

## CITY OF SANTA ANA SPECIAL EVENTS OFFICE

20 Civic Center Plaza, Santa Ana, CA 92701 Office (714) 571-4227; <a href="mailto:specialevents@santa-ana.org">specialevents@santa-ana.org</a>

## **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					
	PARKS, RECREATION AND CO	MMU	NITY SERVICES AGE	NC	Υ	
[	☐ Parks Facility Permit		☐ Film Perm	nit		
SECTION	N 1: PRIMARY APPLICANT INFORMAT	ION				
Business	or Organization Name:					
Full Name	e:					
Title:		Prefe	erred Pronoun(s):			
Business o	or Organization Address:				Suite #:	
City:		State	ite:		Zip Code:	
Office Number:			Mobile Number:			
Email Add	dress:					
Do you have a current Santa Ana Business License on file? No Yes						
If you are	a non-profit organization, please provide you	ır 9 dig	git EIN number: -			
SECTION	N 2: VENUE INFORMATION					
PLEASE	CHECK THE TYPE OF LOCATION YOU AR	RE RE	QUESTING (CHECK A	LL	THAT APPLY):	
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	Alley		Private Property - Residence			
	Civic Center	☐ Private Property – Commercial 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	Address:					Suite #:
City:			Stat	e:		Zip Code:
Venue	Owner and Phone I	Number (if applicable):				
If priva	tely owned, do you	have a signed location agre	eemen	t? Y	N	
VENUI	E NAME #2:					
Venue	Address:					Suite #:
City:			Stat	e:		Zip Code:
Venue	Owner and Phone I	Number (if applicable):				
If priva	tely owned, do you	have a signed location agre	eemen	t? Y	N	
For any	y additional venues,	please list on a separate a	ittachn	nent.		
SECT	ION 3: EVENT IN	FORMATION				
PLEAS	SE CHECK THE TY	PE OF EVENT YOU ARE	HAVIN	G (CHECK	ALL THA	Γ APPLY):
☐ Art show ☐ Athletic or sporting event ☐ Car Show or display ☐ Carnival ☐ Community outreach ☐ Community and/or holiday celebration ☐ Faire or festival ☐ Live musical event			Movie Night Film/Photography Production (Commercial) Film/Photography Production (Student) Neighborhood activity (i.e. Block party) Parade/Procession/March Promotional or fundraising activity Sidewalk Sale Other:			
Title of Event:						
Event \	Website (if applicabl	e):				
Event Date(s):						
SETUP Start Time: EVENT Start Time:		EVE	EVENT End Time:		CLEAN UP End Time:	
Expected Attendance at one time (please list the following):						
Number of Personnel/Staff: Number of Volunteers:						
Numbe	Number of Guests/Spectators: TOTAL EXPECTED ATTENDANCE:					
Onsite Contact Person*: Title:						
Phone Number:			Eı	mail:		

<sup>\*</sup>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	eparate document to this application.			
PLEASE CHECK THE ELEMENTS THAT APPLY TO	YOUR EVENT (CHECK ALL THAT APPLY):			
Alcoholic beverages consumed/served/sold**	Trailers or RVs			
Amplified sound	Portable restrooms			
Canopies	Registration or paid admission (ticketed event)			
Car show or display	Run/Marathon activities			
Catering services	Security personnel			
Drive Thru/Drive In	Street closure (includes alleys and sidewalks)			
Drones	Transportation/Shuttle services			
Fencing/Enclosure**	Vendors/Exhibitors			
Food trucks or pushcarts	Waste management equipment/services			
Food/Beverage distribution				
Fundraiser/Donations/Opportunity Drawing	Exclusive to film permits only:			
Game booths	Picture cars			
Generators (gas or diesel)	Pyrotechnics or stunts			
Live animals**	Simulated blood or violence			
Live music or performance	Simulated emergency personnel or vehicles			
March/Procession/Parade	Simulated weapons			
Mechanical rides**	Special Effects			
Onsite cooking	Loud noises			
Oversized or specialized equipment	Other:			
Temporary structures				
Other:	**Not allowed at City parks			
Please describe your waste management plan in detail; include number and type of receptacles,				
number of cleaning personnel, areas/duration of service and assignments.				
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FOR PARADES ONLY, PLEASE COMPLETE THE FOLLOWING:				
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 where it will be parked:				
SECTION 5: PUBLIC SAFETY				
Will you be utilizing police officers and/or security for you				
If yes, please describe what type of safety personnel wi	Il 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				

<b>SECTION 6: STREET CLOSURE</b>	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 Cl	osure?	Υ	Ν		
Between Street #2:	Require p	police traffic control?	Υ	N		
Location #2	Full Clos	ure?	Υ	Ν		
Between Street #1:	Partial Cl	osure?	Υ	Ν		
Between Street #2:	Require ¡	police traffic control?	Υ	Ν		
Between Street #2:  Require police traffic control? Y N  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? Y N  If 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	r 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.

## **SECTION 9: AGREEMENT**

FOR OFFICE USE ONLY

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 understand the above requirements and hold that all answers on my application are true.				
Print Name	Signature	 Date		

## Reviewed by: Santa Ana Police Reservations Admin/Athletics Parks Facility/Film

FEE TYPE	DESCRIPTION	TOTAL FEES
Security Deposit		\$
Permit Fee(s)		\$
Police Overtime Fees		\$
Meter Parking Fees		\$
Other		\$
Other		\$
Other		\$
	TOTAL	\$