



**SPECIAL EVENT PERMIT APPLICATION**

Special Events Office • City Hall • 1st floor • 425 North El Dorado Street • Stockton, CA  
 95202 Telephone: (209) 937-8119 • Fax: (209) 939-9593

Application/Organization Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 E-Mail Address/Website: \_\_\_\_\_  
 Is your organization a local 501 c3?                      YES                      NO

**EVENT INFORMATION**

Facility/Park Location being requested: \_\_\_\_\_

Event be held on City or private property?                      CITY                      PRIVATE

Event Name: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Set up time (pre-event, including decorating): \_\_\_\_\_

Event Start Time: \_\_\_\_\_

Event Ending Time: \_\_\_\_\_

Completion Time (clean up): \_\_\_\_\_

Loading in anything prior to the day?                      YES                      NO

Loading out anything after the event?                      YES                      NO

Expected number of attendance:                      \_\_\_\_\_

Please indicate the expected age range of attendees?                      18 – 29                      30 - 49                      50 and over

Is the event private or public?                      Public                      Private

Is there an admission charge?                      YES      List price \$                      NO

Tickets are:                      Pre-sold                      At Door                      Both

Who is selling the tickets?                      \_\_\_\_\_

Seating at the event is?                      Reserved                      General Admission                      Both

Will there be candles at the event? (candle permit required)                      YES                      NO

Is there any advertising associated with the event?                      YES                      NO

List type of advertising: (Please note you cannot advertise prior to Application Approval)                      \_\_\_\_\_

Will you need the showmobile?                      YES                      NO

Set up Time/Date: \_\_\_\_\_

Take Down Time/Date: \_\_\_\_\_

Delivery Location: \_\_\_\_\_

Will you need:                      Electricity                      30 chairs

Driver takes instruction from: (additional fees may apply)                      \_\_\_\_\_



**ENTERTAINMENT**

Please list all bands, individual artists, and or disc jockeys that will be performing. Attach additional sheets as necessary, including type of music, sound check and performance schedule.

Band Name/Artist/DJ \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

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 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_

List all types of music that will be performed /played: \_\_\_\_\_

Number of performers: \_\_\_\_\_

Number of stages: \_\_\_\_\_

Will there be dancing at event? YES NO

Will there be other entertainment? YES NO

If yes, please check all that apply and list company name:

- Amplified Sound: \_\_\_\_\_
- Activity Booths: \_\_\_\_\_
- Cars/Trailer Show: \_\_\_\_\_
- Carnival Games: \_\_\_\_\_
- Celebrities: \_\_\_\_\_
- Demonstrations: \_\_\_\_\_
- Inflatables: \_\_\_\_\_
- Parade Floats: \_\_\_\_\_
- Other: \_\_\_\_\_

**VENDOR INFORMATION**

List of all vendors including food, beverage, caterers, equipment's (dumpster, portable restrooms, jumpers, etc.) service, merchandise, exhibitors, arts and crafts, etc. with name, address and phone numbers. A current business license and insurance must be on file with the City of Stockton.

Will alcohol be served/sold at the event? Served Sold

|                                   |      |       |      |      |       |
|-----------------------------------|------|-------|------|------|-------|
| Beverages: (check all that apply) | Soda | Water | Beer | Wine | Mixed |
|-----------------------------------|------|-------|------|------|-------|

Name of vendor: (ABC license will be required) Alcohol \_\_\_\_\_

Served between the times of: \_\_\_\_\_

Will food be served at the event? YES NO

Will there be food vendor's or caterers at the event? YES

Name of vendors \_\_\_\_\_

Type of vendors: (check all that apply) Food Merchandise Arts and Crafts Exhibitors

**PLEASE SUBMIT ANY ADDITIONAL VENDORS ON A SEPARATE PIECE OF PAPER**



**PUBLIC SAFETY AND STREET CLOSURE**

As an event organizer, you are required to provide a safe and secure environment for your event through sound preparation and anticipation of potential concerns. Please answer questions below regarding internal security, crowd control and location of security.

Private security company are you using? \_\_\_\_\_

Useage of volunteers as additional monitors?

YES

NO

List amount that will assist your event:

Event Monitors:

Peer Group of Ushers:

Employees of Event Holder:

Parent Chaperones:

Volunteers:

Possibility of any protest or problems that may arise? \_\_\_\_\_

YES

NO

Additional parking needed?

If yes, please list streets: \_\_\_\_\_

**PARADE/RUN/MARCH**

Please check the following event that applies:

PARADE

RUN

MARCH

Streets or lanes to be closed?

