



County of Monterey Parks
Facility Use Application

Application Date: April 18 18

Thank you for selecting a County of Monterey Park as the site for your special event. The information requested in this application will be used to determine your need for a standard reservation or special event agreement to conduct the proposed event. Please answer all questions. If a question is not applicable, please indicate by answering "No" or N/A". Your application will not be processed until all information is completed and received.

1. EVENT SUMMARY

- a. Park Name: Luro Park
- b. Park Area(s): Sycamore Picnic Area
- c. Set Up Date(s): 8-26-18
- d. Setup Time(s): 9:00 AM
- e. Event Date(s): 8-26-18
- f. Event Time(s): 10:00 AM
- g. Cleanup Date(s): 8-26-18
- h. Cleanup Time(s): 8:00 PM
- i. Event: St Paul San Pablo Picnic

2. APPLICANT ORGANIZATION

- a. Applicant St. Pauls EPISCOPAL church
- b. Applicant Type ☒ Private/Commercial
☐ Non-Profit (# _____)
☐ Government Agency
- c. Address: 1071 Pajaro street, Salinas CA
93901
- d. Event Contact Name: Lucy Murguia
- e. Phone Number: 424-5210
- f. Email Address: SAN PABLO SALINAS @ hot mail . com

c. Will additional lighting be required? ☐ Yes ☒ No

If yes, describe: _____

d. Will Special Activities be used during the event such as inflatables or rock climbing wall, etc.?

☐ Yes ☒ No

If yes, describe (Include any vendors providing equipment): _____

e. Food and non-alcoholic beverage will be prepared or served at the event?

☒ Yes ☐ No

f. Will food be offered to the public? ☒ Yes ☒ No

g. Food and non-alcoholic beverage will be sold at the event? ☐ Yes ☒ No

If yes, please list all vendors: _____

h. Equipment will be used at the event (such as tents, stages, canopies)? ☒ Yes ☐ No

If yes, describe: (indicate size and quantity of equipment) _____

tent - For sun shade 10 FT
10 X 6 FT.

If equipment is being provided by company please list company name: _____

i. Alcohol will be sold and/or served at the event? ☐ Yes ☒ No

If yes, please list vendors selling and/or serving alcohol: _____

5. EVENT PLANS AND OPERATIONS

a. Purpose of the proposed event, the necessity therefore, and the reason why it is compatible with the use of the Monterey County Park System.

Prayer / celebration at the park.

b. List of applicants proposed fees/ charges:

Admission/ Entrance Ticket: none

Portable Toilet Units: N/A

ADA Accessible Portable Toilet Units: N/A

Handwashing Stations: N/A

Drinking Fountains: N/A

Other: N/A

- i. Method of garbage collection and disposal to be used:

trash bags

- j. Proposed first-aid service to be supplied by applicant, including ambulance services, doctors, nurses, first responders, and medically trained personnel: N/A

- k. Additional police protection or security, including security for events with alcohol. (provided by applicant and at applicant's expense):

N/A

- l. Proposed fire control measure and additional firefighting equipment to be furnished by applicant as required by the Director of the Resource Management Agency, his designee, or the local Fire Marshal: N/A

- m. Does the event require vehicle access other than on roads/parking lots? (e.g. moving vehicles through grassy or unpaved areas to set up equipment.) ☐ Yes ☒ No

If yes, describe: _____

6. ADDITIONAL TERMS

- a. Applicant may be required to post security or a bond with the County, depending on circumstances of the special event and probabilities of damage.
- b. Applicant will be required to provide insurance covering their special event.

Please sign and date the application by hand in blue or black ink. Submit the application and all required attachments to:

Monterey County Parks
Attention: Reservations
1441 Schilling Place- South 2nd Floor
Salinas, CA 93901

Any misrepresentation in this application or deviation from the final permit conditions may result in immediate revocation of the event permit and the canceling of the event.

I agree to the terms and conditions as set forth in this Facility Use Application and the County Parks Rules and Policies incorporated by reference herein.

REQUESTED BY:

Signature

JAVIER MEJIA

Name

Title

4-18-18

Date

1630 UETAH WAY

Address

Salinas CA 93906

City, State, Zip

831 596-1800

Phone Number

javierxmejia@sbcglobal.net

Email

FOR COUNTY USE ONLY – County is not required to state a reason if it denies an application.

Required Permit: ☐ Standard Reservation ☐ Special Event Agreement ☐ Application Denied

Comments: _____ Date _____