



**EVENT DESCRIPTION**

Event Title: \_\_\_\_\_

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

Event Organizer: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Type of Event:

- Art/Exhibits       Parade/Procession       Run/Walk       Car Show
- Festival/Celebration    Other \_\_\_\_\_

Describe the event. Be as specific and detailed as possible. Include all equipment to be utilized for the event, including tents, tables, chairs, sound equipment, props generators, etc.:

Is this an annual event?   Yes    No       How many years has the event been held? \_\_\_\_\_

Total anticipated attendance: \_\_\_\_\_

**APPLICANT AND SERVICE PROVIDER INFORMATION**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

List all professional event organizers, event service providers, etc., hired by you that are authorized to work on your behalf to plan, produce and/or manage your event. Attach additional names and information on a separate page if needed. Note: Any person, firm or business conducting or carrying on any type of business within the City must have a City of Carmel-by-the-Sea business license.

## City of Carmel-by-the-Sea Special Event Permit Application

Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Business License #: \_\_\_\_\_

Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Business License #: \_\_\_\_\_

**PLEASE LIST INFORMATION ON ALL ADDITIONAL SERVICE PROVIDERS ON A SEPARATE PAGE AND ATTACH TO THIS APPLICATION.**

**SPECIAL EVENT LOCATION(S)**

Describe the proposed location(s) of your event. Be as specific and detailed as possible. Include street names, intersections, parks, and/or any other pertinent directional details:

**EVENT SCHEDULE / TIMELINE**

	DATE	FROM (Include AM/PM)	TO (Include AM/PM)	NUMBER OF HOURS
Setup / Load in				
Time of Event				
Tear down / Load out				

Will this event require admission, entry, participation or sponsorship fees? Yes  No

If yes, list all required admission, entry, participation and sponsorship fees:

# City of Carmel-by-the-Sea Special Event Permit Application

## SITE PLAN / ROUTE MAP

Attach a Site Plan and/or Route Map to this application. Include the following information:

- An outline of the entire event venue, including the names of all streets, intersections, or areas that are part of the venue. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- The location of all fencing, barriers and/or barricades. Indicate any removable fencing for emergency areas.
- The provisions for minimum twenty foot (20') emergency access lanes throughout the event venue. The location of all portable restrooms, including accessible portable restrooms. Note: portable toilets are not permitted on Scenic Avenue or the beach.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, booths, cooking areas, trash containers and dumpsters, and other temporary structures.
- A detail or close-up of a food booth or cooking area configuration, including booth identification of all vendors cooking with flammable gases or barbecue grills.
- Generator locations and/or source of electricity. Note: generators are not permitted on the beach or Scenic Avenue
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- The location of first aid facilities and ambulances if applicable.
- Identification of all event components that meet accessibility standards.

## RESERVING PARKING STALLS

List the exact location(s) of – and how many - parking stall(s) you wish to reserve. Please Note: parking stalls on Scenic Avenue and in the Del Mar parking lot cannot be reserved. Parking stalls on Ocean Avenue cannot be reserved on Tuesday and Thursday of Car Week. **Parking stalls may not be used for the purpose of offering test drives.**

What dates do you wish to reserve the stall(s)?

Will the stalls be for public or private use?

Start and end times each day:

How many cars are expected to use the space(s)?

Will you be erecting any structures (stanchions, etc.) or placing any objects such as carpeting in the road?  
Yes  No

If **yes**, per Carmel Municipal Code 12.08.030, a **temporary encroachment permit**, which will be issued in conjunction with your special event permit, is required. Describe in detail all structures/objects and their placement in the road:

Will you be using a valet service to manage parking in the reserved stalls? Yes  No

## City of Carmel-by-the-Sea Special Event Permit Application

If yes, provide the following information and attach a copy of the valet parking plan to this document:

Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Business License #: \_\_\_\_\_

### **SECURITY PLAN**

Have you hired a licensed professional security company to develop and manage your event's security?

If so, provide the following information:

Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Business License #: \_\_\_\_\_

Private Patrol Operator #: \_\_\_\_\_

Please describe your security plan including crowd control, internal security and venue safety, or attach the plan to this application:

### **MEDICAL PLAN**

Do you have a medical plan for your event? Yes  No

Describe your medical plan. Include the communications plan, the number and certification levels (MD, RD, Paramedic, EMT), and types of resources that will be at your event and the manner in which they will be managed and deployed. Include location(s), hours of setup and dismantle of medical aid areas.

Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? Yes  No  If yes, please provide the following information:

Service Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Business License #: \_\_\_\_\_

## City of Carmel-by-the-Sea Special Event Permit Application

### **ACCESSIBILITY PLAN**

This list is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information if necessary.

1. Will there be an accessible Clear Path of Travel throughout your event venue Yes  No

If yes, please describe:

2. Have you developed a Disabled parking and/or Transportation Plan for your event? Yes  No

If yes, please describe:

3. Will a minimum of 10% of portable rest rooms at your event be accessible? Yes  No

If no, indicate why:

Describe your accessible portable restroom plan:

4. Describe how all event signage will be placed so that pedestrian flow will not obstruct its visibility:

*Note: all event signage must be approved by the City Planning Department before your Special Event permit is issued.*

5. If an information center is provided at your event will customer services representatives be available to assist disabled individuals? Please describe:

6. If all areas of your event venue cannot be made accessible, will maps, programs, or information be made available to show the location of accessible rest rooms, parking, drinking fountains, and first aid stations?

Yes  No  If no, indicate why:

## City of Carmel-by-the-Sea Special Event Permit Application

### **SAFETY EQUIPMENT**

Will your event involve the use of traffic safety equipment? Yes No If yes, list all equipment:

Equipment Company Name:

Address:

Telephone: Day: Evening: Cell: Fax:

Equipment Setup: Date: Time: AM PM

Equipment Pickup: Date: Time: AM PM

### **AMPLIFIED SOUND AND / OR ENTERTAINMENT**

Are there any amplified sound and/or musical entertainment features related to your event? Yes No If yes, complete the following information:

Number of Stages:

Location of Stage(s):

Number of Performers / Bands:

Performer(s)/Band name(s), type of broadcast, and/or music type(s):

Start time(s):

End time(s):

Do you plan to have a patron dance component to either live or recorded music at your event? Yes No  
If yes, describe:

Will sound amplification be used? Yes No

Please describe the sound equipment that will be used for your event. Include how the sound equipment will be used, location(s) of the sound equipment and how the equipment will be powered:

## City of Carmel-by-the-Sea Special Event Permit Application

### ALCOHOL

Does your event involve the use of alcoholic beverages?  Yes  No If yes, then please check all that apply:

Free/Host Alcohol \_\_\_\_ Alcohol Sales \_\_\_\_ Host and Sale Alcohol \_\_\_\_ Beer \_\_\_\_

Beer and Wine \_\_\_\_ Beer, Wine and Distilled Spirits \_\_\_\_

Describe your security plan to ensure the safe sales or distribution of alcohol at your event:

### PARKING / SHUTTLE PLAN

Will your event involve the use of a parking and/or shuttle plan?  Yes  No If yes, describe (or provide an attachment of your plan):

### FOOD CONCESSIONS / PREPARATION

Does your event include food concession and/or preparation areas?  Yes  No

If yes, describe how food will be served and/or prepared:

Do you intend to cook food in the event area? If yes, please specify method(s) and all equipment that will be used:

### PORTABLE RESTROOMS

*Per City Policy, all event organizers shall be responsible for providing portable toilets at their events. The number of portable toilets will be based on a formula of at least one for every 250 people, or in the case of large-scale events, as determined by a City Staff Committee. **City facilities will not be substituted for the requirement and shall not be included in the formula. Ten percent of the total number of toilets shall be ADA/handicapped accessible.** The goal is to have at least one wheelchair accessible toilet in each grouping of portable restrooms.*

Proposed total number of portable toilets: \_\_\_\_\_

Number of ADA accessible portable toilets: \_\_\_\_\_

## City of Carmel-by-the-Sea Special Event Permit Application

Restroom Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Business License #: \_\_\_\_\_

Restroom Equipment Setup: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Restroom Equipment Pickup: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Please attach a site diagram to this application indicating the number, location and type (regular or accessible) of portable toilets for the event.**

### **SANITATION AND RECYCLING**

All events must work with the City's waste management provider (GreenWaste) to address recycling and waste diversion. The plan must indicate sufficient staff to handle cleanup throughout the day and after the event, and sufficient equipment placed in effective locations.

- In the case of a street event, streets will remain closed to allow for adequate cleanup. Post-event cleanup must commence immediately after the end of the event.
- Litter and trash control shall include the event site and a one-block radius around the event site.

