Special Events Application/Permit
(YOU MUST HAVE YOUR COPY OF YOUR PERMIT IN POSSESSION DURING EVENT)

Organization/Group: ____________________ Contact Person(s): ____________________
Contact Phone # (s): ____________________ Email: ____________________

Event Location (name of park/facility) ____________________

Name/Type of Event: ____________________ Date(s) of Event ____________________

Hours of event: ____________________ am/pm - ____________________ am/pm (Include set up and clean up time)

Estimate: Number of Participants: ____________________ Spectators: ____________________ Staff: ____________________

Will you be using a public address system or any other type of amplified sound equipment? Yes ______ No ______
If yes, provide a detailed plan for all electronics including music, public address systems, etc.: ____________________

(Must provide copies of all permits and written approvals from other agencies that may be required prior to conducting event)

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

Will alcoholic beverages be served or given away? Yes _____ No _____
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: ________________ Will you be charging fees to participants? Yes _____ No _____

Will dumpsters be required: Yes _____ No _____ Will portable toilets be required: Yes _____ No _____
(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.

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.

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.

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.

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

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: ____________________