



SPECIAL EVENT PERMIT

APPLICATION PACKET

TOWN MANAGER'S OFFICE
110 E. MAIN ST., LOS GATOS, CA 95030



TOWN OF LOS GATOS SPECIAL EVENT APPLICATION

PROCESS

STEP 1

BEFORE COMPLETING THIS APPLICATION, PLEASE FIRST CAREFULLY REVIEW THE FOLLOWING DOCUMENTS:

1. **Event Permit Flow Chart** to determine if your event requires a special event permit.
2. **Special Event Timeline** for a better understanding of the special event process.
3. **The Special Event Guidelines & Procedures** for detailed information to assist with completing this application and planning your event in Los Gatos.

STEP 2

SUBMIT THE FOLLOWING ITEMS AT LEAST 90-DAYS PRIOR TO YOUR EVENT IN ORDER TO BEGIN PROCESSING OF YOUR APPLICATION.

Review the "Special Event Guidelines and Procedures," for details and examples of these items.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Special Event Application fee of \$178. |
| <input type="checkbox"/> | Completed Special Event Application |
| <input type="checkbox"/> | Site map of event |
| <input type="checkbox"/> | If requesting a road closure, a preliminary diagram of those streets and/or a traffic control plan. |
| <input type="checkbox"/> | Preliminary timeline of event |

STEP 3

IF YOU HAVE ANY OF THE FOLLOWING, APPLICABLE ITEMS READY NOW, ATTACH THEM TO THIS APPLICATION. THESE ITEMS AND OTHER APPLICABLE DOCUMENTS OR PERMITS WILL BE REQUIRED BEFORE RECEIVING YOUR FINAL PERMIT.

Review the "Special Event Guidelines & Procedures," for details and examples of these items.

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Certificate of Insurance |
| <input type="checkbox"/> | Shuttle Route |
| <input type="checkbox"/> | Neighborhood Notification Letter |
| <input type="checkbox"/> | Alcohol Beverage Control (ABC) Application <i>(if alcohol will be served or sold to the public)</i> |
| <input type="checkbox"/> | Encroachment Permit Application |

Applications must be submitted 90 days prior to your event and can be submitted in person from 8:00 a.m. to 5:00 p.m. Monday to Friday or mailed to:

Town of Los Gatos
Attn. Special Events
110 E. Main St.
Los Gatos, CA 95030

For questions or to submit via email contact Christina Hill at chill@losgatosca.gov or call 408-399-5734.



**TOWN OF LOS GATOS
SPECIAL EVENT APPLICATION**

ORGANIZATION INFORMATION

Use the information of the organization primarily responsible for the event to complete the following fields.

ORGANIZATION:

CHIEF OFFICER OF ORGANIZATION:

PHYSICAL ADDRESS:

MAILING ADDRESS:

EMAIL:

MAIN PHONE:

IS THIS ORGANIZATION A NON-PROFIT? NO YES *If yes, you must submit proof of active tax-exempt status*

CO-SPONSORING ORGANIZATION

Complete this section if the event is co-sponsored or organized by another organization.

ORGANIZATION:

CHIEF OFFICER OF ORGANIZATION:

EMAIL:

PHONE:

EVENT COORDINATOR INFORMATION

Provide information for the primary Event Coordinator and one additional contact. The Coordinator listed in the first section below will be the Town's main day-to day contact and the person listed on the permit.

PRIMARY COORDINATOR:

TITLE:

EMAIL:

ADDITIONAL EMAIL:

PHONE:

ADDITIONAL PHONE:

ALTERNATE/ADDITIONAL COORDINATOR INFORMATION

NAME:

TITLE:

EMAIL:

ADDITIONAL EMAIL:

PHONE:

ADDITIONAL PHONE:

ON-SITE CONTACT INFORMATION

NAME:

CELL PHONE:



**TOWN OF LOS GATOS
SPECIAL EVENT APPLICATION**

EVENT INFORMATION

EVENT NAME:

EVENT TYPE:

ESTIMATED EVENT ATTENDANCE:

ESTIMATED NUMBER OF VOLUNTEERS

REQUESTED EVENT LOCATION(S):

A detailed site map showing the location(s) for your event will also be required. Additional parks use fees may be required if your event is in a park, see the Special Events Guidelines & Procedures for additional information.

OAK MEADOW PARK TOWN PLAZA PARK CIVIC CENTER N. SANTA CRUZ AVE.

