



SPECIAL EVENT APPLICATION – STREET CLOSURE

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.

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? _____

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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. 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. 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.

Parades:

Does your event include a parade? Yes No

If yes, which route will you be using?

Route A: begins at Veteran's Memorial Building. West on Mission Dr, Left on Fourth Pl, Left on Copenhagen Dr, Left on Alisal Road, Right on Mission Dr, returning to Veteran's Memorial Building Parking Lot (Route map at the bottom of this application).

Route B: begins at Veteran's Memorial Building. West on Mission Dr, Left on Atterdag Rd, Left on Copenhagen Dr, Left on Alisal Road, Left on Mission Dr, returning to Veterans's Memorial Building Parking Lot.

New Route: Please provide a map of your proposed route. This route will be subject to approval.



Sheriff Services and Traffic Control Plans & Services:

Your Street Closure Permit will require to contract with the Sheriff Department and/or Traffic Control Company for traffic control service plans and proper placement of traffic control devices (TCD's). **All events will need to submit a Traffic Control Plan. Please give details below on your plans for traffic control. You may submit in a separate file if necessary.**

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.



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.

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: _____

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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:

Print Name & Titles/Applicant/Host Organization

Signature

Date