



ADMINISTRATIVE USE ONLY TRAKIT NO. _____

SPECIAL EVENT / STREET CLOSURE

PLEASE SUBMIT THIS COMPLETED FORM TO THE COMMUNITY DEVELOPMENT DEPARTMENT FOR REVIEW AND CONSIDERATION. FORMS SHOULD BE SUBMITTED (25) DAYS IN ADVANCE OF THE EVENT TO ALLOW TIME FOR PROCESSING. FORMS SUBMITTED LESS THAN (15) DAYS IN ADVANCE OF THE EVENT WILL BE ASSESSED A LATE FEE.

APPLICANTS SHOULD UNDERSTAND THAT UNTIL A PERMIT IS ISSUED YOUR EVENT IS NOT APPROVED. ADVERTISEMENT OF YOUR EVENT PRIOR TO PERMIT APPROVAL IS DONE SO AT APPLICANTS RISK AND IS HIGHLY UNADVISED

APPLICATION DATE: _____ EVENT TITLE: _____

APPLICANT ORGANIZATION: _____ NAME OF CO-SPONSOR: _____

TYPE OF ORGANIZATION: NON-PROFIT PUBLIC AGENCY PRIVATE BUSINESS

EVENT DATE(S): _____ EVENT TIME: FROM _____ am pm TO _____ am pm

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IF THE EVENT IS MORE THAN TWO DAYS, PLEASE LIST ADDITIONAL DAYS: _____

ESTIMATED ATTENDANCE: _____

PROPOSED LOCATION: _____

(Events on private property will need to provide a letter of consent from the property owner. Attached to application)

WILL THE EVENT OCCUR ON CITY OF OROVILLE PROPERTY? YES NO

PROPOSED CITY PROPERTY LOCATION: _____

PLEASE VIEW OUR WEBSITE AT WWW.CITYOFOROVILLE.ORG TO VIEW ALL CITY OF OROVILLE PARKS.

(Please contact the Community Development Department at (530) 538-2508 to confirm location availability before submitting this application)

NAME OF PRIMARY CONTACT PERSON: _____

ADDRESS OF PRIMARY CONTACT PERSON: _____

PHONE: _____ CELL: _____ EMAIL: _____

NAME OF SITE SUPERVISOR (DAY OF EVENT): _____

PHONE: _____ CELL: _____ EMAIL: _____

TYPE OF EVENT: RUN WALK CONCERT BIKE TOUR PARADE SOCIAL EVENT

SPORTING EVENT STREET FESTIVAL OTHER

DESCRIPTION OF EVENT: _____

CERTIFICATE OF LIABILITY INSURANCE ATTACHED: YES NO

(Certificate of Liability Insurance must meet requirements set forth in Title 12, Chapter 12.32.100, Sec. B of the Oroville Municipal Code)



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1735 Montgomery Street, Oroville, Ca 95965

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ALCOHOL SOLD: YES NO ALCOHOL SERVED: YES NO

(EVENTS SELLING ALCOHOL NEED TO OBTAIN AN ABC PERMIT, GO TO [HTTP://ABC.CA.GOC/](http://ABC.CA.GOC/))

ESTIMATED NUMBER OF ATTENDEES BY AGE GROUP: UNDER 18 _____% 18 TO 20 _____% OVER 21 _____%

HOW WILL THE NUMBER OF ATTENDEES BE MONITORED? _____

EVENT WILL BE INDOORS: YES NO (IF YES, COMPLETE THE NEXT QUESTION)

MAXIMUM BUILDING OCCUPANCY: _____ DINING OCCUPANCY: _____ DANCING OCCUPANCY: _____

(RESIDENTIAL LOCATIONS DO NOT APPLY)

(OCCUPANCY MAY NOT EXCEED THE OCCUPANCY OF THE FACILITY)

STREET AND SIDEWALK CLOSURE REQUIRED: (OPD AND OFD WILL BE NOTIFIED) YES NO (IF YES, ATTACH A MAP OF CLOSURES).

