CITY OF LAKE ELSINORE

SPECIAL EVENT APPLICATION

SPECIALEVENTS@LAKE-ELSINORE.ORG
951-674-3124 EXT 292

ALL SPECIAL EVENT APPLICATIONS ARE DUE NO LATER THAN SIXTY(60) DAYS PRIOR TO THE EVENT. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

WWW.LAKE-ELSINORE.ORG/SPECIALEVENTS

SUMMARY OF EVENT

DESCRIPTION

Event Title: _____

Description:
(This should be promotional in nature and cannot exceed 300 characters)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Admission Fee: _____
_____
_____
_____
_____

Event Category:

- ☐ Run / Walk
- ☐ Parade / March
- ☐ Concert / Performance
- ☐ Farmer's Market
- ☐ Circus / Carnival
- ☐ Festival / Celebration
- ☐ Air Show / Car Show
- ☐ Other _____

Anticipated Attendance: Total _____ Per Day _____

Anticipated Participants: Total _____ Per Day _____

DATE/TIME

Set-Up:	**Date**	_____	**Time**	_____
Event Starts:	**Date**	_____	**Time**	_____
Event Ends:	**Date**	_____	**Time**	_____
Dismantle:	**Date**	_____	**Time**	_____

SUMMARY OF EVENT

Location Description:
(Information cannot exceed 300 characters)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CONTACTS

Host Organization: _____

Professional Orgainzer: _____

Public Contact ***(Required)***
Name: _____
Telephone: ( ) _____
E-mail: _____

Non-Public Contact
(Required for Internal Use Only)
Name: _____
Telephone: ( ) _____
E-mail: _____

Web Address: _____

YES	NO	
☐	☐	Is this an annual event? How many years have you been holding this event? _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

YES	NO	
☐	☐	Is the Host Organization a commercial entity?
☐	☐	Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach a copy of your IRS 501(C) tax exempt letter providing proof of status.

SITE PLAN / ROUTE MAP

Your event site plan/route map should be submitted with this application and include but not limited to:

- ☐ An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- ☐ The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- ☐ The provision of minimum of twenty-four foot (24') emergency access lanes throughout the event venue.
- ☐ The location of first aid facilities and ambulances.
- ☐ The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers, dumpsters, and other temporary structures.
- ☐ A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills.
- ☐ Generator locations and/or source of electricity.
- ☐ Placement of vehicles and/or trailers.
- ☐ Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- ☐ Identification of all event components that meet accessibility standards.
- ☐ Other related event components not listed above.

ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline. You may attach more detailed information.

YES	NO	
☐	☐	Will there be a clear path of travel throughout your venue?
☐	☐	Have you developed a Disabled Parking and/or Transportation Plan?
☐	☐	Will a minimum of 10% of portable restrooms at your event be accessible?
☐	☐	Will all food, beverage and vending areas be accessible?
☐	☐	Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visability?
☐	☐	If an information center is provided at your event will customer service representatives be available to assist disabled individuals?

SECURITY PLAN

YES NO

☐ ☐ Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California.

Security Organization: _____

Street _____

City, State, CA _____

Telephone Day _____ Cell _____

Private Patrol Operator License #: _____

Please describe your security plan including crowd control, interal security or venue safety, or attach the plan to this application.

_____

_____

ALCOHOL

YES NO

☐ ☐ Does your event involve the use of alcoholic beverages?
If yes, please check all that apply:

- ☐ Free/Host Alcohol
- ☐ Alcohol Sales
- ☐ Host and Sale Alcohol
- ☐ Beer
- ☐ Beer and Wine

Please describe your security plan to ensure safe sale or distribution of alcohol at your event.

_____

_____

* Please advise, if alcohol is being served, additional insurance will be required.

MEDICAL PLAN

YES NO

☐ ☐ Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?
If yes, please list: _____

Medical Services Provider _____

Street _____

City, State, CA _____

Telephone Day _____ Cell _____

Business License #: _____

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary.

_____

_____

_____

_____

_____

FIRE DEPARTMENT

YES NO

☐ ☐ Will electrical generators be required during the event?

☐ ☐ Will fireworks, explosives, pyrotechnic or any other open flame device be used at the event?