PUBLIC STREET(S) *(if using public streets, parking spaces, lots or other right-of-ways complete the appropriate section later in this application)*

OTHER

EVENT SCHEDULE

EVENT DATE(S):

EVENT START TIME:

EVENT END TIME:

SET-UP DATE(S):

TEAR-DOWN DATE:

SET-UP START TIME:

TEAR-DOWN END TIME:

EVENT OVERVIEW

WRITE A BRIEF SUMMARY DESCRIPTION OF YOUR EVENT.



TOWN OF LOS GATOS SPECIAL EVENT APPLICATION

EVENT ELEMENTS

Check all boxes that apply to your event. Additional information on the requirements may be found in the Special Event Guidelines and Procedures.

<input type="checkbox"/>	Alcohol will be served or sold to the public. <i>A letter of authorization from the Los Gatos Monte Sereno Police Department and a permit from the California Alcohol Beverage Control (ABC) agency is required.</i>
<input type="checkbox"/>	Food will be served or sold to the public. <i>A permit from the Santa Clara County Department of Environmental Health may be required.</i>
<input type="checkbox"/>	Generators, cooking booths, and/or tents will be used. <i>A permit from the Santa Clara County Fire Department may be required.</i>
<input type="checkbox"/>	Live music or voice amplification will be used. <i>Complete the Entertainment and Amplified Sound section of this application.</i>
<input type="checkbox"/>	Temporary banners or signs will be posted in the Town of Los Gatos. <i>A Temporary Sign Permit from the Town of Los Gatos Community Development Department is required.</i>
<input type="checkbox"/>	Placement of dumpsters, portable restrooms or other event equipment will be placed in a public right-of-way outside of the requested event set-up/tear-down times and/or locations. <i>An encroachment permit from the Town of Los Gatos Engineering Department may be required.</i>
<input type="checkbox"/>	The event will be filmed or photographed for commercial use. <i>A motion picture/television/commercial still photo permit may be required.</i>
<input type="checkbox"/>	The event will include vendors. <i>If vendors do not hold a current business license from the Town of Los Gatos, a single day business license is required. Vendors include businesses providing any service during the duration of the event including set up and break down. (Rental companies, equipment vendors, caterers, booth vendors, entertainers, etc.)</i>
<input type="checkbox"/>	Temporary closure of public streets, parking lots or other right-of-ways is requested. <i>Complete the Road Closure section in this application. A Traffic Control Plan is required for all temporary street closures.</i>



**TOWN OF LOS GATOS
SPECIAL EVENT APPLICATION**

STREET, PARKING AND PUBLIC-RIGHT-OF-WAY CLOSURES

Complete this section if you are requesting temporary closure of any public street(s), parking spaces or lots or any other public right-of-ways for your event. See the "Special Event Guidelines & Procedures," for detailed information and requirements on this process.

STREET CLOSURE

All street closures require a Traffic Control Plan indicating location, type and number of traffic control devices used to close the street. See the Special Event Guidelines and Procedures for information on Traffic Control Plans.

LIST ANY STREET(S) YOU ARE REQUESTING CLOSURE OF FOR YOUR EVENT (please also indicate these streets on your site map as well):

DATE(S) OF CLOSURE:

REQUESTED START TIME OF CLOSURE:

REQUESTED STREET RE-OPENING TIME:

PUBLIC PARKING SPACES AND/OR PARKING LOT(S) CLOSURE

These requests will be evaluated with your application and may require an encroachment permit.

LIST THE LOCATION(S) OF THE PUBLIC PARKING SPACES AND/OR PARKING LOTS YOU ARE REQUESTING USE OF FOR YOUR EVENT (please also indicate these areas on your site map as well):

DATE(S) OF PARKING CLOSURE:

DESIRED PARKING SPACE/LOT USE TIMES:

PURPOSE OF USE:

- LOADING/UNLOADING ZONE EVENT EQUIPMENT (Restrooms, dumpsters, storage, etc.)
- EVENT PROGRAMING
- Other (explain)



**TOWN OF LOS GATOS
SPECIAL EVENT APPLICATION**

EVENT SECURITY

EXPLAIN YOUR PLANS FOR BOTH CROWD CONTROL AND INTERNAL SECURITY.

Upon review of this application submittal, please be aware additional security measures may be required at the discretion of the Town. See the Special Event Guidelines and Procedures for more detailed information.

