



CITY OF EAST PALO ALTO
FACILITY USE/SPECIAL EVENT/PERMIT APPLICATION
FORM D-Community Event

Application Submitted (Date): _____

Anticipated Attendance: _____

❖ **APPLICATION INFORMATION**

Contact Name: _____ Mobile Number: _____

Group Name/Affiliation: _____

Address: _____

City/State/Zip: _____

Day Phone Number: _____ Email: _____

Name of Event: _____ Event Date: _____

Describe Event's Purpose: _____

❖ **FACILITY LOCATION**

Check the City facility or location the event will take place at:

LOCATION	FACILITIES UTILIZING (check all needed)
BELL STREET PARK; 500 BELL STREET <i>(no electrical & no restrooms)</i> Start Time: _____ End Time: _____	_____ LARGE GRASS AREA _____ SKATE PARK _____ INFLATABLE
CITY COUNCIL CHAMBERS; 2415 UNIVERSITY AVENUE <i>(electricity available)</i> Start Time: _____ End Time: _____	_____ DAIS _____ CHAIRS _____ U-SHAPED TABLE AREA <i>(30 CHAIRS)</i>
COMMUNITY ROOM; 2415 UNIVERSITY AVENUE <i>(electricity available)</i> Start Time: _____ End Time: _____	_____ TABLES _____ CHAIRS <i>(10 TABLES/100 CHAIRS)</i>
JACK FARRELL PARK; 2509 FORDHAM STREET <i>(no electricity)</i> Start Time: _____ End Time: _____	_____ SOFTBALL FIELD _____ PLAY STRUCTURE _____ RESTROOMS _____ 3 TABLES _____ SMALL GRASS AREA _____ INFLATABLE(S) - HOW MANY? # _____
JOEL DAVIS PARK; 1960 TATE STREET <i>(no electrical and no restrooms)</i> Start Time: _____ End Time: _____	_____ LARGE PICNIC AREA (4 tables) _____ BBQ PIT _____ SMALL PICNIC AREA (2 tables) _____ BBQ PIT _____ PLAY STRUCTURE _____ FIELD AREA _____ INFLATABLE(S) - HOW MANY? # _____
MARTIN LUTHER KING PARK; 535 DAISY LANE <i>(no electricity)</i> Start Time: _____ End Time: _____	_____ BASEBALL FIELD _____ PLAY STRUCTURE _____ PICNIC AREA 1 (6 tables) _____ BBQ PIT _____ PICNIC AREA 2 (6 tables) _____ BBQ PIT _____ MULTI PURPOSE FIELD _____ PARKING LOT _____ INFLATABLE(S) - HOW MANY? # _____
CITY ROOM AT YMCA; 550 BELL STREET (electricity available) Start Time: _____ End Time: _____	_____ TABLES _____ CHAIRS <i>(20 Tables, 42 Chairs, 27 Folding Chairs)</i>

****Submit form to the COMMUNITY SERVICES DIVISION, 650-853-3149**

FORM D (CONTINUED)

Is the Event open to the public? YES NO FREE ADMISSION
 ADMISSION FEES\$ _____

Parking Plan: Please list where attendees will park with authorization signatures:

# of PARKING SPACES	SECURED AT (LOCATION)	AUTHORIZED BY (PRINT NAME/PHONE NUMBER)	AUTHORIZED BY (SIGNATURE)

Will food be served? YES NO CATERED

If catered provide contact information (Name, Address, and Phone Number): _____

Will beverages be served? YES NO ALCOHOL? YES NO

If there will be amplified sound, provide amperage & source of power: _____

Will event require any electrical service? YES NO

If YES, explain: _____

If there will be a stage, provide dimensions(Name, Address and Phone Number of Vendor): _____

If there will be shade/temporary structures, provide number and dimensions-(Name, Address, and Phone Number of Vendor): _____

Will event require enforcement services by Police? YES NO If YES check all that apply:

SECURITY TRAFFIC CONTROL PARKING CROWD CONTROL

(the Police Department reserves the right to determine the number of Officers, if any, that are needed for the event)

Will you secure event volunteers and/or security personnel? YES NO If YES, how many? _____

Will you be renting portable toilets? YES NO If yes, # of toilets including # ADA complaint: _____

How many trash containers will be needed for the event: _____

FORM D (CONTINUED)

Will the event include inflatable(s)/amusement rides? YES NO

If YES, provide Contact Information (Vendor Name, Address and Phone Number): _____

Will the event cause any disturbance, noise or congestion in the vicinity of event? YES NO

If YES, describe measures to mitigate or limit effects: _____

Does your event require any additional needs: YES NO If YES, describe: _____

Please describe your event closure and clean up plan: _____

Will you require City Maintenance/Park Crews to clean up after the event? YES No

If yes, check all that apply:

STREET SWEEPING TRASH REMOVAL EQUIPMENT ASSISTANCE DEBRIS

(The Public Works Department reserves the right to determine the number of crew members, if any, needed)

The site of the event will be inspected within 24 hours after event ends. Any clean up that is performed by the City will be charged at the current hourly rate accrued by the Maintenance Department.

