



## SPECIAL EVENT APPLICATION

### Application Information:

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

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

Date(s) of Event: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_

Primary Contact Email Address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Event Website (if applicable): \_\_\_\_\_

### Type of Event:

Auto Show

Bike Ride

Walk/Run

Athletic Event – Other Please Describe: \_\_\_\_\_

Festival/Carnival

Concert/Performance

Parade

Other Please Describe: \_\_\_\_\_



**Event Setup & Dismantle:**

Setup Dates: \_\_\_\_\_ Setup Times: \_\_\_\_\_

Event Dates: \_\_\_\_\_ Event Times: \_\_\_\_\_

Dismantle Dates: \_\_\_\_\_ Dismantle Times: \_\_\_\_\_

Anticipated Attendance: \_\_\_\_\_

**City Street Names and/or Public Areas Requested for Event:**

Please be specific. A City street map highlighting requested areas is mandatory. If you would like, please submit a separate list with dates and times of use for each area/street/parking lot, etc.

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**Food Concession/Vendors:**

A list of all vendors must be provided to the City. Each vendor must pay a \$50 vendor fee unless they are a non-profit organization or have a current valid City of Solvang Business Certificate by the date of your special event application submittal. Non-profit ID numbers/registration # or a copy of tax exemption must be provided on the vendor list for non-profit organizations. Vendors with a City of Solvang Business Certificate must provide certificate number and most current date issues.

Number of expected vendors: \_\_\_\_\_

Will food be prepared at this event? \_\_\_\_\_

Will Liquid Propane Gas (LPG), Open Flame, or Generators be used? \_\_\_\_\_

If you plan to serve/sell food, you are required to obtain a health permit from Santa Barbara County Public Health Department at (805) 681) 4900, or [www.sbcphd.org/ehs](http://www.sbcphd.org/ehs). Please note: you will need to provide the City of Solvang with a copy of your SB Health Permit.



**Alcohol or Beverage Service:**

Will you be serving or selling non-alcoholic beverages at your event? \_\_\_\_\_

Will you be serving or selling alcoholic beverages at your event? \_\_\_\_\_

If you plan to serve/sell beverages (alcoholic and non-alcoholic), you are required to obtain a health permit from Santa Barbara County Public Health Department at (805) 681) 4900, or [www.sbcphd.org/ehs](http://www.sbcphd.org/ehs). Please note: you will need to provide the City of Solvang with a copy of your SB Health Permit.

You will be required to contact the Alcohol Beverage Control (ABC) and obtain necessary Special Daily License in order to serve/sell alcohol. Proof of such license must be provided to the City of Solvang. You. Must include on your site map all conditioned area(s) including entrances and exits as required by ABC. For information and licensing procedures, please visit [www.abc.ca.gov/forms](http://www.abc.ca.gov/forms).

**Site Plan:**

To ensure your application is reviewed promptly, please attach your site/route plan depicting the proposed layout for your event. Please refer to the Special Event Permit Guidelines for details of what should be included in your site/route plan.

**Entertainment and Related Activities:**

Are there any entertainment features, musical or otherwise, included in your event?

Yes  No

Will there be amplified music or announcements at any time during your event?

Yes  No

If you answered yes to any of the above, please explain below and include locations.

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**Portable Restrooms:**

Do you plan to provide restroom facilities? Please note, it may be required.

Yes  No

If yes, how many are you providing for your event? Regular: \_\_\_\_\_ ADA: \_\_\_\_\_

Please list locations of restrooms and which type on your site map.

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**Sanitation and Recycling:**

Please list the amount of each type of unit you will be providing. Please note, it may be a requirement.

Trash Cans: \_\_\_\_\_ Recycling Containers: \_\_\_\_\_ Compost Stations: \_\_\_\_\_

Dumpsters: \_\_\_\_\_

Please make sure to list locations of units and which type on your site map.

**Medical Plan:**

If required for your event (a requirement for any event with more than 1,000 attendees), please provide a separate document describing the locations of first aid stations along with the type of aid offered and who is contracted to provide medical services.

**Additional Contacts:**

Contact Name & Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_ Contact Email: \_\_\_\_\_



**Affidavit of Applicant:**

I certify that the information contained in the forgoing application is true and correct to the best of my knowledge and that I have read, understood and agree to abide by the rules and regulations governing the proposed Special Event under the City of Solvang Municipal Code. I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the Manager's designee. Applicant agrees to comply with all other requirements of the City, County, State, Federal, and any other applicable entity, which may pertain to the use of the Event venue and 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 Solvang and contracted services.

I agree to all conditions stated in the Special Event Guidelines and Application:

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Print Name & Titles/Applicant/Host Organization

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Signature

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Date