Pyrotechnic Company _____

Street _____

City, State, CA _____

Telephone Day _____ Cell _____

Business License #: _____

☐ ☐ Will the event have a stage? If yes, Please attach stage details.

☐ ☐ Will the event require tents or canopies with over 400 square feet of material?

FOOD CONCESSIONS, CONCESSIONAIRES OR PREPARATION

YES NO

☐ ☐ Does your event include food concessions and/or preparation areas?
If yes, please describe how food will be served and/or prepared:

_____

_____

_____

YES NO

☐ ☐ Do you intend to cook food in the event area?
If yes, please specify method:

- ☐ Gas
- ☐ Electric
- ☐ Charcoal
- ☐ Other (specify) _____

YES NO

☐ ☐ Will items be sold at your event?
Please submit a complete vendor list with this application.

All vendors selling merchandise or food are required to have a valid City of Lake Elsinore Business License.
All food vendors are required to show current Health Department Permit.

AMPLIFIED NOISE

YES NO

☐ ☐ Will your event have amplified sound?

☐ ☐ Will your event have mechanical noise?

☐ ☐ Will your event have live music?
If yes, Please provide name of band(s) and type of music.

_____

_____

_____

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event.

YES NO

☐ ☐ Do you plan to provide portable restrooms at your event?

If yes, Total number of portable toilets _____

Number of ADA accessible portable toilets _____

If no, Please explain: _____

_____

Restroom Company _____

Street _____

City, State, CA _____

Telephone Day _____ Cell _____

SANITATION AND RECYCLING

Number of Trash Cans _____

Number of Dumpsters _____

Number of Recycling Containers _____

Sanitation Company **CR&R; Attention: Nicole Moore**

Street _____

City, State, CA _____

Telephone Day **951-657-7513** Cell _____

Due to franchise agreement, CR&R is the only provider available.

MITIGATION OF IMPACT

YES NO

☐ ☐ Have you presented your event to the surrounding businesses that your event may impact? If yes, please attach a complete list of these entities.

☐ ☐ Do you have a sample of the notice that you propose to distribute two (2) weeks prior to your event? If yes, please attach.

INSURANCE REQUIREMENTS

Name of Insurance Company _____

Street _____

City, State, CA _____

Telephone Day _____ Cell _____

Contact Name: _____

Policy Number: _____

Before final approval of your Special Event Permit Application is granted, a Certificate of Liability Insurance on a ACORD 25 Form shall be provided, naming the City as additionally insured, for the Host Organization and, as applicable, the Primary Contact, Private Security Service Provider, Medical Service Provider, and other service providers if required by the Risk Management Department.

All certificates of insurance must provide coverage for the duration of the event, including setup and tear down dates. The City's Risk Management Department has final authority regarding the insurance coverage for the Special Event and can require insurance coverage from other service providers; place requirements on Event Components and/or modify Event Components in a Special Event due to the unique nature or risk of a particular Event or Event Component; and require participant waivers.

Certificates of Insurance Must Reflect:

Commercial General Liability with limits of:

- $1 million per occurrence
- $2 million general aggregate

Statutory Limits for Workers Compensation and Employers Liability:

- $1 million per accident or disease

Liquor Liability:

- Required if alcohol will be sold at the event
- $5 million, but may vary depending on size and nature of event

Auto Liability:

- $1 million per accident for bodily injury and property damage.

Certificate Holder Must Reflect:

City of Lake Elsinore
130 S Main Street
Lake Elsinore, CA 92530

SPECIAL EVENT

RELEASE AND IDEMNIFICATION AGREEMENT

As Organizer of the event described herein, it is understood that if a permit is approved, we, _____ agree to indemnify the City of Lake Elsinore and its employees, servants and agents, and hold them harmless from any liability, penalty, expense or loss arising out of any injury to any person or damage to any property resulting from the provision or failure to provide services for this special event permit, ot the approval thereof, including without restriction any such liability, penalty, or loss resulting from the active or passive negligence of the City, its employees, servants or agents.

_____ _____

Signature of Event Organizer Date

AMERICANS WITH DISABILITIES ACT (ADA)

As Organizer of the event described herein, it is understood that if a permit is approved, we, _____ agree to follow federal regulations prohibiting discrimination on the basis of race, color, national orgin, age, or disability.

_____ _____

Signature of Event Organizer Date