



CITY OF SALINAS
MINOR SPECIAL EVENT--PERMIT APPLICATION

DATE OF EVENT: 4/23/2022 **START/ENDING TIME:** 8:00 AM/12:00 PM

LOCATION OF EVENT(S): UPPER CARR LAKE – 855 E. Laurel Drive

PERSON OR ORGANIZATION REQUESTING PERMIT

Name: Monterey County Environmental Health

Address: 1270 Natividad Rd. State: CA Zip Code: 93906

Telephone Number: (831) 755-4505 Cell Phone Number: (831) 755-4542

E-mail Address: encarnacionr@co.monterey.ca.us

Tax Exempt/Non-Profit Entity:

☐ No; City of Salinas Business License Number _____

☐ Yes; Tax Exemption Number _____

ON-SITE RESPONSIBLE PARTY:

☒ Same as Above

Name: _____

Address: _____ State: _____ Zip Code _____

Telephone Number: _____ E-mail Address: _____

EVENT DESCRIPTION: (check type of event)

☐ Dance ☐ Assembly ☐ Food Vendor ☐ Race ☐ Radio Remote/Remote Broadcast

☐ Photo ☐ Tents over 400sq' ☐ Canopies over 700sq'

☐ How many open flame devices? _____

☐ Promotional/Fundraising Activity _____

Provide method and list of items to be given away _____

☒ Other: Cleanup event

Please highlight area to be barricaded on Site Plan. Describe how area will be barricaded.

Sound/Entertainment: (check type of sound entertainment)

☐ D.J. ☐ Live Band ☐ P.A. System ☐ Other _____

Will admission be charged? ☒ No ☐ Yes; Amount _____

Will tickets be sold? ☒ No ☐ Yes; *In Advance or Day of Event?* _____

Identify locations of advance sale box offices _____

Projected Attendance: 40 people

Will the event require:

☐ Street Closure ☐ Traffic Detours ☐ Parking ☐ Police Enforcement ☐ Fire Enforcement

☐ Encroachment Permit ☐ Other _____

Applications must be submitted at least 10 days prior to the event.

PROPERTY OWNER CONSENT: No Permit shall be issued unless the owner of the property upon which the proposed Special Event will be held, or that person's representative or agent, has first given their express written consent by signing below.

Printed Name _____

Signature _____

Date _____

No Permit shall be issued until this Application is approved and is signed by an authorized representative of the City of Salinas. A meeting may be required prior to approval. Please complete this Application in full and return it no later than ten (10) days prior to the proposed event. This event shall be conducted in strict accordance with all applicable local, state, and federal laws and regulations including but not limited to, the noise restrictions imposed under the Salinas City Code upon amplified sound.

A site plan must be attached to this Application. No alcohol may be served/sold at this event.

Ten (10) copies of this Application must be submitted with payment of a *non-refundable* application fee. Checks should be made payable to CITY OF SALINAS.

If you have any questions, please contact Sheila Molinari, Recreation-Parks Division at 831.758.7476.

CERTIFICATION OF APPLICANT

I declare that I am 18 years of age or older and the information contained in the foregoing application is true and correct to the best of my knowledge. I have read, understand and agree to abide by the rules and regulations governing Special Events under the Salinas City Code and I understand this application is made subject to the rules and regulations established by the City Council and/or the City Manager or their designee. I also understand that misrepresentation of facts will cause this Permit to be null and void. I also understand that if an emergency Police or Fire response is generated to this event, I may be charged for the Police or Fire services required.

I further declare that I am authorized to enter into this Application for and on behalf of myself and the organization described above.

Signature _____

Date _____

For Internal Use Only

Fees Paid: _____

Account Code 10:00 56121

Permit Number: _____

Date of Application _____

Approved: [☐] Yes [☐] No _____

Signature: _____

Date _____

Sheila Molinari