

Permit No: \_\_\_\_\_

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

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

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

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



**CITY OF VALLEJO  
COMMUNITY EVENTS PERMIT  
APPLICATION**

**Complete and return 6-8 weeks in advance  
to: City of Vallejo  
Central Permit Center  
555 Santa Clara Street, 2nd Floor  
Vallejo, CA 94590**

Checklist:

- Processing Fee: \_
- Land Use Fees: per day \_\_\_\_\_
- Site Plan - NOTE: We have the maps for Water front and Alden Park. For other location mapping tool please click [here](#)
- Certificate of Insurance w/ attached endorsement page
- Special Event Permit Insurance and Indemnity Agreement
- Security Contract (if required)
- Additional Permits/Requirements (i.e. Planning, Building, Fire, and Business License)
- Parade Permit (where applicable)
- Street Closure Permit and fees, (where applicable): per the [Fee Schedule](#)
- Sound Permit (current [Fee Schedule](#)) with COV Police Department and fees, (where applicable)

**CITY OF VALLEJO  
SPECIAL EVENTS PERMIT APPLICATION**

**Event Summary**

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

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

Location of Event: \_\_\_\_\_

Type of Event:        Run/Walk     Bike Race     Parade     Street Fair     Other

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

Brief Event Description, including purpose and target audience.

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

Dates/Times of Event: \_\_\_\_\_

Dates/Times of Set Up: \_\_\_\_\_

Dates/Times of Tear Down: \_\_\_\_\_

If parade, race, run or walk, please indicate route and attach a proposed route map:

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

**\*A Street Closure Permit may be required.**

Estimated Attendance:    Spectators: \_\_\_\_\_                      Participants: \_\_\_\_\_

Will normal operations of residents or businesses be affected by your event? YES     NO

**\*If yes, attach a copy of the notification letter being set to the affected residents/businesses.**

**Sponsoring Organization (Applicant)**

***The applicant for the Special Events Permit must be the authorized representative of the organization/business conducting the special event. The applicant must be available to work with the City staff throughout the permitting process.***

Responsible Organization: \_\_\_\_\_

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (b) \_\_\_\_\_ (h) \_\_\_\_\_

Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Is your organization a tax-exempt nonprofit?                      YES     NO

**\*If yes, attach a copy of the IRS 501(c) tax exemption letter certifying your current status as tax-exempt nonprofit organization.**

Will admission, entry or participant fees be required? YES     NO  Per person \$ \_\_\_\_\_

Will vendor fees be required?                      YES     NO  Amount \$ \_\_\_\_\_

Has your organization received City funding for the current year? YES     NO

**Entertainment Activities**

Will sound amplification be used? YES  NO

If yes, please describe type of music/amplification. (e.g., DJ, live band, portable system)

***\*A Sound Permit may be required along with an administrative fee in accordance with the most current [Fee Schedule](#).***

**Business License**

YES  NO

Business License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Food & Beverage**

Will food be sold or served at your event? YES  NO

***\*Each food vendor must obtain a food vendor license.***

Will alcohol be sold or served at your event? YES  NO

***\*If alcohol will be served, liquor liability will be required on the insurance policy in the amount of \$2,000,000 as well as a permit from Alcoholic Beverage Control Board (ABC), (510) 622-4970.***

**Security & First Aid**

Describe your internal security procedures (e.g., are you hiring a private security firm?)

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

Will you request Vallejo Police services? YES  NO

Will there be a command post at your event? YES  NO

Will you have an on-site provider of primary first aid? YES  NO

***\*An executed Security Contract and/or agreement may be required.***

**Sanitation**

Describe your clean-up plans both during and after the event:

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

Will there be portable toilets available? YES  NO

***\*Please note locations on site plan***

Delivery date: \_\_\_\_\_ Removal date: \_\_\_\_\_

Describe your arrangements for trash removal:

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

***\*Depending on the size of your event, you may be required to follow certain State mandates related to event recycling on City property. You must contact the Recycling Coordinator at (707) 648-5346 to discuss your recycling plan before your permit is issued.***

**Fire Safety**

Will any fireworks be used? YES  NO

If yes the following fees apply:

**Fireworks display fee per the current [Fee Schedule](#)**

**\$170 per hour stand-by fee (minimum 2 hour coverage)**

Will there be any propane gas or open flame? YES  NO

Will there be any fenced or limited access areas? YES  NO

Will there be any compressed gas cylinders in use? (helium, etc) YES  NO

**Equipment**

Will there be any tents or inflatables at your event? YES  NO

If yes, does the area exceed 400 square feet (37m<sup>2</sup>) YES  NO

If yes, a permit is required and the following fee applies:

**Review fee for tents and air supported structures per the current [Fee Schedule](#)**

Will other temporary structures be used YES  NO

If yes please describe the type of structure (e.g., bleachers, stages, etc.)

