

City of Calistoga Special Event Permit Application



City of Calistoga
1232 Washington St.
Calistoga, CA
94515
Phone: 707-942-2838
Fax: 707-942-2771
www.ci.calistoga.ca.us

Please select the activity you are requesting to conduct:

- | | |
|---|--|
| <input type="checkbox"/> Facility Rental | <input type="checkbox"/> Event on Public Property |
| <input type="checkbox"/> Community Park Rental | <input type="checkbox"/> Event on Private Property |
| <input type="checkbox"/> Community Pool Rental | <input type="checkbox"/> Filming / Photography |
| <input type="checkbox"/> Event on City Streets or sidewalks | <input type="checkbox"/> Other (please describe below) |

Section 1. Applicant Information

Application Date:	<input type="text"/>	Main Contact:	<input type="text"/>
Applicant Name:	<input type="text"/>	Contact Cell:	<input type="text"/>
Address:	<input type="text"/>	Email Address:	<input type="text"/>
City / State / Zip:	<input type="text"/>	# of Vehicles Involved:	<input type="text"/>
Main Phone:	<input type="text"/>		

Section 2. Event Information

Event Start Date:	<input type="text"/>	Event End Date:	<input type="text"/>
Event Name:	<input type="text"/>		
Please briefly describe the event:	<input type="text"/>		
Specific Event Location:	<input type="text"/>	Attendance:	<input type="text"/>
(If applicable) Event Address:	<input type="text"/>		
Event Start Time:	<input type="text"/>	Event End Time:	<input type="text"/>

Section 3. Event Requirements

Status of Applicant:

- | | | | |
|--|--|--|---------------------------|
| <input type="radio"/> Calistoga Resident | <input type="radio"/> Not-for-profit - Tax ID # <input type="text"/> | If not-for-profit, are you located in Calistoga? | <input type="radio"/> Yes |
| <input type="radio"/> Non-Resident | <input type="radio"/> Business | | <input type="radio"/> No |

Insurance Information:

Insurance Co:	<input type="text"/>
Agent Name:	<input type="text"/>
Address:	<input type="text"/>
City / State/Zip:	<input type="text"/>
Policy #:	<input type="text"/>
Policy Start Date:	<input type="text"/>
Policy End Date:	<input type="text"/>

Please be aware of our policy:

As a condition of issuance, the approved permittee, agrees to indemnify, hold harmless, release and defend (even if the allegations are false, fraudulent, or groundless) to the maximum extent allowed by law, the City Manager, the City of Calistoga, its City Council, and each member thereof, and its officers, employees, advisory board members and representatives, from and against any and all liability, loss, suits, claims, damages, costs, judgments and expenses (including attorney's fees and costs of litigation) which in whole or in part result from, arise out of, or are claimed to result from or to arise out of any acts, negligence, errors, or omissions of approved applicant, its employees, representatives, contractors, subcontractors, or agents by reason of or arising out of, or in any matter connected with, any and all acts, operations, privileges authorized, allowed or undertaken pursuant to the use approval under their ordinance including, without limitation, any condition or property used in operations. This agreement of indemnity includes, but is not limited to, personal injury, (including death at any time) and property or other damage sustained by any person or persons (including, but not limited to, companies, corporations, approved applicant and its employees or agents, and members of the general public).

Event Questionnaire:

When completing this portion of the application, please be as detailed and specific as possible in regard to your request.

Is this event open to the public?

Will an admission fee be charged?

If so, how much?

Is the event a fund-raiser?

Will alcohol be served?

Will alcohol be sold?

NOTE: ABC License to Sell permit is required.

Will you need access to electricity?

NOTE: Electricity not always available, please be prepared to provide a generator.

Will electrical services be provided by a generator?

If on private property, is the property owner applying for this permit?

If NO, a letter of authorization from the property must be submitted along with this application.

Will food be served or sold?

NOTE: Separate permit from Napa County may be required.

Will your event be on sidewalks, streets or other city right-of-ways?

Will your event have live or amplified music?

Please describe music requests:

Will additional **Police** services be needed? (fees may apply)

Will additional **Fire** services be needed? (fees may apply)

Will additional **Public Works Employees** be needed? (fees may apply)

Will additional **Recreation Employees** be needed? (fees may apply)

Please describe any additional services and/or requirements to be considered for this permit.

Applicant hereby agrees to defend, indemnify and hold harmless the City of Calistoga, its officers, agents, and employees from and against all claims of whatever nature resulting from any loss, damage, liability, cost or expense that may arise during, or be caused in any way by such use or occupancy of the City of Calistoga facilities.

I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for all fees associated with this permit and any damages sustained by the building, furniture, landscaping or equipment occurring through the use or occupancy of said facility by the applicant. Any loss or damages sustained to the above shall be compensated within seven (7) days.

I further certify that I have read and understand the City of Calistoga rules, regulations, policies and procedures contained in the document. I further understand that my failure to abide to said rules, regulation, policies, procedures and any special conditions might result in any issued Permits being revoked and/or a portion of all of my cleaning deposit being forfeited.

Electronically signed by:

Date:

FOR CITY STAFF USE ONLY
Special Event Permit Fee and Deposit Worksheet

Application Fee \$ _____

Expedited Processing Fee \$ _____

Rental Fee (____ hrs @ \$____) \$ _____

Deposit \$ _____

Electrical Fee \$ _____

Floor Cleaning Fee \$ _____

Police/Fire Fee \$ _____

Public Works Fee \$ _____

Inspection Fee \$ _____

Total Fees Due \$ _____

Date Paid: _____ *Payment method:* Cash CC *Check #* _____

Deposit Amount Returned: _____ **Date Processed:** _____