



CITY OF ESCALON

2060 McHenry Avenue ▪ Escalon, California 95320 ▪ Office 209.691.7400 Fax 209.691.7409

Special Event Submittal Requirements

Purpose: A Special Event Permit is required when residents or businesses want to temporarily limit access to or close a public street or property for a special event.

Processing Time: Allow **1 month prior** to the date of your event for review and processing.

Submittal Requirements (if applicable):

- ☐ Special Event Application
- ☐ General Liability Insurance w/ Separate Endorsement (See Insurance Requirements)
- ☐ Special Event Timeline
- ☐ Site Map & Parade Route
- ☐ City of Escalon Defense, Indemnity and Hold Harmless Agreement
- ☐ Street Closure Notification Sheet
- ☐ Full Liquor Liability Insurance
- ☐ \$93 Fee (Updated 2025-Due With Each Application)

Instructions:

1. Read thoroughly and fill out the Special Event Permit application and all required documents.
2. Obtain insurance in accordance with the City's requirements.
3. Provide an 11" x 17" site map showing detailed information for the following: Names of streets in the event area. all street or lane closures, the location of fences, barriers, or barricades. (Include dimensions for fenced in areas), locations of First Aid Facilities, location of all stages, platforms, booths, cooking areas, trash and/or recycling containers, location of Generator and/or electricity source, placement of vehicles or trailers used for the event, placement of portable toilets/restroom facilities. If there is a parade, please include a separate page that highlights the parade route.
4. Submit your documents to the City of Escalon in-person or electronically.
5. Pay any applicable fees.

General and/or Vendor Business License: The permittee shall be responsible for ensuring that they and all of the associated vendors have a City of Escalon Business License. For more information, please check out <https://www.cityofescalon.org/services/permit sand licenses/business licenses>

Additional Requirements: Additional project specific information may be required during review process. A meeting may be required with City staff and review agencies prior to permit issuance.

Insurance Requirements: General Liability insurance in the amount of \$2 million is required. Provide separate endorsement naming the City of Escalon and each of its officers, officials, employees, agents and volunteers named as additional insured.

Where to Submit: Escalon City Hall, 2060 McHenry Ave, Escalon, CA 95320 or recreation@cityofescalon.org

Questions?: If you have any questions regarding the process of submitting Special Event Permits to the City of Escalon, please contact (209) 691-7372 or email recreation@cityofescalon.org.

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**CITY OF ESCALON
SPECIAL EVENT APPLICATION**

Applications must be received at City Hall no less than 1 month prior to the date of event

APPLICANT INFORMATION

Applicant/Responsible Party _____ CDL or ID# _____
Physical Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Primary Phone _____ E-Mail _____
2nd Contact Name _____ Phone _____ E-Mail _____

ORGANIZATION INFORMATION (If Applicable)

Organization Name _____ ☐ Non-Profit ☐ For Profit
Physical Address _____ City _____ Zip _____
Mailing Address _____ City _____ Zip _____
Phone _____ Federal or Tax ID # _____
Certificate/Documentation Submitted ☐ Non-Profit ☐ For Profit ☐ 501c(3) IRS

EVENT INFORMATION

Type of Event ☐ Block Party ☐ Festival ☐ Fun Run ☐ Parade ☐ Other _____

Event Title _____

Event Location _____

Date _____ Day of Week _____

Please fill out attached Special Event Timeline Sheet for detailed Setup,
Event & Clean up activities

Total Event Hours

Street Closure Time* _____ AM /PM to _____ AM /PM

***Baseline closure is for 3 hours. The City of Escalon will evaluate longer closures, based on need, using the Special Event Timeline Sheet.**

Streets to be Closed _____

Anticipated Attendance _____ Admission Charge ☐ Yes ☐ No \$ _____

Brief Description of Event _____

Event Name:

FOOD/BEVERAGE SERVICE (Not including alcohol)

Food Vendors need a special PERMIT from the Health Department (209) 468-3420

☐ Food Vendors ☐ Pre-Packaged Food ☐ Prepared on Site

For food prepared on site, what will the cooking methods be?

☐ Gas ☐ Electric ☐ Charcoal ☐ Other _____

☐ Beverage Sales (non-alcoholic) **No glass containers allowed**

ALCOHOL SERVICE

Will alcohol be served at this event? ☐ Yes ☐ No (if No, skip this section)

City must approve if consumption of alcohol will be allowed/served at event. State Alcohol Beverage Control (ABC) Permit required.