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***\*Please note locations on site plan.***

**Traffic Control & Parking Resources**

Please describe your traffic, parking and overflow plan:

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Will the services of the Vallejo Police be required? YES  NO

List specific locations of use:

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Will you request on-street parking removal? YES  NO

Will vehicles be parked on unpaved areas? YES  NO

Will you request that any street(s) be closed? YES  NO

If yes, please list street(s):

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Date(s) & Times(s) for street closure: \_\_\_\_\_

***\*A Street Closure Permit may be required with an administrative fee per the current [Fee Schedule](#).***

**Maintenance**

Will a quick-coupler be needed? YES  NO

Will you need the irrigation sprinklers turned off? YES  NO

***\*Call Grounds Maintenance at (707) 648-4501 to schedule the above items.***

**Signage**

Will this event require temporary No Parking signs? Qty \_\_\_\_\_ YES  NO

Will you be posting directional signage? YES  NO

Will there be signage advertising your event? YES  NO

If yes, please provide the location(s):

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**Electrical**

Will you use electricity? YES  NO

Will a Generator be used? YES  NO

If yes please indicate voltage, and wattage of generator: \_\_\_\_\_

***\*Outdoor extension cords must be 3-prong UL listed extension cords***

Please describe electrical usage: \_\_\_\_\_

*\*The City of Vallejo does not provide additional connections other than the power sources available, nor will they provide any additional power sources that may be required.*

*\*An electrical permit may be required if a generator is being used, and a fee will be assessed per the current [Fee Schedule](#).*

**Agreement and Authorization**

The undersigned Organization has read the Community Events Guidelines of the City of Vallejo and agrees to follow and abide by the regulations and procedures therein. It is also agreed that the undersigned Organization does hereby agree to assume the defense of and indemnify and save harmless the City of Vallejo, its Council members, boards, commissions, officers, employees and agents, for all suits, actions, damages or claims to which the City may be subject of any kind or nature whatsoever resulting from, caused by, arising out of, or as a consequence of such issuance of a Community Events Permit, and all underlying permits issued by the City of Vallejo and the activities permitted in connection therewith.

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Organization Name

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Authorized Signature

Date

**Attachments Required:**

- Site Plan
- Processing Fee - [Fee Schedule](#).
- Land Use Fees - [Fee Schedule](#).
- Certificate of General Liability Insurance along with an Additional Insured endorsement page naming City of Vallejo, the State of California, California Department of Transportation, and their respective officers, directors, employees and volunteers as additional insureds. The general liability shall provide a minimum of \$2,000,000 per occurrence and \$4,000,000 aggregate limits of general liability insurance coverage.
- Security Contract (if required)

## Department Conditions of Approval

(for office use only)

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

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

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

### DEPARTMENT

Risk Manager	_____	_____
	Certificate of Insurance – Liability (received and approved)	Date
	_____	_____
	Certificate of Insurance – Liquor (received and approved)	Date
	_____	_____
	Certificate/Exemption , Wks Comp (received and approved)	Date
Business License	_____	_____
	Approved	Date
PW/Traffic Engineer	_____	_____
	Approved	Date
Transportation Mgr.	_____	_____
	Approved	Date
Recycling	_____	_____
	Approved	Date
Police Department	_____	_____
	Security Plan (received and approved)	Date
	_____	_____
	Parking Plan (received and approved)	Date
	_____	_____
	Personnel Estimated Costs (received and approved)	Date
Fire Prevention	_____	_____
	Site Plan – (received and approved)	Date
Asset Manager	_____	_____
	Approved	Date
Building Division	_____	_____
	Approved	Date
City Engineer	_____	_____
	Approved	Date
PW Director	_____	_____
	Approved	Date
City Manager	_____	_____
	Authorizing Approval	Date