

SPECIAL EVENT OUTLINE

If you will provide the following information we can help you develop a safe and successful event by assisting you with the coordination of county departments and state agencies. You may mail this form to our office at Monterey County, ERP-OED; 230 Church St., Bldg. 3, Salinas, CA, 93901 or fax it to (831) 755-5081.

Name of Event: _____

Day(s) of Event: From: ____/____/____ To: ____/____/____

Event Location: _____

Organization: _____

Contact Person: _____

Address: _____

Telephone: Day: _____ Evening: _____ Fax: _____ Cell: _____

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Anticipated Attendance at Event: Total _____ Average Per Day _____

1st day _____ 2nd day _____ 3rd day _____ 4th day _____

Date/Time

Setup: Date _____ Time _____ Day of Week _____

Event Starts: Date _____ Time _____ Day of Week _____

Event Ends: Date _____ Time _____ Day of Week _____

Dismantle: Date _____ Time _____ Day of Week _____

Yes No

Is this an annual event? If so, how many years _____

Are admission, entry or participant fees required?

Is the Organization a commercial entity?

Is the Organization a tax exempt, nonprofit entity?

Do you expect any of the following actions or activities to occur?

Yes No

Road closures: County: State Both

If yes, list roads to be closed:

Will Major traffic arteries be affected by your event (streets / highways /intersections) If yes, please list:

Use of Alcohol Sold___ Free___ Types_____

Musical Entertainment Type:_____

Use of Sound Equipment Type: _____

Dancing: Inside___ Outside___

Temporary structures. If yes, what type and size?

___ Tents How many:___ Type: _____ Size: _____

___ Bleachers How many_____ How high _____

___ Stages How many _____ How high _____

___ Other structures: Describe:_____

Food vendors How many _____

___ Food to be cooked on-site Gas_____ Electric_____ Charcoal _____

Other Vendors How many _____ Types: _____

Off-site parking Where:_____ Est. No. of vehicles _____

Security: In-house___ Private Company___ List Company:_____

Use of professional medical services provider, List Company:_____

Will all venues provide reasonable accommodations to the disabled?

Will you use traffic safety equipment? List _____

Notified surrounding residents/businesses of event. How? _____

Insurance will be provided. Company: _____

Please describe the flow of patrons and vehicles. (i.e., entrances, exits, traffic flow patterns)

Name of Preparer: _____

Date: _____

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