Name of Person and/or group applying for ABC permit: _____

ALCOHOL CHECKLIST (All items are required)

Drink Limit per Person _____

How will the drink limit be controlled? _____

How will you prevent service to minors? _____

Your pricing policy must discourage overconsumption. What is the price per drink? _____

CONDITION OF APPROVAL FROM THE CITY

All alcohol sales will stop at least one (1) hour prior to close of event. The Escalon Police Department must have a copy of the approved ABC alcohol license at least 72 hours prior to the event. Full Liquor Liability Insurance coverage is required and must be on file with the City of Escalon.

EVENT ACTIVITIES

Please check each activity that will occur during the event. List all other activities not already listed.

☐ Retail Sales	Type _____	
☐ Non-Profit Fundraising	☐ Carnival Games	☐ Car Show
☐ Dancing	☐ Live Music	☐ Disc Jockey
☐ Amplified Sound	☐ Recorded Music	☐ Other _____

Activities requiring physical activity must have a certificate of insurance from the company providing the activity.

☐ Inflatables	Company _____	Quantity _____
☐ Carnival Rides	Company _____	Quantity _____

Please check all equipment items you will be using during the event (Not supplied by the City of Escalon).

☐ Generators	Quantity _____	
☐ Pop-Up Tents	Quantity _____	(All pop up tents and canopies must be secured to the ground)
☐ Extension Cords	Quantity _____	(Use of extension cords may not cause a tripping hazard)
☐ Stages or platforms	_____	
☐ Other	_____	
☐ Other	_____	

Event Name:

ENVIRONMENTAL

The City does not provide portable toilets. One (1) portable toilet is required for every 50 people and at least one (1) must be ADA compliant. You must also provide hand washing facilities.

- ☐ Portable Toilets # ADA Compliant _____ # Regular _____
- ☐ Hand Washing Facilities Quantity _____

The City will require, but does not provide, trash containers for most events. One (1) 4-yard bin or five (5) trash cans are required for every 100 people. Gilton Solid Waste is the current trash collector in Escalon. They can be reached at (209) 527-3781 to arrange for 4-yard bins.

Please indicate how trash will be disposed of: _____

_____ # of Containers: _____

Applicants are encourage to set up recycling receptacles at the event.

EVENT SECURITY & MEDICAL RESPONSE PLAN

Please describe in detail your security plan, including crowd control: _____

Please describe, in detail, your emergency/medical plan, including your communication procedure: _____

ADDITIONAL NEEDS

ADDITIONAL FEES MAY APPLY

THE CITY MAY REQUIRE CITY STAFF AT YOUR EVENT. IN THE EVENT THAT STAFF IS REQUIRED AS A CONDITION OF YOUR EVENT, AN HOURLY BREAKDOWN AND PROJECTED COST ESTIMATE WILL BE PROVIDED ON A SEPARATE WORKSHEET.

Please check all areas you are interested in having the City of Escalon help with: (based on availability)

- ☐ Public Works Staff how many? _____
- ☐ Street Barricades
- ☐ Temporary Electrical Power
- ☐ Access to Electrical
- ☐ Police Personnel _____
- ☐ Other _____

Event Name:

TRAFFIC CONTROL PLAN

*** If requesting street closure, the attached Business/Resident Notification form must be completed and turned in with this application.**

Please provide a site map on an additional piece of paper. Please include:

- ☐ Names of streets in the event area.
- ☐ All street or lane closures.
- ☐ The location of fences, barriers, or barricades. (Include dimensions for fenced in areas)
- ☐ Locations of First Aid Facilities.
- ☐ Location of all stages, platforms, booths, cooking areas, trash and/or recycling containers.
- ☐ Location of Generator and/or electricity source.
- ☐ Placement of vehicles or trailers used for the event.
- ☐ Placement of portable toilets/restroom facilities.

If a parade is included in your event, please attach a City map with the route highlighted.

BUSINESS LICENSE

All event vendors are required to have a City of Escalon Business License. Event organizer can require the vendor to obtain their own one-day/single event temporary business license or the organizer can purchase an umbrella license to cover all of their vendors.

- ☐ Each vendor will be required to obtain their own business license (\$31 One-Day or \$52 yearly)
- ☐ Organizer will obtain an umbrella license to cover all of their vendors (Please request Umbrella License Fee Sheet from the City)
- ☐ We will not have any vendors at the event.

INSURANCE

The applicant/sponsoring organization agree to defend, protect, indemnify and hold the City of Escalon, its officers, employees and agents free and harmless from and against any and all claims, damages, expenses, loss or liability of any kind or nature whatsoever arising out of, or resulting from, the alleged willful or negligent acts or omissions of applicant, its officers, agents or employees, in connection with the licensed event or activity.

