

# CITY OF CHOWCHILLA CALIFORNIA



## Parade/Special Events

Fee: \$ \_\_\_\_\_  
(Set in Master Fee Schedule)

Name of Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Position: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name of the Event: \_\_\_\_\_

Date of Function: \_\_\_\_\_ Time of Function: \_\_\_\_\_ End of Function: \_\_\_\_\_

Function Description: \_\_\_\_\_

Beginning Point of Function: \_\_\_\_\_

Route of Function: \_\_\_\_\_

End Point: \_\_\_\_\_

### **Indicate which of the following will be in use:**

Vehicles: ☐ Yes ☐ No Types: \_\_\_\_\_

Walkers: ☐ Yes ☐ No Types: \_\_\_\_\_

Other Types: \_\_\_\_\_

### **Please state where event will take place:**

On Roadway: ☐ Yes ☐ No How many lanes closed? \_\_\_\_\_ On Sidewalks: ☐ Yes ☐ No

Number of Estimated Participants: \_\_\_\_\_ Number of Estimated Spectators: \_\_\_\_\_

Responsible Supervisors at Event: \_\_\_\_\_ Phone contact during event: \_\_\_\_\_

### **Insurance Company Information:**

Name of Insurance Company: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_

**Failure to comply with the regulations governing control of the activity shall be just cause for the City of Chowchilla to refuse activities. I agree to abide by all rules and regulations of the State of California and the City of Chowchilla regarding the use of the area. The following information is correct to the best of my knowledge.**


**If the Event Application is submitted within 60 days of the Function Date, City Council consideration will be required for an additional cost of \$\_\_\_\_\_.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

----- (City of Chowchilla Use Only) -----

**COMMUNITY & ECONOMIC DEVELOPMENT DEPARTMENT**

- ☐ Insurance certificate attached to application?      ☐ Yes   ☐ No
- ☐ Route of Parade/Event attached to application?   ☐ Yes   ☐ No
-  County Environmental Health Concessions Permit      Yes      No

Permit Status    ☐ Reviewed    ☐ Denied    Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

**PUBLIC SERVICES DEPARTMENT**

Number of Personnel Required for Function: \_\_\_\_\_ On Duty: \_\_\_\_\_ OT: \_\_\_\_\_

Number of Blocks Closed: \_\_\_\_\_

Permit Status: ☐ Reviewed   ☐ Denied    Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

**POLICE DEPARTMENT**

Background check of Organization:   ☐ Yes   ☐ No                      Past Problems:   ☐ Yes   ☐ No

Comments: \_\_\_\_\_

Number of Police Personnel Required for Function: \_\_\_\_\_ On Duty: \_\_\_\_\_ OT: \_\_\_\_\_

Permit Status:   ☐ Approved   ☐ Denied   Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved by: \_\_\_\_\_ Title: \_\_\_\_\_

**FIRE DEPARTMENT**

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_

**PARKS & RECREATION DEPARTMENT**

Reviewed by: \_\_\_\_\_ Title: \_\_\_\_\_