TRAFFIC CONTROL NEEDED: YES NO (SPECIAL EVENTS REQUIRING ROAD CLOSURES INCLUDE A TRAFFIC MANAGEMENT PLAN THAT IS APPROVED BY A QUALIFIED ENGINEER DELEGATED SUCH AUTHORITY BY THE CITY)

NUMBER OF ANTICIPATED VEHICLES: _____ DESCRIBE PLANS FOR PARKING: _____

PARADES ONLY – PLEASE ATTACH THE PARADE ROUTE

NUMBER OF PERSONS IN PARADE: ____ NUMBER OF VEHICLES IN PARADE: _____

POLICE ESCORT REQUESTED FOR PARADE: YES NO FIRE ESCORT REQUESTED FOR PARADE: YES NO

(Such traffic control fee shall be determined by the director of community development based upon a schedule of traffic control fees and rates established by resolution of the city council; the estimate of the chief of police of the type, number, and hours of employment of police department personnel necessary to control and monitor pedestrian and vehicular traffic in and around the site of the event, all as set forth by the chief of police in the chief's report on the event; and on the estimate of the director as to the type, number and hours of employment of other city personnel necessary to control or monitor the event. Such fee shall be paid by the permittee prior to the issuance of the permit. Title 12, Chapter 12.32.100, Sec. C of the Oroville Municipal Code)

Fees estimated by Director of Public Safety: \$ _____ PAID YES NO Date: _____

WILL SECURITY BE PRESENT? YES NO (ATTACH CONTRACT)

SECURITY FIRM NAME: _____ NAME OF SECURITY REPRESENTATIVE: _____

NUMBER OF UNIFORMED SECURITY: _____ SECURITY WILL BE ARMED: YES NO

PHONE: _____ ADDRESS: _____ EMAIL: _____

NUMBER OF VOLUNTEER CHAPARONES: _____

AMPLIFIED OR ELEVATED SOUND LEVELS INVOLVED: YES NO

IF YES, DESCRIBE: _____

HOURS OF AMPLIFIED OR ELEVATED SOUND: : FROM _____ am pm TO _____ am pm

AMPLIFIED OR ELEVATED SOUND WILL BE: INSIDE ENCLOSED DWELLING OUTSIDE ENCLOSED DWELLING



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OTHER EVENT DETAILS:

ADMISSION FEES: YES NO GENERAL: \$ _____ CHILD: \$ _____ OTHER: \$ _____

TENT, CANOPY OR AWNING WILL BE USED: YES NO

WILL THERE BE ANY CONSTRUCTION OF TEMPORARY STRUCTURES, INCLUDING STAGES: YES NO

IF YES, PLEASE DESCRIBE: _____

ADVERTISING USED: INVITATION LOCAL MEDIA REGIONAL MEDIA OTHER

WILL SIGNS OR BANNERS BE USED: YES NO

IF YES, DESCRIBE BANNER SIZE MATERIALS, ETC: _____

MERCHANDISE SOLD: YES NO (IF YES, PLEASE ATTACH A LIST OF VENDORS)

WILL THERE BE ANIMALS PRESENT: YES NO

IF YES, PLEASE DESCRIBE: _____

HOW WILL THE SOLID WASTE AND RECYCLING BE HANDLED? _____

HOW MANY INDOOR/OUTDOOR TOILETS WILL BE AVAILABLE? INDOOR _____ OUTDOOR _____

WILL A WATER STATION BE AVAILABLE: YES NO

IF YES, PLEASE DESCRIBE: _____

WILL MEDICAL SERVICES BE PRESENT? YES NO

IF YES, PLEASE DESCRIBE: _____

WILL FIREWORKS BE INVOLVED? YES NO

****If Fireworks will be involved, a Certificate of Insurance will be required with at least 5-million-dollar liability coverage and an endorsement with the City of Oroville listed as an additional insured. The certificate and endorsement will be required at least one week in advance of the event. In addition, the organization will need to contact the Oroville Fire Department at (530) 538-2480 to inform them of the event, type of fireworks display, and time they will need to be onsite.**

SPECIAL EVENT APPLICATION FEE (\$104) + 6% TECH FEE = \$110.24

APPLICATION FEE PAID: YES NO BY: _____ DATE: _____

IF APPLICATION IS SUBMITTED WITHIN 15 DAYS OF THE EVENT THE FEE WILL BE \$311

The permittee shall indemnify the city, hold harmless and release the city from and for any liability, damage or loss caused by negligence or intentional act or omission of the permittee, any officer, employee or agent of the permittee, or any person who is under permittee's legal control. In addition, in the event a claim is made against the city by suit or otherwise, whether the same is groundless or not, arising out of such negligent or intentional act or omission, then the permittee shall defend the city and shall indemnify the city for any judgement rendered against it or any sums paid out in settlement or otherwise. By signing below, the applicant agrees to comply with all applicable provision of the Municipal Code Section 12.32 (see attached), including but not limited to, paying all fees associated with event required city support services.

SIGNATURE: _____ TITLE: _____



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ORGANIZATION: _____ DATE: _____