

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. Late or incomplete applications will not be accepted. Please email your application and all supplemental documents (i.e. site plan, traffic plan, parade route, etc.) to specialevents@santa-ana.org.

SELECT THE TYPE OF PERMIT OR LICENSE YOU ARE APPLYING FOR (PLEASE SELECT ALL THAT APPLY)					
	SANTA ANA POLI	CE DE	EPARTMENT		
Γ	Special Event Permit		□ Land Use	Ce	ertificate
	PARKS, RECREATION AND CO	MMU	NITY SERVICES AGEN	NC	Y
Γ	☐ Parks Facility Permit		🗌 Film Perm	nit	
SECTION	N 1: PRIMARY APPLICANT INFORMAT	ION			
Business	or Organization Name:				
Full Name	:				
Title: Preferred Pronoun(s):					
Business o	r Organization Address:				Suite #:
City:		State):	Zij	o Code:
Office Nur	nber:	Mobile Number:			
Email Add	Email Address:				
Do you ha	ive a current Santa Ana Business License on	file?	No Yes		
If you are a non-profit organization, please provide your 9 digit EIN number: -					
SECTION 2: VENUE INFORMATION					
PLEASE CHECK THE TYPE OF LOCATION YOU ARE REQUESTING (CHECK ALL THAT APPLY):					
_	Aller	_		i al a	
				rivate Property - Residence	
	Civic Center		Private Property – Commercial Business		
	City Park		Spurgeon Promenade		
	Dan Young Soccer Complex Second Street Promenade			16	
	Santa Ana Stadium Sidewalk				
Godinez Performing Arts Facility					
	Plaza Calle Cuatro Other:				

VENUE NAME #1:						
Venue Address:		Suite #:				
City:	State:	Zip Code:				
Venue Owner and Phone Number (if applicable):		·				
If privately owned, do you have a signed location agr	eement? Y N					
VENUE NAME #2:						
Venue Address: Suite #:						
City:	State:	Zip Code:				
Venue Owner and Phone Number (if applicable):						
If privately owned, do you have a signed location agr	eement? Y N					
For any additional venues, please list on a separate a	attachment.					
SECTION 3: EVENT INFORMATION						
PLEASE CHECK THE TYPE OF EVENT YOU ARE	HAVING (CHECK ALL THAT	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 	 Film/Photography Pr Neighborhood activit Parade/Procession/N 	Film/Photography Production (Commercial) Film/Photography Production (Student) Neighborhood activity (i.e. Block party) Parade/Procession/March Promotional or fundraising activity Sidewalk Sale				
Title of Event:						
Event Website (if applicable):						
Event Date(s):						
SETUP Start Time: EVENT Start Time:	EVENT 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 Contact Person*: Title:						
Phone Number: Email:						

*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 separate document to this application.

PLEASE CHECK THE ELEMENTS THAT APPLY TO YOUR EVENT (CHECK ALL THAT APPLY):

Alcoholic beverages consumed/served/sold**	Troilers or DV/a
C C	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	
March/Procession/Parade	Simulated emergency personnel or vehicles
Mechanical rides**	Simulated weapons
	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.

FOR PARADES ONLY, PLEASE COMPLETE THE FOLLOWING:				
Starting Location:	Ending Location:			
Maximum length	Number of Vehicles/cars/floats:			
of parade (in feet): 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, ind areas 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	bly) 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 parkin	g structure? Y N			
If yes, please list the name of the parking structure, add	Iress 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 yo	ur event? Y N N/A			
If yes, please describe what type of safety personnel with the sector of				
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 CLOSURES						
Will your event require the use of a street, alley, promenade or sidewalk?						
Will your event require a full or partial closure of this location and limit the public right of way?			Ν			
Location #1	Full Closure?	Y	Ν			
Between Street #1:	Partial Closure?	Y	Ν			
Between Street #2:	Require police traffic control?	Y	Ν			
Location #2	Full Closure?	Y	Ν			
Between Street #1:	Partial Closure?	Y	Ν			
Between Street #2:	Require police traffic control?	Y	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 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 If yes, please describe the alternative method of filling the k-rails: Y N N						
Traffic Control Company Name:						
Traffic Control Company Address:	7:					
City: State:	Zip:					
Traffic Control Company Contact: Contact Phone:						
Traine Control Company Contact.	Contact 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 7: SIGNATURE APPROVAL

80% of all businesses and/or residential property owners or lessees within the road closure must give their consent for a special event. All signatures must be wet signatures (no digital signing).					
Event: Location:	Date:	Time: -			
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:				
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:				
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 understand the above requirements and hold that all answers on my application 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	\$		