

CITY OF SANTA ANA SPECIAL EVENTS OFFICE

20 Civic Center Plaza, Santa Ana, CA 92701 Office (714) 571-4227; specialevents@santa-ana.org

EVENT PERMIT APPLICATION

For MINOR events (up to 100 attendees) and MODERATE events (between 100 and 1,000 attendees), applications and event site plans are required forty five (45) business days to six (6) months prior to the first event date. For MAJOR events (over 1,001 attendees), applications and event site plans are required between ninety (90) business days to one (1) year prior to the first event date. <u>Late or incomplete applications will not be accepted</u>. Please email your application and all supplemental documents (i.e. site plan, traffic plan, parade route, etc.) to <u>specialevents@santa-ana.org</u>.

SELECT THE TYPE OF PERMIT OR LICENSE YOU ARE APPLYING FOR (PLEASE SELECT ALL THAT APPLY)						
	SANTA ANA POLI	CE DI	EPARTMENT			
☐ Special Event Permit ☐ Land Use Certificate					ertificate	
	PARKS, RECREATION AND CO	MMU	NITY SERVICES AGE	NC	Y	
[☐ Parks Facility Permit ☐ Film Permit					
SECTIO	N 1: PRIMARY APPLICANT INFORMAT	ION				
Business	or Organization Name:					
Full Name	e:					
Title:		Pref	erred Pronoun(s):			
Business or Organization Address:					Suite #:	
City:		State	State:		Zip Code:	
Office Nu	mber:	Mobile Number:				
Email Add	dress:	I				
Do you ha	ave a current Santa Ana Business License or	file?	No Yes			
If you are	a non-profit organization, please provide you	ır 9 diç	git EIN number: -			
SECTIO	N 2: VENUE INFORMATION					
PLEASE	CHECK THE TYPE OF LOCATION YOU AF	RE RE	QUESTING (CHECK A	\LL	. THAT APPLY):	
	• "	_	· - · -			
	Alley		Private Property - Residence			
	☐ Civic Center ☐ Private Property – Commercial Busines			nercial Business		
	City Park	Spurgeon Promenade				
	Dan Young Soccer Complex		Second Street Promenade			
	☐ Santa Ana Stadium ☐ Sidewalk					
	☐ Godinez Performing Arts Facility ☐ Street/Right of Way					
	Plaza Calle Cuatro		Other:			

VENUE NAME #1:						
Venue Addre	ess:					Suite #:
City:			State	e:		Zip Code:
Venue Owne	er and Phone I	Number (if applicable):				
If privately ov	wned, do you	have a signed location agre	ement	? Y	N	
VENUE NAM	ЛЕ #2:					
Venue Addre	ess:					Suite #:
City:			State	e:		Zip Code:
Venue Owne	er and Phone I	Number (if applicable):				
If privately ov	wned, do you	have a signed location agre	ement	? Y	N	
For any addi	tional venues,	please list on a separate at	tachm	ient.		
SECTION 3	: EVENT IN	FORMATION				
PLEASE CH	ECK THE TY	PE OF EVENT YOU ARE H	IAVIN	G (CHECK ALI	- THAT	APPLY):
☐ Car ☐ Carr ☐ Com ☐ Com ☐ Faire	etic or sporting Show or displanival Dimunity outrea	ay ach r holiday celebration		Film/Photogra	phy Pro l activity ssion/M r fundra	
Title of Event:						
Event Website (if applicable):						
Event Date(s	s):					
SETUP Star	t Time:	EVENT Start Time:	EVE	NT End Time:		CLEAN UP End Time:
Expected Attendance at one time (please list the following):						
Number of Personnel/Staff: Number of Volunteers:						
Number of Guests/Spectators: TOTAL EXPECTED ATTENDANCE:						
Onsite Conta	Onsite Contact Person*: Title:					
Phone Number:			En	nail:		

^{*}On-site contact must be present during event at all times

PLEASE PROVIDE A DETAILED DESCRIPTION OF YOUR EVENT INCLUDING ALL ACTIVITIES:			
For additional space, please attach a se			
PLEASE CHECK THE ELEMENTS THAT APPLY TO	YOUR EVENT (CHECK ALL THAT APPLY):		
Alcoholic beverages consumed/served/sold** Amplified sound Canopies Car show or display Catering services Drive Thru/Drive In Drones Fencing/Enclosure** Food trucks or pushcarts Food/Beverage distribution Fundraiser/Donations/Opportunity Drawing Game booths Generators (gas or diesel) Live animals** Live music or performance March/Procession/Parade Mechanical rides** Onsite cooking Oversized or specialized equipment Temporary structures Other:	Trailers or RVs Portable restrooms Registration or paid admission (ticketed event) Run/Marathon activities Security personnel Street closure (includes alleys and sidewalks) Transportation/Shuttle services Vendors/Exhibitors Waste management equipment/services Exclusive to film permits only: Picture cars Pyrotechnics or stunts Simulated blood or violence Simulated emergency personnel or vehicles Simulated weapons Special Effects Loud noises Other:		
Otrier.	**Not allowed at City parks		
Please describe your waste management plan in detain number of cleaning personnel, areas/duration of services.	• • • • • • • • • • • • • • • • • • • •		

FOR PARADES ONLY, PLEASE COMPLETE THE FO	DLLOWING:
Starting Location:	Ending Location:
Maximum length of parade (in feet):	Number of Vehicles/cars/floats:
Speeds to be maintained by vehicles in the parade:	MIN MAX
Maximum interval of space to be maintained between u	nits of the parade (i.e. feet):
Please provide a brief description of your parade route, incareas of assembly and disassembly. A parade route/map	
SECTION 4: PARKING INFORMATION	
Will you be utilizing public or private parking? Check all	that apply. PUBLIC PRIVATE BOTH
Will you require reserved meter parking?(Costs will app	oly) Y N
If yes, please indicate the exact location, meter number	s and date/time(s) you would need them reserved:
Will you require reserved spaces in a City public parking	g structure? Y N
If yes, please list the name of the parking structure, add	ress and amount of spaces:
Do you have any oversized vehicles or equipment?	Y N
If yes, please list each vehicle, their specifications and v	where it will be parked:
SECTION 5: PUBLIC SAFETY	
Will you be utilizing police officers and/or security for you	ur event? Y N N/A
If yes, please describe what type of safety personnel wi	ll be utilized and their role/assignment:
Hired security companies must be pre-approved by the Santa Ana Police De event producer. For police overtime estimates, contact policeplancheck@s	

SECTION 6: STREET CLOSURE	S				
Will your event require the use of a street, alley, promenade or sidewalk?			Υ	Ν	
Will your event require a full or partial closure of this location and limit the public right of way?			Υ	Ν	
Location #1	Full Clos	ure?	Υ	Ν	
Between Street #1:	Partial C	osure?	Υ	Ν	
Between Street #2:	Require	police traffic control?	Υ	N	
Location #2	Full Clos	ure?	Υ	Ν	
Between Street #1:	Partial C	osure?	Υ	Ν	
Between Street #2:	Require	police traffic control?	Υ	Ν	
If requesting a modified or full closure, do you have a professional traffic control company who will provide a traffic control plan? Y N If yes, please indicate the name of the company and address below: All traffic control plans must be reviewed and approved by the City's Public Works Agency. Any recommended modifications made by the City must be updated on the plan and resubmitted for final approval. Please submit your traffic control plan along with your event permit application. If your closure requires the use of water filled k-rail, does your hired traffic control company have a water truck to fill the water filled k-rails? Y N N/A Do you have an alternative method of filling the water filled k-rails: Yes, please describe the alternative method of filling the k-rails:					
Traffic Control Company Name:					
Traffic Control Company Address:					
City:	State:	Zip:			
Traffic Control Company Contact:	Contact Pho	one:			
Event Crew Leader:	Crew Leade	er Phone:			

Please note that if any of the streets within the limits or boundary of the event are not classified as residential streets, water filled k-rails will be required to safely close the street.

80% of all businesses and/or residential property owners or lessees we their consent for a special event. All signatures must be wet signature Event: Date: Location:		
		. Dealine
Location:	Ассер	L Danka
Location.	Ассер	D. alia
Owner's Full Name: Address:		Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accep	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accep	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accep	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accep	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accep	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accept	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accept	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accept	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accept	Decline
Owner's Signature: Phone Number:		
Owner's Full Name: Address:	Accept	Decline
Owner's Signature: Phone Number:		

If you need more space, please duplicate this page and submit as a separate document.

SECTION 9: AGREEMENT

Permittee shall indemnify, defend, and hold harmless the City of Santa Ana, its officers, agents, volunteers and employees from and against all suits or actions and from any loss, damage, liability, cost or expense, including reasonable attorney fees, for personal injury, damages, just compensation, restitution, judicial or equitable relief arising out of claims for personal injury, including death, and claims for property damage, which may arise from the direct or indirect operations of the Permittee or its contractors, subcontractors, agents, employees, or other persons acting on their behalf which relates to the permission granted by this permit.

Prior to undertaking performance of work under this Permit, PERMITTEE shall maintain commercial general liability insurance naming the City of Santa Ana, its officers, employees, agents, volunteers and representatives as additional insured(s) and shall include, but not be limited to protection against claims arising from bodily and personal injury, including death resulting therefrom and damage to property, resulting from any act or occurrence arising out of PERMITEE'S operations in the performance of this Agreement, including, without limitation, acts involving vehicles. Risk Management will review each application and determine the amount of insurance that will be required. Insurance requirements are likely to be in the vicinity of \$1,000,000 to \$5,000,000 per occurrence. The City reserves the right to modify these requirements based on the nature of the risk, prior events, insurance coverage, or other special circumstances. PERMITTEE shall supply City with a fully executed additional insured policy endorsement. This insurance is primary and non-contributing with any other valid and collectible insurance or self-insurance available to the City.

I have read and fully und application are true.	nave read and fully understand the above requirements and hold that all answers on my oplication are true.					
Print Name	Signature	 Date				
FOR OFFICE USE ONLY						

Reviewed by:	Santa Ana Police	Reservations Admin/Athletics	Pa	rks Facility/Film
FEE TYPE		DESCRIPTION		TOTAL FEES
Security Deposit				\$
Permit Fee(s)				\$
Police Overtime Fees				\$
Meter Parking Fees				\$
Other				\$
Other				\$
Other				\$
			TOTAL	\$