



**SEASIDE**  
**CALIFORNIA**

## **Special Event Application**

986 Hilby Avenue, Seaside CA 93955  
831-899-6800 | FAX: 831-718-8603

**Date: July 10, 2019**

**Dear Event Sponsor:**

**Welcome to the City of Seaside.** The following pages include the City of Seaside's Special Events Application and accompanying instructions developed to guide you through the application process.

Effective February 6, 2014 a \$90.00 permit fee was approved by the Seaside City Council. Please enclose a check made out to the City of Seaside with your completed application. Once the completed form is received it will be distributed to all City departments and agencies affected by your event. You will then be notified of the status of your request. On behalf of the City of Seaside we thank you for contributing to the spirit and vitality of our City through the staging of your event.

**Best wishes for a successful event!**

Terry Navarro  
City of Seaside  
986 Hilby Avenue  
Seaside, CA 93955  
(831) 899-6805  
(831) 718-8603  
Email: [tnavarro@ci.seaside.ca.us](mailto:tnavarro@ci.seaside.ca.us)



# SEASIDE CALIFORNIA

## Special Event Application

986 Hilby Avenue, Seaside CA 93955  
831-899-6800 | FAX: 831-718-8603

### CONTACT INFORMATION:

Organization: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Day of Event Contact Name and Phone: \_\_\_\_\_

### EVENT INFORMATION:

Event Title: \_\_\_\_\_

Event Category:

- Athletic / Recreation
- Celebration / Festival
- Carnival
- Concert / Performance
- Parade / March / Procession
- Other: \_\_\_\_\_
- Circus
- Dance

Event Time:

Setup Date & Time: \_\_\_\_\_ Event Start Date & Time: \_\_\_\_\_

Event End Date & Time: \_\_\_\_\_ Clean up Date & Time: \_\_\_\_\_

Event Location: \_\_\_\_\_

### EVENT DESCRIPTION:

*Please provide detailed description of your event. Include details regarding any components of your event such as the use of vehicles, animals, rides, sanitation provisions or any other pertinent information about the event. **Please attach map.***

---



---



---



---

Number of Participants: \_\_\_\_\_ Event Benefiting: \_\_\_\_\_

Federal ID # (if applicable): \_\_\_\_\_

- 501 C(3)
- 501 C(6)
- Commercial-For Profit
- Other: \_\_\_\_\_

Will admission be charged?  Yes, tickets cost: \_\_\_\_\_  No



# SEASIDE CALIFORNIA Special Event Application

986 Hilby Avenue, Seaside CA 93955  
831-899-6800 | FAX: 831-718-8603

Is the event open to the public?  Yes  No

If no, how will the event be restricted? Indicate plan on detailed schematics:

---



---

How will the event be advertised and promoted? \_\_\_\_\_

---

Signs posted: \_\_\_\_\_

---

Special equipment to be used for proposed event: *(List all electrical needs you may require)*

- |                                       |                                       |  |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> P.A. System  | <input type="checkbox"/> Generator(s) | <input type="checkbox"/> Amplified sound / music |
| <input type="checkbox"/> Booths       | <input type="checkbox"/> Bleachers    | <input type="checkbox"/> Cooking fuel            |
| <input type="checkbox"/> Tents        | <input type="checkbox"/> Banners      | <input type="checkbox"/> Barricades              |
| <input type="checkbox"/> Other: _____ |                                       |  |

---

Will the event include music or live performances?  Yes  No

Will film, video, or photography be involved with the production of event?  Yes  No

Do you intend to sell food or beverage?  Yes  No

*(If yes, please attach Health Department Food Vendor Certificate)*

Do you intend to sell other merchandise?  Yes  No

Number of Vendors? \_\_\_\_\_ *(For-profit vendors must have business license on file with the City)*

Vendor Name

Vendor Address

---



---



---

Describe Merchandise

---



---



---

Will alcohol be served?  Yes  No

Will alcohol be sold? *(If yes, please attach ABC license)*  Yes  No

Parking arrangements: \_\_\_\_\_

---



**SEASIDE CALIFORNIA** **Special Event Application**  
 986 Hilby Avenue, Seaside CA 93955  
 831-899-6800 | FAX: 831-718-8603

Safety / Security / Accessibility *(please describe your procedures for crowd control and internal security):*

---



---

Security Organization *(if required - please attach security contract):*

---

What City services do you anticipate you will need? *(i.e. Police, Fire, Public Works, etc.)*

---



---

Method of trash collection/disposal and provision for additional sanitary facilities:

---



---

Other pertinent information or special requests: \_\_\_\_\_

---



---



---

**APPLICANT AGREEMENT**

All applicable fees must be paid 30 days prior to event date. No permit revisions will be accepted less than 14 days prior to the event date. The City of Seaside retains the right to terminate the event at any time should a responsible city official determine any activity related to the event is a threat to public safety and/or property. I (we) agree to abide by all laws, rules and regulations which may apply to this area. I (we) accept specific responsibility for other members of my group and for any damage done to city property and/or facilities, and agree to clean and restore the site to the condition in which it was found prior to the holding of the specific event. I certify under penalty of perjury that all the preceding information is true to the best of my knowledge. **Completed and signed special event form must be submitted to Recreation and Community Activities Director within seven working days of receipt of form.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SEASIDE CALIFORNIA Special Event Application

986 Hilby Avenue, Seaside CA 93955  
831-899-6800 | FAX: 831-718-8603

**APPLICATION MUST INCLUDE:** Detailed schematic of event location indicating specific activity sites. For non-profit organizations, a copy of non-profit status must be submitted.

