



CITY USE ONLY  
DATE: \_\_\_\_\_  
INITIALS: \_\_\_\_\_

# City of El Cajon

## Special Event in the Community Application

### 1. SUMMARY OF EVENT

EVENT TITLE: \_\_\_\_\_

DATE(S) OF EVENT: \_\_\_\_\_

\* Application must be submitted no later than ninety (90) days prior to the event.

#### LOCATION OF EVENT

- Prescott Promenade
- Private Property
- City Streets / Name(s) \_\_\_\_\_
- Centennial Plaza
- Parking Lot
- Other \_\_\_\_\_

#### EVENT TIMES DAY 1

Set-up Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Clean-up Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

#### EVENT TIMES DAY 2

Set-up Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Event Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

Clean-up Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_

If event is more than two days, please provide additional sheets with dates & times.

#### TYPE OF EVENT

- Art Show
- Farmers / Outdoor Market
- Community Theatre
- Reception
- Festival or Community Event
- Musical Presentation
- Athletic Event / Run
- Ceremonies, Public Presentation
- Other: \_\_\_\_\_

#### EXPECTED ATTENDANCE

Average Per Day: \_\_\_\_\_

Is this event open to the public?  Yes  No

Is there an admission charge?  \*Yes  No

If yes, how much? \_\_\_\_\_

## 2. APPLICANT AND HOST ORGANIZATION INFORMATION

Host Organization: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Day of Event Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Day of Event Contact Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is the Host Organization a commercial entity?  Yes  No

Is Host Organization a bona-fide tax exempt non-profit entity?  \*Yes  No

**If yes, Proof of IRS 501(c)(3) tax exemption letter is required.**

Will your event support any local charities?  \*Yes  No

**If yes, please list local charities supported below:**

\_\_\_\_\_  
\_\_\_\_\_

Estimated expense of event: \$ \_\_\_\_\_

Estimated revenue of event: \$ \_\_\_\_\_

**Please list any professional event organizer, event service provider, or commercial fundraiser hired by you who is authorized to work on your behalf to plan, produce and/or manage your event.**

Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

### 3. EVENT DESCRIPTION

Please provide a detailed description of your event. Include information on use of vehicles, food, animals, rides, emergency access, or any other pertinent information.

---

---

---

---

---

---

---

### 4. TRAFFIC CONTROL, PARKING AND SHUTTLE PLAN

All events scheduled in the public right-of-way should be held on streets which have the least impact on vehicular and pedestrian traffic, which creates the least inconvenience for merchants and/or residents in the area.

Will you need to request the closure of streets?  \*Yes  No

If yes, list any street / alley closure as a result of this event. Include street name(s) with points of closure, date(s) and times of requested closing and re-opening.

Street(s) \_\_\_\_\_

Date(s) \_\_\_\_\_

Closure Time: \_\_\_\_\_ Re-open Time: \_\_\_\_\_

Will your event involve the use of a parking / shuttle plan?  \*Yes  No

If yes, please provide the locations for pick up and drop off. Include date(s), times, and company used for parking / shuttle plan.

Pick Up Location: \_\_\_\_\_ Drop Off Location: \_\_\_\_\_

Date(s) \_\_\_\_\_

Times of Service: \_\_\_\_\_ to \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this event involve a MOVING ROUTE (e.g. run, walk, march, parade, etc.) along street(s) or sidewalk areas?

\*Yes  No

If yes, attach a detailed map of proposed route(s). Indicate the direction of travel, and provide a written narrative to explain your route.