I certify that I am an authorized representative of the organization _____ applying for the permit and have been given the power to execute this application for the above-named organization. Under penalty of perjury, I declare all information provided above is true and correct to the best of my knowledge. I understand that, as required by EPA Municipal Code 12.08.080-090, my organization is required to provide proof of insurance and a cleaning deposit determined by the scope of the event.

Applicant Signature

Date

In the City of East Palo Alto's Municipal Code, 12.08.010 a "festival" means a fair, exhibition, ceremony, art show, program, celebration or other public assemblage or gathering of people for the conduct of a festivity or similar event, involving the complete or partial use or closure of any public highway, street, alley, sidewalk or other public property in the city to normal vehicular or pedestrian traffic.

FORM D (CONTINUED)

Please provide an Event Map:

(which includes: parking locations, stage location, food locations, toilet locations, trash container locations, points of entrance and exit, inflatable/amusement rides locations, shade/temporary structures locations, etc.):

****Submit form to the COMMUNITY SERVICES DIVISION, 650-853-3149**



City of East Palo Alto

Facility Use/Special Event Permit Application

2415 University Avenue, 2nd Floor – East Palo Alto, CA 94303

TEL: 650.853.3100 FAX: 650.853.3115

❖ SUBMISSION DEADLINES

Recommended submitting any request as early as possible

FORM	APPLICATION DUE	FEE
A	Small gatherings of less than 50 attendees At least (5) working days prior to event date	Park/Facility Rental (<i>per day</i>) \$105.00
B	Large gathering of more than 50 attendees At least (30) working days prior to event date	Large Gathering (50+) a)Application Processing \$264.00 b)On-Site Event Support i)Maintenance \$133/hour ii)Police \$139/hour
C	Block Party – Closing a street At least (2) weeks prior to event date	Block Party a)Application Processing \$264.00 b)On-Site Event Support i)Maintenance \$133/hour ii)Police \$139/hour
D	Community Events -Large events open to the public At least thirty (30) working days prior to event date	Large Gathering (50+) a)Application Processing \$264.00 b)On-Site Event Support i)Maintenance \$133/hour ii)Police \$139/hour (Per Police Officer Minimum of 4 hours)
E	Parade/Event street Closure -Requiring street closures and public safety plan At least (60) working days prior to event date	Parade/Major Event (<i>Open to the Public</i>) a)Application Processing \$528.00 b)On-Site Event Support i)Maintenance \$133/hour ii)Police \$139/hour
F	Sport/Team Practice and Game Use At least 2 weeks prior to needed date(s)	Park (<i>per day</i>) \$105.00

❖ DEFENITIONS

- A) Small Gatherings:** Birthday Party, Family Reunion, Meeting, Activity, etc.; to which the planner expects less than 50 people to attend-not open to the public-based on invitation.
- B) Large Gatherings:** Birthday Party, Family Reunion, Meeting, Activity, etc.; to which the planner expects more than 50 people to attend-not open to the public-based on invitation.
- C) Block Party:** Block parties typically close no more than one block of a local service residential street, for small scale parties such as neighborhood potluck dinners and barbecues, an assembly of neighbors. They are typically held on weekends or holidays and generally do not extend past 10:00 p.m. A permit to close the street can be obtained from the City of East Palo Alto, City Clerk's, through the Special Event Permit process. (***Block Party Street Closure Petition: You must obtain a petition for 70% residents on the block must sign off to conduct the event.***)
- D) Community Event:** An event typically held at a community park. The event typically seeks to engage a broad spectrum of the community and is open to the public. Organizers often anticipate a large attendance, in excess of 100 people. Oftentimes there is a request for amplified sound, food vendors,

activity booths, etc. Occasionally there is a request for street closures. These events require collaboration between the organizer and city staff.

- E) **Parade/Event Street Closure:** Parades/Events requiring a street or lane closure will only be permitted to public agencies and/or non-profit organizations. Proof of non-profit status or affiliation with such an organization is required. Parades require collaboration between the organizer and city staff.
- F) **Sport/Team Practice:** Sport/Team utilizing the fields or courts for practice and/or games.

❖ **FEES**

The Event Permit fee is determined by the fee schedule most recently adopted by the City Council. The fee will be calculated after approval of the application and the total is due at the time of issuance.

City Departments or staff does not have the authority to waive fees. All requests for any fee reductions or waivers require City Council approval prior to the issuance of the permit. *(Check with staff for Council meeting dates if your application needs any Council approval.)*

If you are a non-profit agency and requesting a reduction or waive of rental fees a letter of request along with your application and processing fee must be included. Applications will **NOT BE** processed until fees and/or waivers have been submitted.

