Item description/summary:

Discuss the Special Events Application Request
Cobblestone Crocs PTO submitted a request to hold a Plumas Lake Block Party Beer Garden event at Eufay Wood Sr. Memorial Park on August 28, 2021. The hours of the event will be from 7:00 a.m. to 10:00 p.m. They will be having a DJ with four monitors, a live band with a temporary stage, and will be serving alcohol. They have also requested portable toilets at the event. A deposit has not been taken, an ABC license, licensed security information, and insurance has not yet been received for the event. This event has been approved and successfully held in the past.

Fiscal Analysis:

Employee Feedback

Sample Motion:

Approving Cobblestone Crocs PTO Special Events Application.

Prepared by:

Bri Anne Ritchie, Board Clerk
Special Events Application/Permit

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

Organization/Group: Cobblestone Crocs PTO Contact Person(s): John Lawson
Contact Phone #: 916-960-8630 Email: CrocsPresident@gmail.com

Event Location (name of park/facility): Eufay Woods Jr.Park
Name/Type of Event: Plumas Lake Block Party Beer Garden Date(s) of Event: 08/28/2021
Hours of event: 7:00 am am /pm - 10:00 pm am/pm (Include set up and clean up time)
Estimate: Number of Participants: 1500 Spectators: 0 Staff: 12

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

Will alcoholic beverages be served or given away? Yes ___ X__ 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: Non-Profit ___ Will you be charging fees to participants? Yes ___ No ___ X__

Will dumpsters be required: Yes _____ No ___ X__ Will portable toilet(s) be required: Yes ___ X__ 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. INITIAL HERE

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

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 BECAUS

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

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: ___________________________