**Attach to application and mail to:**

**City of Seaside Recreation Services**  
**Attn: Terry Navarro**  
**986 Hilby Avenue**  
**Seaside, CA 93955**

**Phone: 831-899-6805**  
**FAX: 831-718-8603**  
**Email: *tnavarro@ci.seaside.ca.us***

### SPECIFIC EVENT CONDITIONS OF APPROVAL

- ✓ Event organizers must clean up any event-related trash.
- ✓ All event noise or sound must be kept to a minimum, particularly before 9:00 a.m. and must not create an annoyance to co-existing events.
- ✓ Permittee is responsible for the actions of all vendors and participants during the event.
- ✓ No activities are permitted onsite that are not included on your permit application.
- ✓ All City ordinances will be strictly enforced (alcohol, dogs, etc.).
- ✓ Permit must be kept on location at all times.

Failure to comply with the above conditions may result in immediate closure of the event and a ban on future events by the organizer in the City of Seaside.

### PROVISIONS

Permittee waives all claims against the City, its officers, agents and employees, for loss or damage caused by, arising out of, or in any way connected with, the exercise of this permit and permittee agrees to save harmless, indemnify and defend City, its officers, agents and employees, from any and all loss, damage or liability which may be suffered or incurred by City, its officers, agents and employees caused by, arising out of or in any way connected with exercise by permittee of the rights hereby granted, except those arising out of the sole negligence of the City.

City shall have the privilege of inspecting the premises covered by this permit any and all time. This permit shall not be assigned. City may terminate this permit at any time if permittee fails to perform and covenant herein contained at the time and in the manner herein provided. City agrees it will not unreasonably exercise this right of termination.

The parties hereto agree that the permittee, its officers, agents and employees, in the performance of this permit shall act in an independent capacity and not as officers, employees or agents of the City. No alteration or variation of the terms of this permit shall be valid unless made in writing and signed by the parties hereto.

Permittee will not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, sexual orientation, age national origin or physical handicaps. Permittee agrees to comply with the terms and conditions contained herein and all rules and regulation of the City subject to this permit.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SEASIDE CALIFORNIA Special Event Application

986 Hilby Avenue, Seaside CA 93955  
831-899-6800 | FAX: 831-718-8603

## INDEMNIFICATION, DEFENSE, HOLD HARMLESS

Applications must furnish the city with a certificate of insurance in an amount no less than \$1 million naming the City of Seaside as an additional insured. The amount of insurance is subject to increase at the discretion of the Finance Director who is the Risk Manager, depending upon the nature of the event. Such insurance must be primary to any city insurance and the city must have at least ten days' notice of cancellation.

For final event approval, you will need commercial general liability insurance that names "the City of Seaside, its officers, employees and agents" as an additional insured and any other public entities impacted by this event. Insurance coverage must be maintained for the duration of the event. To determine the amount of insurance coverage necessary, please contact Risk Manager. Please obtain the required insurance and mail an original insurance certificate to City of Seaside, Recreation and Community Activities Department, P.O. Box 810, Seaside, CA 93955.

Insurance Agency: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**PERMIT HOLDER** hereby agrees to protect, defend, indemnify and hold and save harmless **CITY**, its officers, and employees against any and all liability, claims, judgements, costs and demands, however caused, including those resulting from death or injury to **PERMIT HOLDER'S** employees and damage to **PERMIT HOLDER'S** property, arising directly or indirectly out of the obligations or operations herein undertaken by **PERMIT HOLDER**, including those arising from the passive concurrent negligence of **CITY** but save and except those which arise out of the active concurrent negligence, sole negligence, or the sole willful misconduct of **CITY PERMIT HOLDER** will conduct all defense at its sole cost and expense. **CITY** shall be reimbursed by **PERMIT HOLDER** for all costs or attorney's fees incurred by **CITY** in enforcing this obligation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I hereby certify that I am the **LEGAL OWNER OF RECORD OF THE PROPERTY** identified in this application and that I approve of the requested action herein. I further certify that all data, information, plans and evidence submitted as part of this application is true and correct to the best of my knowledge.

Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**(For Office Use Only)**

**Authorization**

- |   |  |
|---|--|
| <input type="checkbox"/> Building _____ | <input type="checkbox"/> Recreation _____    |
| <input type="checkbox"/> Planning _____ | <input type="checkbox"/> Redevelopment _____ |
| <input type="checkbox"/> Police _____   | <input type="checkbox"/> Public Works _____  |
| <input type="checkbox"/> Fire _____     | <input type="checkbox"/> County Health _____ |
| <input type="checkbox"/> Finance _____  |  |

Comments: \_\_\_\_\_