DO YOU PLAN ON HIRING ANY PROFESSIONAL SECURITY ORGANIZATIONS TO PROVIDE SECURITY FOR YOUR EVENT? *All private security companies will need to meet the criteria set forth in the Event Guidelines & Procedures and must be approved by the Town before hiring.*

NO YES IF YES, COMPLETE THE FOLLOWING IF YOU ALREADY HAVE THIS INFORMATION.

NAME OF ORGANIZATION:

ADDRESS:

COMPANY WEBSITE:

PHONE:

NUMBER OF SECURITY OFFICERS PLANNED ON SITE AT EVENT:

DATES & TIMES SECURITY WILL BE ON SITE:

FIRST AID PLAN

DESCRIBE WHAT YOUR PLANS ARE FOR PROVIDING FIRST AID STAFFING AND EQUIPMENT AT YOUR EVENT.

You will also need to indicate the location of your first aid station on your site map.



**TOWN OF LOS GATOS
SPECIAL EVENT APPLICATION**

ENTERTAINMENT AND AMPLIFIED SOUND

If amplified sound, including music, microphones, or other sound equipment will be used at any point during your event, please carefully review and complete this section.

DESCRIBE THE TYPE OF SOUND EQUIPMENT THAT WILL BE USED FOR YOUR EVENT.

DESCRIBE HOW ELECTRONIC EQUIPMENT WILL BE POWERED AND QUANTITY (GENERATOR, BUILDING OUTLET, ETC.)

NUMBER OF STAGES:

NUMBER OF BANDS:

START TIME:

FINISH TIME:

WILL SOUND CHECKS BE CONDUCTED PRIOR TO THE EVENT TIME?

NO YES IF YES, COMPLETE THE FOLLOWING:

START TIME:

FINISH TIME:

ADVERTISING/PROMOTION AND NOTIFICATIONS

HOW WILL YOU MARKET YOUR EVENT?

Per the special events municipal code, sec. 14.100.010, the organizer may not advertise their event until the organizer has received a conditional letter of approval from the town.

RADIO TV PRINT SOCIAL MEDIA BANNERS POSTERS ORGANIZATION WEBSITE

OTHER:

HOW WILL YOU NOTIFY SURROUNDING BUSINESSES AND RESIDENTS OF YOUR EVENT?

Events with amplified sound, large crowds, street closures, and/or other elements which may otherwise inconvenience the surrounding businesses and residents require organizers to notify neighbors typically within a 500-foot radius of the event at least two weeks prior. Please attach your notification document if you have it ready now.



**TOWN OF LOS GATOS
SPECIAL EVENT APPLICATION**

PARKING AND/OR SHUTTLE PLAN

DESCRIBE YOUR PLANS FOR ATTENDEE, VENDOR, AND/OR VOLUNTEER PARKING.

Please also indicate these areas on your site map.

WILL YOU BE USING SHUTTLES FOR OFFSITE PARKING?

NO YES *if yes, attach a shuttle route map will be required before receiving your permit.*



**TOWN OF LOS GATOS
SPECIAL EVENT APPLICATION**

SPECIAL EVENT HOLD HARMLESS AGREEMENT

I hereby certify the foregoing statements to be true and correct. I agree to indemnify and hold harmless the Town of Los Gatos, its Town Council, officers, agents, and employees from and against any and all loss, damages, liability, claims, suits, costs, and expenses, whatsoever, including attorney's fees regardless of the merit or outcome of any such claim or suit arising from or in any manner connected to the requested activity.

I also agree, if approved, to comply with all permit conditions, and understand that failure to comply with any condition, or any violation of law may result in the immediate cancellation of the event, denial of future events, and/or criminal prosecution. I understand the Town Manager, Chief of Police and/or the Director of Parks & Public Works and/or Streets & Parks Superintendent has the right at any time to revoke permission for an event and no rebates or refunds of fees will be made because of such termination.

I understand that no advance promotional activities for a requested event may be made before a Special Event Conditional Letter of Approval is issued. I further understand that I or my organization must pay all costs associated with a permitted event. I understand that I or my organization may be billed for cleanup costs incurred by the Town if cleanup is not performed adequately, and/or future applications for a Special Event Permit and/or Special Use Permit may be denied.

If I am signing this application for an organization I represent, I hereby certify that I am legally authorized to make this agreement for such organization.