# 5. CONCESSIONAIRES

## FOOD

All food service must follow County of San Diego Department of Environmental Health regulations. Contact the County of San Diego for requirements (858) 505-6700 or [www.sdcdeh.org](http://www.sdcdeh.org)

All food vendors must provide the City of El Cajon with copies of the following:

- Health Permit—(TFF Temporary Food Facility Permit)
- Liability Insurance (must meet City requirements)
- El Cajon Business License or Special Event Temporary License

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

Do you or your concessionaires intend to cook food in the event area?  \*Yes  No

If yes, please specify method:  Gas  Electric  Propane  \*Other

If other, please describe: \_\_\_\_\_

## NON - FOOD

All non-food vendors must provide the City of El Cajon with copies of the following:

- Liability Insurance (Must meet City requirements)
- El Cajon Business License or Special Event Temporary License

Will non-food items or services be sold at your event?  \*Yes  No

\*If yes, please list types of items or services sold: \_\_\_\_\_

Please list the number and size of booths:

Food Booth # \_\_\_\_\_ Size \_\_\_\_\_

Beverage Booth # \_\_\_\_\_ Size \_\_\_\_\_

Display / Information # \_\_\_\_\_ Size \_\_\_\_\_

Game / Activity Booth # \_\_\_\_\_ Size \_\_\_\_\_

Sales Booth # \_\_\_\_\_ Size \_\_\_\_\_

Will your vendor booth(s) require access to potable water?  \*Yes  No

\*If yes, what is your water plan for vendor booths?  
\_\_\_\_\_  
\_\_\_\_\_

Will your vendor booth(s) require power?  \*Yes  No

\*If yes, what is your power plan for vendor booths?  
\_\_\_\_\_  
\_\_\_\_\_

## 6. ALCOHOL

Alcohol beverage service requires permission and approval of City Council and **MUST** be requested in advance. Alcohol Beverage Control (ABC) Permit may be required.

Will there be alcohol?  \*Yes  No

If yes, what type(s)?  Beer  Wine  \*Other

If other, please describe: \_\_\_\_\_

Will alcohol be sold and / or included in admission price?  Yes  No

Describe your alcohol management strategies. How will alcohol be distributed and monitored?

---

---

---

## 7. ENTERTAINMENT AND RELATED ACTIVITIES

All venues will have sound level requirements / restrictions set by the City of El Cajon.

### Entertainment

Will there be musical entertainment features at your event?  \*Yes  No

If yes, complete the following information or provide an attachment listing all bands / performers, types of music, sound check and performance schedule.

Number of Stages: \_\_\_\_\_

Total Number of Performing Groups / Bands: \_\_\_\_\_

Type of Performers / Bands: \_\_\_\_\_

Will there be a professional sound engineer?  \*Yes  No

If yes, what company will you be using? \_\_\_\_\_

Please describe the sound equipment that will be used for your event.

---

Describe how you will provide power for entertainment.

---

Will sound check be conducted prior to the event?  \*Yes  No

If yes: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Will sound amplification be used?  \*Yes  No

If yes: Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Will you be requesting the use of the City's power junction box to power your entertainment needs?  Yes  No  
(Junction box is only available for use in Prescott Promenade or Centennial Plaza.)

Do you plan to have an audience dance component to either live or recorded music?  \*Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**Related Activities**

Will inflatables, rides, or similar devices be used at your event?  \*Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**\*(YOU WILL BE REQUIRED TO PROVIDE ADDITIONAL INSURANCE FOR INFLATABLES, CARNIVAL OR PONY RIDES, PETTING ZOOS OR ANY SIMILAR DEVICES).**

Will you be displaying signs or banners for decorative purposes within the event grounds?  \*Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Will your event include any opportunity drawings?  \*Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

## 8. POWER AND LIGHTING

If portable power / generators are used, they must be inspected and grounded per Fire Department regulations. The City of El Cajon may advise event coordinator on placement of power / generators to meet grounding requirements.

Fire Department Website: [www.heartlandfire.org](http://www.heartlandfire.org)

Does your event include the use of generators?  \*Yes  No

If yes, for what purpose? \_\_\_\_\_

\_\_\_\_\_

Number of generators anticipated: \_\_\_\_\_

Size of generator(s): \_\_\_\_\_

Does your event include the use of special lighting?  \*Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your event include the use of lighting towers?  \*Yes  No

If yes, please describe and show location(s) on event map: \_\_\_\_\_

\_\_\_\_\_

## 9. MEDICAL AND ACCESSIBILITY PLAN

**YOU MAY BE REQUIRED TO PROVIDE MEDICAL SERVICES, A FIRST AID STATION, AND/OR CERTIFIED EMT'S.**

**All events must meet accessibility standards set by the City, County, State and Federal Government. It is the responsibility of the event organizer to be aware of these regulations.**

