

City of Stockton Event Checklist

Note: Event Insurance is required for the event, music service, food vendor or caterer, alcohol and merchandise vendor and must be on file with the City's Risk Management Department. Security guards will be required at all events.

Name of Event: _____
Requested Date of Event: _____
Type of Event: _____
Event Sponsor/Organizer: _____
Is the organization classified as Non-Profit? (a copy of a 501-C3 must be submitted) Yes No

Facility Request

Facility/Park/Location being requested: _____
Additional facilities/park/location requested: _____
Will the event be held on City or private property? City Private

Event Details

Set-up Time (pre-event set-up including decorating and layout): _____
Beginning Time of Event: _____ Event Ending Time: _____
Completion time (time would be after facility has been cleaned): _____
Will you need to load in anything prior to the day of the event? Yes No
Will you need to load out anything after the day of the event? Yes No
Expected number of attendees/participants: _____
Is the event private or public? Private Public
Is there an admission charge? Yes No If yes, list amount _____
Is there an entry fee? Yes No If yes, list amount _____
Will tickets be sold prior to the day of the event: Yes No
List all vendors selling tickets: _____
Is there any advertising associated with the event? Yes No
List types of advertising: _____
Are you requesting electricity? Yes No
Will there be candles at the event? Yes No

Music

Name of live music band(s) _____
Address _____
Phone Number _____
Name of DJ Service(s) _____
Address _____
Phone Number _____
Name of Radio Station(s) _____
Address _____
Phone Number _____
List all types of music that will be performed/played: _____

Entertainment

Will there be dancing at the event? Yes No

Will there be any other type of entertainment Yes No

If "yes" please describe: _____

Will there be any inflatable jump, dunk tanks, etc? Yes No

Vendor Name* _____

Address _____

Phone Number _____

Alcohol

Will alcohol be served at the event? Yes No

Will alcohol be sold at the event? Yes No

Name of vendor* _____

Address _____

Phone Number _____

Food

Will food be served at the event? Yes No

Will there be a food vendor's or caterers at the event? Yes No

Name of vendor* _____

Address _____

Phone Number _____

Vending

Will there be craft or merchandise vendors at the event? Yes No

Name of vendor* _____

Address _____

Phone Number _____

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

Traffic

Are you requesting any streets or lanes to be closed? Yes No

If "yes" please list streets: _____

Is a sidewalk march or parade planned? Yes No

If "yes" please list streets: _____

Will you have any vehicles that will need additional parking Yes No

If "yes" please list streets: _____

Will there be any fireworks? Yes No

Name of vendor* _____

Address _____

Phone Number _____

Disclosure

This event checklist 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 liable 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 30 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.

Contact Party Information

Name: _____ Phone: _____
Address: _____
Email: _____

Responsible Party Information

Name: _____ Phone: _____
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 _____

FOR OFFICIAL USE ONLY

Staff Receiving Checklist & Date	Supervisor Approval & Date
_____	_____
Security Deposit/Fee Charged YES NO	Amount/ Date: _____
Assemblage Permit Required YES NO	Received Date: _____
Dance Permit Required YES NO	Approval Date: _____
Specific Event Permit Required YES NO	Approval Date: _____
ABC License Required YES NO	Date Received: _____
Liquor Liability Insurance Requ YES NO	Date Received: _____
Event Liability Insurance Requi YES NO	Date Received: _____
Supplier(s) Insurance Requirec YES NO	Date Received: _____
Vendor Insurance Required YES NO	Date Received: _____
Additional Comments: _____	