Printed Name

Title

Name of Organization

Signature

Date



TOWN OF LOS GATOS

CLERK DEPARTMENT

PHONE (408) 354-6888

FAX (408) 354-8431

clerk@LosGatosCa.gov

CIVIC CENTER
110 E. MAIN STREET
LOS GATOS, CA 95030

INSURANCE REQUIREMENTS

CERTIFICATE OF LIABILITY INSURANCE

CERTIFICATE HOLDER

Town of Los Gatos, 110 East Main Street, Los Gatos, CA 95030.

DESCRIPTION OF OPERATIONS

Town of Los Gatos, its officers, officials, employees and volunteers are named Additional Insured under this policy, as per attached endorsement as respects all operations of the Named Insured on a primary and non-contributory basis.

ENDORSEMENT

SEPARATE ENDORSEMENT FOR REQUIRED ADDITIONAL INSURED

Must include: policy number, date, insured, agency, and code.

NAME OF PERSON OR ORGANIZATION

It is hereby agreed that the Town of Los Gatos, its officers, officials, employees and volunteers are named as additional insured under this policy.

PRIMARY WORDING

The primary wording is usually located on the endorsement but is sometimes found in the description box on the certificate. It must be located somewhere in the insurance documents and must say something similar to the following:

"The insurance coverage extended under this endorsement is PRIMARY and will not seek contribution from any other insurance available to the organization or persons shown in the schedule. The Town of Los Gatos will not be responsible for providing insurance for indemnification or defense of the contractor / developer as part of this project / contract."

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

BUILDERS RISK

For all construction projects, Builders Risk Insurance (Builders All-Risk or Course of Construction Insurance) must be provided. The minimum amount of coverage is the "Completed Value of the Project."

Samples of acceptable language and forms are attached.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
ENTER DATE

PRODUCER Name of insurance broker	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Vendor Name and Address (Should match name on contract, requisition, or purchase order)	INSURER A: NAME OF INSURANCE CARRIER	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	policy number	effective date	expiration date	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$
						PRODUCTS - COMP/OP AGG	\$
							\$
		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	policy number	effective date	expiration date	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	policy number	effective date	expiration date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER Professional Liability Errors and Omissions				enter amount if required by contract	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The Town of Los Gatos, its officers, officials, employees, agents, and volunteers are named Additional Insured under the General Liability policy as per the attached endorsement as respects all operations of the Named Insured on a primary and non contributory basis.

****A SEPARATE ADDITIONAL INSURED ENDORSEMENT MUST BE ATTACHED TO THE INSURANCE CERTIFICATE.****

CERTIFICATE HOLDER

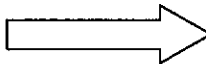
CANCELLATION

Town of Los Gatos Attention: Clerk Department 110 East Main Street Los Gatos, CA 95030	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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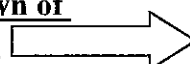
SAMPLE ENDORSEMENT

An Additional Insured Endorsement form must accompany the Certificate of Liability Insurance.

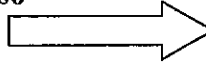
**1. Policy No. must match certificate.
2. Must list the Insured's Name as listed on Certificate.**



Name of Person or Organization: The Town of Los Gatos, its officers, officials, agents, employees, and volunteers are named Additional Insured under the General Liability Policy as respects all operations of the Named Insured on a primary & noncontributory basis.



Endorsement must also state that coverage afforded by the endorsement shall apply as Primary (wording may vary).



POLICY NUMBER: XXXXXXXXXXXX COMMERCIAL GENERAL LIABILITY
INSURED: XXXXXX XXXX XXXXXXXXX
THIS ENDORSEMENT CHANGES THE POLICY. PLEAES READ IT CAREFULLY.

ADDITIONAL INSURED – Endorsement

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART. SCHEDULE

Name of Person or Organization: The Town of Los Gatos, its officers, officials, agents, employees, and volunteers are named Additional Insured under the General Liability Policy as respects all operations of the Named Insured on a primary & non-contributory basis.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

PRIMARY INSURANCE

The insurance coverage extended under this endorsement is PRIMARY and will not seek contribution from any other insurance available to the organization or persons shown in the schedule. The Town of Los Gatos will not be responsible for providing insurance for indemnification or defense of the contractor / developer as part of project / contract.

**The wording for the additional insured must be exact. No abbreviations or changes in the structure of the sentence will be accepted. If you find it difficult to fit the wording in the space provided on your endorsement you may simply list "See Exhibit A" under Schedule and attach a separate "Exhibit A" (additional sheet with the proper wording). Please remember to list the policy number on the additional sheet.