_	
For Office Use Only				
Certificate of Insura	ance Approved	Date		