Per Municipal Code Section 8.74, the use of single-use carryout plastic bags is prohibited at any special event. Cups, plates, or any type of food or liquid containers made of styrofoam are not permitted.

Describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event. Include the number of dumpsters, trash cans, recycling containers, and a plan for waste stream diversion:

Location(s) of dumpsters, trash cans, recycling containers:

**Attach your plan with GreenWaste to this application.**

Additional Waste Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Cell/Fax: \_\_\_\_\_

Business License #: \_\_\_\_\_

Equipment Setup: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Equipment Pickup: Date: \_\_\_\_\_ Time: \_\_\_\_\_



# City of Carmel-by-the-Sea Special Event Permit Application

## **MITIGATION OF IMPACT**

Have you met with and/or notified the residents, businesses and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities to this application. If no, please explain:

Attach a sample of the notice that you propose to distribute to this application.

## **INSURANCE REQUIREMENTS**

The City of Carmel-by-the-Sea requires liability coverage of a minimum of One Million Dollars (or minimum \$2,000,000 for large-scale events) for all special events. ALL property and locations that are to be utilized / insured must be listed and reflect the City's interest in the insured property. The policy must read as follows: The City of Carmel-by-the-Sea, its public officials, officers, agents, and employees are names as additionally insured in respect to <EVENT> on <DATE>. This information is typed in the "Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions. A separate, "Additionally Insured" endorsement page, with the same wording as above, is also required. If applicable, Proof of Workers Compensation is also required. The policy must specify commencement and expiration dates for coverage of the event. NAME/ADDRESS OF INSURED must read: City of Carmel-by-the-Sea, PO Box CC, Carmel, CA 93921. The name of the insurance company writing the policy, policy number, address, phone and fax must be included. The Insurance Company must be a company doing business in California and must be rated A+ or better. The rating of the company must be attached to the Certificate of Liability/Additionally insured Endorsement.

## **AFFIDAVIT OF APPLICANT(S)**

Note: This AFFIDAVIT OF APPLICANT(S) must be signed by all parties, including applicant(s) and all service providers (including, but not limited to, any and all caterers, event planners, and contractors/vendors that will provide support services for and/or at the event).

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Carmel-by-the-Sea Municipal Code. I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Administrator or the City Administrator's designee. I agree to comply with any other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the conduct of the Event. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Carmel-by-the-Sea. *I understand that submitting this application acts as a request, not a guarantee.*

1.

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**Print Name of Event Organizer/Applicant**

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**Signature**

**Date**

2.

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**Print Name of Service Provider**

**Business Name:**

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**Signature**

**Date**

## City of Carmel-by-the-Sea Special Event Permit Application

3.

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**Print Name of Service Provider**

**Business Name:**

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**Signature**

**Date**

4.

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**Print Name of Service Provider**

**Business Name:**

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**Signature**

**Date**

*Thank you for completing your Special Event Permit Application. Before submitting your application, please review the checklist below to ensure that you have completed and attached all necessary information that pertains to your event.*

*As applicable to your request, have you:*

- Signed and dated your application?
- Attached your application fee?
- Attached information on additional service providers, if necessary?
- Attached your event parking and/or valet and/or shuttle plan(s)?
- Provided copies of City of Carmel-by-the-Sea business or "in and about" licenses for **all** of the vendors you will be using for your event? (Caterers, Wedding Planners, Photographers, Officiant, Event Organizers, Delivery Services, etc.) Have they signed the application?
- Attached proof of insurance for your event?
- Attached a site diagram indicating the number, location and type of portable toilets for the event?
- Attached your GreenWaste plan?

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO [communityactivities@ci.carmel.ca.us](mailto:communityactivities@ci.carmel.ca.us) OR MAIL TO:

City of Carmel-by-the-Sea  
Community Activities Department  
PO Box CC  
Carmel, CA 93921

PLEASE SUBMIT THE NON-REFUNDABLE APPLICATION FEE OF \$685 BY MAIL TO THE ADDRESS ABOVE. ALL CHECKS SHOULD BE MADE PAYABLE TO THE CITY OF CARMEL-BY-THE-SEA.

## City of Carmel-by-the-Sea Special Event Permit Application

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Office use only

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_ /Community Activities Department

Signature: \_\_\_\_\_ /Police Department (if necessary)

Yes /No: Attached City Council action (if necessary)

Yes/No: Insurance approved

Yes/No: Notification sent \_\_\_\_\_ Date \_\_\_\_\_