City of Yreka
Planning Department
701 4th Street
Yreka. CA 96097
(530) 841-2386

SPECIAL EVENT CHECKLIST

Special Event Applications are filed with the Planning Department. **Only applications with all required submittal items for each corresponding checklist will be accepted.** Applicants should contact the Planning Department regarding any questions with the checklist requirements prior to submitting an application. Email any questions to the Planning Department at planning@ci.yreka.ca.us, or call (530) 841-2386. You may also visit our website are https://ci.yreka.ca.us/164/Planning for additional information and forms. Please review the Planning Review Times and Process document linked here.

Special Event Information

Event Name:_____

Date(s) of Event:_____

APPLICATION SUBMITTAL REQUIREMENTS

REQUIRED FORMS:

- Universal Application Form
- Indemnification Form
- Disclosure Form
- Copyrights Release Form
- Electronic Signature Disclosure Form
- Special Event Checklist

REQUIRED PROJECT INFORMATION:

Indicate below each of the required documents or plan set components that have been prepared and submitted for this application. **See instructions on the following page for those requirements.**

PROJECT DOCUMENTS:

- Detailed Special Event Site Plan
- Engineered Street Closure and Traffic Control Plan, if closing city street(s)
- Alcohol Beverage Control Permit, if serving or selling alcohol
- Caltrans Encroachment Permit (copy), if impacting Highway 3
- Insurance ($1,000,000 General Liability)
- Encroachment Permit, if impacting city streets/sidewalks

REQUIRED FEES:

Use the City's Online Fee Schedule to determine your project's required Application Fee(s) for an Encroachment Permit.

INSTRUCTIONS FOR APPLICATION REQUIREMENTS

PROJECT DOCUMENTS - All documents must reflect the document requirements. Use the document requirements to determine if you should include that document

PROJECT PLAN SET COMPONENTS - All plans/sheets must reflect the plan sheet requirements.

SITE INFORMATION AND PLAN ELEMENTS

Event Space Address or Location:_____

Zoning of Surrounding Area:_____

Using **a separate sheet of a minimum of 11" x 17",** submit a detailed premises diagram showing the boundaries of the event that includes the following:

- Portable Structures
- Prefabricated Structures
- Existing Structures
- Staging Area for Parades and Performers
- Reviewing Stand(s)
- Elevated Platforms and Stages
- Temporary Pedestrian Bridges
- Tents or Canopies
- On-Site Grading
- Portable Restrooms
- All On-Site Signs and Banners
- All ADA and Non-ADA Travel Routes
- Assembly or Production Areas
- Electrical Sources and Connections
- Fuel Storage
- Cooking and Open Fires
- Water Supply
- Run-Off Containment Features
- Waste, Recycling, & Composting Containers
- Accessible Parking
- Access Points of Event
- Access Points for Emergency Fire and Ambulance Equipment
- Emergency Medical Service Area(s)
- Any Vehicles Located in an Enclosed Area
- Pyrotechnics
- Animals and Animal Rides
- Other Similar Information that will Describe the Components of the Event

Activites that are strictly prohibited can be found on the City's website

SPECIAL EVENT FORM

Event Name:

Event Description

Provide a description of the proposed event including a description of planned activities and vendors.

Setup (Date/Time) Event Start (Date/Time) Event End (Date/Time) Clean-up End (Date/Time)

Is this a reoccurring event that will keep the same schedule and setup? (Concert Series, Farmer's Market, Art Walk, etc.)

☐ YES ☐ NO

If "yes", please list all dates that the above schedule will follow:

Is the event open to the general public? ☐ YES ☐ NO

What is your anticipated attendance or historic attendance numbers?

Will your event host vendors selling non-food products? ☐ YES ☐ NO
If "yes", please complete **Non-food Product Vendor** Section

Will your event host food vendors or serve food to attendees? ☐ YES ☐ NO
If "yes", please complete **Food Product and Service Vendor** Section

Will your event sell or serve alcohol? ☐ YES ☐ NO
If "yes", an Alcohol Beverage Control (ABC) will be required.

Will you need City Services? (Public Works, Police, or Fire) ☐ YES ☐ NO
If "yes", please complete **City Services** Section

Event Name:

Describe the security plan for the event. Provide the number of person(s) that will monitor or facilitate the special event and to provide spectator or participant control and direction for events using city streets, sidewalks, or facilities.

Describe your medical plan, including first aid stations, emergency services, and emergency communication plan.

Describe how you event will accommodate or limit animals at the event.

Describe the provisions for recycling, composting, and waste management. Please include any and all waste container type(s) that will be brought to the event.

Event Name:

Describe the number and type of sanitation and bathroom facilities at the event.

Describe all recording, sound amplifying, or other attention-getting devices to be used in connection with the event.

Describe any and all pyrotechnics to be used in connection with the event.

Provide all locations, timing for posting, and descriptions of all off-site signs, banners, or attention getting devices. Please also provide a map of the locations of all off-site signs.

Event Name:

Non-Food Product and Service Vendor(s)

What is the estimated number of vendors for the event?

Vendor Setup (Date/Time) Vendor Tear-Down (Date/Time)

All Vendors are required to obtain a City of Yreka Annual Business License or Daily Business License no later than two weeks ahead of the event. Vendors without proper licensing will be expelled and cited.

Food Product and Service Vendor(s)

Present a list of all Siskiyou County Health Department approved food vendors with this application.

Are any food vendors anticipated to be mobile through the event (Food Truck, Food Cart, etc.)?

☐ YES ☐ NO

If "yes", please list the type of mobile unit and business name.

All food vendors must receive proper permitting and inspections form **Siskiyou County Environmental Health prior to and during the event. Failure to coordinate with Siskiyou County Environmental Health will result in the expulsion of the food vendor and citations.

City Services

Describe the type of assistance from the **Fire Department** prior to, during, or post event.

Describe the type of assistance from the **Police Department** prior to, during, or post event.

Describe the type of assistance from the **Public Works Department** prior to, during, or post event.

****Stating the need for City Services does not guarantee City Staff availability. The City of Yreka holds the right to deny City Service requests if Staff cannot meet the request.***

Additional Event Information: