



OLIVEHURST PUBLIC UTILITY DISTRICT

Business Office
1970 9TH Avenue/P.O. Box 670
Olivehurst, CA 95961
Phone (530) 743-4657 Fax (530) 743-3023 www.opud.org

Application must be submitted to Business Office a minimum of 30 business days prior to date of event.

Special Events Application/Permit

(YOU MUST HAVE YOUR COPY OF YOUR PERMIT IN POSSESSION DURING EVENT)

Organization/Group: Fieldhaven Feline Center Contact Person(s): Megan Dunbar
Contact Phone #(s): 916-316-1994 Email: pahvetsevices@gmail.com
Event Location (name of park/facility): Elfay Park either Zares + Haddon Creek parking lot
Name/Type of Event: Low Cost Vaccine + Microchip Clinic Date(s) of Event: June 4th 2023
Hours of event: 10:00am @ pm - 12:00 am/pm (Include set up and clean up time)
Estimate: Number of Participants: ~100 Spectators: _____ Staff: 10
Will you be using a public address system or any other type of amplified sound equipment? Yes _____ No X
If yes, provide a detailed plan for all electronics including music, public address systems, etc.: _____

Will there be any vendors or contractors operating a booth, shop, or mobile operation during event? Yes X No _____
If yes, provide number of vendors 1 and vendor type(s): medical trailer

(Must provide copies of all permits and written approvals from other agencies that may be required prior to conducting event)
Will alcoholic beverages be served or given away? Yes _____ No X If yes, must provide valid ABC license and provide licensed security. (Per OPUD Special Events Policy)
Is this a for-profit or non-profit event: non profit Will you be charging fees to participants? Yes X No _____
Will dumpsters be required: Yes _____ No X Will portable toilets be required: Yes _____ No X
(If yes, see OPUD Special Events Policy regarding dumpsters and portable toilets.)

INSURANCE: Applicant must provide Olivehurst Public Utility District a properly worded Certificate of Insurance from an insurance company licensed to do business in the State of California as proof of possession of general liability, owner, landlords and tenants, or general homeowners insurance, providing for personal injury, death and property damage in the amount of not less than \$1,000,000.00. In the case of other than private use, said certificate shall also provide as additionally insured the Olivehurst Public Utility District, its officers, agents, and employees. Such insurance will be primary coverage for any liability arising from applicants' use of the facilities. The certificate must cover all dates and hours of facility use. INITIAL HERE MD

Any change, alteration or modification of intended use must be approved by Olivehurst Public Utility District. Change can result in cancellation of use. Any misrepresentation of your group or use, or failure to comply with Special Events Policy may result in expulsion from the park. INITIAL HERE MD

IT IS EXPRESSLY UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION SHALL SAVE, KEEP AND HOLD HARMLESS OLIVEHURST PUBLIC UTILITY DISTRICT, ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS FROM ALL DAMAGES, COSTS OR EXPENSES IN LAW OR EQUITY THAT MAY AT ANY TIME ARISE OR BE SET UP BECAUSE OF DAMAGES TO PROPERTY OR PERSONAL INJURY RECEIVED BY REASON OF OR IN THE COURSE OF USING OR OCCUPYING THE FACILITY. INITIAL HERE MD

I AND/OR MY ORGANIZATION FURTHER EXPRESSLY CERTIFY THAT I AND/OR MY ORGANIZATION WILL BE RESPONSIBLE FOR ANY DAMAGE OR LOSS SUSTAINED TO THE GROUNDS, BUILDING, OR EQUIPMENT OCCURRING, OR UNUSUAL CLEAN-UP REQUIRED, AS A RESULT OF MY AND/OR MY ORGANIZATION'S USE OF THE FACILITY. AMOUNT OF CLEANING DEPOSIT WILL BE BASED ON TYPE AND SIZE OF EVENT. IT IS UNDERSTOOD AND AGREED THAT APPLICANT/ORGANIZATION WILL CLEAN UP ALL DECORATIONS AND TRASH OR CLEANING DEPOSIT WILL BE FORFEITED. **NO PERSONAL VEHICLES ARE ALLOWED ON PARK GRASS AREAS** AS GRASS AND SPRINKLER HEADS CAN BE DAMAGED. INITIAL HERE MD

I have read and understand the attached OPUD Special Events Policy INITIAL HERE MD

FOR OFFICIAL USE ONLY: Application/Permit Fee \$ _____ Amount Refundable \$ _____ Cash Check # _____
Insurance: Yes No Food Sale/Use _____ Alcohol Sale/Use _____ Law Enforcement Notified _____
Permits/Written Approvals: _____ ABC License: _____ Licensed Security: _____
Approved: Disapproved: Remarks: _____ Cleaning Deposit \$ _____
Processed by: _____ Date: _____