❖ **INSURANCE**

For certain events, and those in the public right-of-way, the applicant is required to provide a 2 Million Dollar liability Certificate of Insurance naming the City of East Palo Alto as an additional insured.

Inflatable Jumpers:

- Are allowed at designated picnic areas only and require a 2 million liability Certificate of Insurance -naming the City of East Palo Alto as additionally insured.
- Are allowed for approved Block Parties, however, a 2 million liability insurance riders naming the City of East Palo Alto as additionally insured if the Jumper is located on public property.
- In addition, inflatable jumpers placed on the street must leave space and room for emergency vehicles throughout the duration of the event.

❖ **GENERAL**

A permit application may be denied, or partially approved, because of staffing or facility constraints, availability, and/or conflicts with other events taking place, either at the location requested or as determined by the City. Incomplete applications will be returned to applicant. Most events require staffing and work performed by the Community Development's Maintenance Division and/or Police Department. Before the permit is issued the application must be reviewed and approved by each City Department applicable and may include the City Attorney. All fees are due at the time the permit is ready to be issued. The permit will only be issued to the applicant shown on the application and proper identification may be required. Permits are valid only with proper signatures and must be kept on site during the entire event by the designated permit holder as shown on the issued permit. Throughout the event the designated permit holder shall agree to post permit copies, and/or produce the permit when requested by the City staff or Police. Failure to post or produce the permit may result in the permit being revoked and the event terminated at the sole discretion of the City staff and/or Police.

I have read and understand the facility rules and instructions and I (or organization represented) will abide by any conditions set forth therein. I also agree to hold the City of East Palo Alto, its Council, Boards, Commissions, officers, agents and employees, free and harmless from any loss, damage, cost of expense that may arise during or caused in any way by such use or occupancy of City facilities. Applicant certifies that facilities, furniture and equipment through occupancy or use of said facility by the applicant. Any lost equipment or damages sustained shall be compensated within seven days.

Signature of Applicant

Date

Name of Organization Representing

****Submit form to the COMMUNITY SERVICES DIVISION, 650-853-3149**

****PLEASE SUBMIT THIS TO YOUR INSURANCE PROVIDER OR EVENT CARRIER FOR THE DAY**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Affinity Insurance Services, Inc. 300 Jericho Quadrangle, 3rd Floor Jericho, NY 11753	CONTACT NAME: Affinity Insurance Services, Inc. PHONE (A/C, No, Ext): 1-877-723-3933 FAX (A/C, No): 1-516-294-4449 E-MAIL ADDRESS: info@wdsafe.com	
	PRODUCER CUSTOMER ID:	
INSURED: Name of Renter matches Name of Insured	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nationwide Mutual Insurance Company	NAIC # 23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 2000340671 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			Policy must be "Commercial General Liability" Host Liquor Liability Box must be checked if intending to serve/sell alcohol	Policy Eff/Exp must encompass the date of event		EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/POP AGG \$2,000,000 PROFESSIONAL LIABILITY At minimum, policy must show: \$2 mil for each occurrence and \$4 mil general aggregate LEGAL LIAB TO PARTICIPANTS COMBINED SINGLE LIMIT (Ea accident)	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Not provided while in Hawaii							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Event Type: A private party Honoree: P Shelby Evans Event Date: 01/14/2018 Location: Cooley Landing Park & Education Center
 If the event continues past 12:01 am at the location named on the certificate of insurance, such continuation shall be considered as the event date. The event includes set up and break down, at the event location, that occurs no more than 24 hours prior to the event or 24 hours after the event. The event also includes the rehearsal or rehearsal dinner if scheduled within 48 hours of the event, if the event is a wedding.
 Liquor liability (as provided by CG 00 01 04 13) applies only if the insured is NOT in the business of manufacturing, distributing, selling, serving or furnishing alcoholic beverages.
 Property Damage Liability as provided by this policy (including Damage to Premises Rented to You) is subject to a \$1,000 per occurrence deductible. The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER: CITY OF SHREVEPORT 215 UNIVERSITY SHREVEPORT, LA 70563	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Scott [Signature]
This is the correct certificate holder for all insurance certificates	

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

Additional Insured Endorsement
must be included

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>City of East Palo Alto It's Officers, Agents and Employees</p> <p>At minimum, this information must be included. Address may be included. Other information may be present.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY INSURANCE – ADDITIONAL INSURED

This endorsement modifies insurance under the following:

Primary Coverage Endorsement
must be included

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, a. the following is added:

Coverage afforded under this Policy is primary insurance and OTHER INSURANCE shall not apply as respects to the additional insured named below, however this insurance does not apply to the sole negligence of such additional insured. Further, we will have no duty to defend such additional insured against any suit to which this insurance does not apply.

Additional Insured: City of East Palo Alto It's Officers, Agents, and Employees
2415 University Ave.
E. Palo Alto, CA 94303