- Applicant must provide a \$2,000,000 General Liability Insurance Policy, including the name of the insured, the insurance carrier, the policy number, coverage limits and defective and expiration dates for the coverage. The standard proof of insurance is the ACORD certificate form.
- Certificate holder must be listed on the certificated as City of Escalon, 2060 McHenry Ave., Escalon CA 95320.
- An **Additional Endorsement** is required to reflect that the insurance policy has been amended to include the City of Escalon as insured. The Additional Endorsement must reference the policy number as it appears on the certificate. "The City of Escalon and each of its officers, officials, agents, employees and volunteers" must be named as additionally insured on the Additional Endorsement.

Event Name:

ATTACHMENTS (Must be included for document submittal)Please check all applicable.ReceivedDateStaff

☐ Certificate of Insurance	☐	_____	_____
☐ Full Liquor Liability Insurance	☐	_____	_____
☐ Letter to Businesses and Residences	☐	_____	_____
☐ Street Closure Business Notification	☐	_____	_____
☐ Special Event Time Line	☐	_____	_____
☐ Site Map and Parade Route	☐	_____	_____
☐ Defense, Indemnity and Hold Harmless Agreement	☐	_____	_____

SIGNATURE

I certify that the information that I have provided in this application is true and accurate to the best of my knowledge. I am duly authorized as the Applicant/Responsible Party to submit this application and agree to be financially responsible for any fees and cost that may be incurred by or on behalf of the event in the City of Escalon. If the event details change, I agree to submit a revised application or provide additional information in writing at least 30 days prior to the event.

Name (please print): _____

Signature: _____

Date: _____ Driver's License # _____

Event Name:

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City of Escalon

Defense, Indemnity and Hold Harmless Agreement

(Please print)

(Name of permittee)

Whose address is _____

_____, California, Hereinafter

"Indemnitor," in consideration of receiving a Special Event Permit for (specify event/activity name, date, and location):

Agrees to the following terms and conditions:

Indemnitor shall, at indemnitor's own costs and expense, defend the City of Escalon and each of its officers, officials, employees, agents and authorized volunteers ("the City") from and against any and all claims, damages, expenses, including reasonable attorney's fees, loss of liability of any kind or nature whatsoever in connection with the permitted event or activity ("claims") resulting from the alleged willful or negligent acts or omissions of indemnitor, its officers, agents, or employees. In addition to bearing the full cost and expense of defending the City, the Indemnitor shall also indemnify and hold the city harmless from any settlement entered into and any judgment that may be rendered against the City as a result of and in proportion to and to the extent of the alleged willful or negligent acts or omissions of the Indemnitor or Indemnitor's officers, agents or employees in connection with the event or activity as specified above.

IN WITNESS WHEREOF, this Agreement is executed on the _____ day of _____, 20____.

INDEMNITOR:

by _____

(print name)

Event Name:

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Office Use Only:

DEPARTMENTAL COMMENTS			
Police: _____			

Public Works: _____			

Fire: _____			

City Manager: _____			

<u>RETURN COMPLETED COPY OF THIS PAGE TO CITY HALL:</u>			
POLICE DEPARTMENT:	Approved	Denied	Signature: _____
PUBLIC WORKS:	Approved	Denied	Signature: _____
CITY MANAGER:	Approved	Denied	Signature: _____

Event Name:

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CITY OF ESCALON SPECIAL EVENT TIME LINE

TIME	LOCATION	
	ACTIVITY	
8:00 AM		
8:30 AM		
9:00 AM		
9:30 AM		
10:00AM		
10:30AM		
11:00AM		
11:30AM		
12:00 PM		
12:30 PM		
1:00 PM		
1:30 PM		
2:00 PM		
2:30 PM		
3:00 PM		
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7:00 PM		
7:30 PM		
8:00 PM		
8:30 PM		
9:00 PM		
9:30 PM		
10:00 PM		
10:30 PM		
11:00 PM		
11:30 PM		

Special Events

Main Street Closure Notification Sheet

If you are requesting the closure of Main Street for your event, you will need to notify the following businesses before submitting your application. Please contact the businesses at the following addresses and obtain their signature that they have been notified. Their signature indicates only that they have been notified.

Address	Business Name	Date Notified	Business Signature They Are Notified
1700 Main			
1702 Main			
1710 Main			
1714 Main			
1718 Main			
1724 Main			
1725 Main			
1730 Main			
1734 Main			
1740 Main			
1744 Main			
1746 Main			
1748 Main			
1750 Main			
1754 Main			
1756 Main			
1758 Main			
1760 Main			
1764 Main			
1802 Main			
1826 Main			
1834 Main			
1840 Main			
1854 Main			
1906 Main			

* If address is vacant, write VACANT in the Business Name column.

[illegible]

* If house is vacant/unoccupied write vacant in the Name column