YES

NO

If "yes" please list streets: \_\_\_\_\_

Attach the proposed route and barricade plan and indicate the start and finish

Time of closure : \_\_\_\_\_

YES

NO

Is your event effecting sidewalks?

If yes please list location: \_\_\_\_\_

Company Name of Barricades:

(If required by Stockton Police Department)

How many monitors/volunteers will station on route/course? \_\_\_\_\_

YES

NO

Will your event required alternate parking?

If yes please list location: \_\_\_\_\_

Have you made ADA accessibility arrangements?

Please explain: \_\_\_\_\_

YES

NO

Where will the attendees be parking? \_\_\_\_\_

YES

NO

Your plan for notifying surrounding residences and businesses? \_\_\_\_\_

*Signature petition with the signature sheet must be submitted*

**STOCKTON POLICE DEPARTMENT WILL DETERMINE THE TYPE (S) AND NUMBER OF PERSONNEL, BARRICADES, SIGNAGE AND EMERGENCY VEHICLE ACCESS NEEDED FOR EVENT AT COST TO APPLICANT.**



**FIRE AND SANITATION**

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The tent company, event coordinator and/or the responsible party must obtain the proper permits from the Stockton Fire Department. This will ensure accurate permit processing.

Please check the following that applies: 10x10 Tent 200 sq. ft. 400 sq.

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If tents or canopies are being used, please complete the following:

Company Name of Tent Supplier: \_\_\_\_\_

Number of tents: \_\_\_\_\_

Number of canopies: \_\_\_\_\_

Installing stages? YES NO

Installing bleachers or grandstands? YES NO

If yes, please show location on site plan map.

Check if vendors will be using the following: Gas Grill Propane Stoves

Will there be emergency personnel working the event? YES NO

What are your plans for providing \_\_\_\_\_

**SANITATION**

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As an event organizer, you must properly dispose of waste/garbage and develop a plan for food handling, preparation and distribution. Please answer the questions below. Additional requirements may be applicable.

Number of Recycling Containers: \_\_\_\_\_

Number of Garbage Receptacles: \_\_\_\_\_

Number of Dumpsters: \_\_\_\_\_

Company Name of Waste Disposal: \_\_\_\_\_

**PLEASE ATTACH YOUR PLAN FOR CLEAN UP AND REMOVAL OF GARBAGE AND RECYCABLES**

**REFERENCES**

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For **public events** only. Please list references from your last two events. Previous event references may be checked to better assist you with the City of Stockton's Special Event process.

Type of event: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Type of event: \_\_\_\_\_

Facility name: \_\_\_\_\_

Address, City, State: \_\_\_\_\_



## AFFIDAVIT OF APPLICATION

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Contractor agrees to indemnify, save, hold harmless, and at City's request, defend the City, its officers, agents, and employees from any and all costs and expenses (including attorney and legal fees), damages, liabilities, claims, and losses occurring or resulting to the City in connection with the performance, or failure to perform, by Contractor, its officers, agents, sub-contractors, employees, or anyone directly or indirectly employed by any of them, or anyone for whose acts any of them may be liable under this Agreement, and from any and all costs and expenses (including attorney and legal fees), damages, liabilities, claims, and losses occurring or resulting to any person, firm, or corporation who may be injured or damaged by the performance, or failure to perform, of Contractor, its officers, agents, or employees under this Agreement. The duty to defend and the duty to indemnify are separate and distinct obligations. The indemnification obligations of this section shall survive the termination of this agreement. For insured events - the promoter will comply with insurance requirements contained on Exhibit A.

This event check list is only a request for a reservation. All confirmations will be decided upon by the City of Stockton's Event Committee. A request for reservation cannot be made without submitting the required security deposit. If the request is approved a tentative event confirmation will be mailed to the below listed party. By signing this form it is understood that you are obligated to provide all required fees and documents as set forth by the City of Stockton Event Manager (i.e. insurance requirements, liquor liability, security, payment, etc.) to the City of Stockton 45 days prior to the event or your reservation is subject to cancellation due to non-compliance. Cancellation fees will apply. The contact name listed below will be the sole contact for all matters regarding the event. The party will work directly with the City of Stockton employee assigned to each facility. The liable party will be responsible for all signed documents and fees that are required. If you do not list a contact name the liable party will be listed for all matters. The Parties agree that this agreement may be signed with a digital signature, which has the same force and effect of a handwritten signature.

## CONTACT INFORMATION

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Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

## RESPONSIBLE PARTY INFORMATION

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Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

**I, the undersigned, understand all terms listed above and that all information that has been complete is factual. I understand that if any of the information is found to be fraudulent or if I have withheld any information it will be grounds for cancellation.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_