Please describe how you will provide the following:

Clear path of travel throughout event venue: \_\_\_\_\_

\_\_\_\_\_

Disabled parking and/or transportation plan: \_\_\_\_\_

\_\_\_\_\_

Food, beverage and vending areas ADA accessible: \_\_\_\_\_

\_\_\_\_\_

**These details are 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.**

## 10. MARKETING, PUBLIC RELATIONS AND SPONSORS

**Events cannot be marketed or promoted until the event is approved by City staff.**

Will this event be marketed, promoted, or advertised in any manner?  \*Yes  No

**If yes, please describe:** \_\_\_\_\_

Will there be live media coverage during the event?  \*Yes  No

**If yes, please identify location:** \_\_\_\_\_

Will media vehicles be parked within the event venue?  \*Yes  No

**If yes, please describe location and safety prevention measures (e.g. external cables, power source, generators):**

\_\_\_\_\_

**If event is approved, copies of press releases will be requested for review.**

Will you be distributing promotional flyers or items?  \*Yes  No

**If yes, please submit a copy of flyer/items and describe distribution plan.** \_\_\_\_\_

\_\_\_\_\_

Will you be soliciting sponsors for this event?  \*Yes  No

**If yes, please list major or potential sponsors:** \_\_\_\_\_

\_\_\_\_\_

## 11. SANITATION

The City of El Cajon will advise the event coordinator in regards to the need of sanitation services (TO INCLUDE TRASH, RECYCLING AND PORTA POTTIES) based on information provided in the event application. Information considered includes event size, length of time and details of use.

It will be the responsibility of the event coordinator to arrange and pay for the services using the City of El Cajon's contracted sanitation company. The company information is provided below for reference:

Waste Management of El Cajon  
1001 W. Bradley Ave.  
El Cajon, CA 92020  
Phone: (619) 596-5100  
E-mail: [essandiego@wm.com](mailto:essandiego@wm.com)

Please sign below confirming you have read the above statement:

X

---

## 12. MAP

A detailed site plan/route map must be submitted with application. Map must include details about your event, including placement of booths, first-aid facilities, porta-potties, trash / recycling, vendors, stage(s), attractions, light towers, generators, 20' fire lanes, etc. The more details provided will help expedite the approval process.

Please sign below confirming you have read the above statement:

X

---

## 13. POST EVENT AGREEMENT

All applicants shall execute an agreement to clean and otherwise restore the event site to its pre-event condition immediately after event. The City shall conduct pre-event and post-event inspections. If the post-event condition of the site is not the same as its pre-event condition, the City shall conduct the work necessary to restore the site to its pre-event condition and shall bill the event sponsor for the costs of such work.

Please sign below confirming you have read the above statement:

X

---



# 14. AFFIDAVIT

I certify that I have read this application and state that the above information is correct, and that I am the property owner, authorized agent of the property owner, or other person having a legal right, interest, or entitlement to the use of the property that is the subject of this application. I understand that the applicant is responsible for knowing and complying with the governing policies and regulations applicable to the proposed permit. The City is not liable for any damages or loss resulting from the actual or alleged failure to inform the applicant of any applicable laws or regulations, including before or during final inspections. City approval of a permit application, including all related plans and documents, is not a grant of approval to violate any applicable policy or regulation, nor does it constitute a waiver by the City to pursue any remedy, which may be available to enforce and correct violations of the applicable policies and regulations. I authorize representatives of the City to enter the subject property for inspection purposes.

Print Name: \_\_\_\_\_

Signature: X \_\_\_\_\_

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

**Send completed application to:**

City of El Cajon Recreation Department  
200 Civic Center Way  
El Cajon, CA 92020

Or email Michele Sawaya at: [msawaya@cityofelcajon.us](mailto:msawaya@cityofelcajon.us)

Phone: 619.441.1762 Fax: 619.588.1190