



Special Event Application



Instructions:

Please complete the form below and return with payment via:

Email: events@countyofsb.org with attached credit card authorization form

Mail or In person: Santa Barbara Community Services Department

Attn: Special Events Coordinator
123 E. Anapamu Street, Second Floor
Santa Barbara, CA 93101

with a non-personal check/money order, or attached credit card authorization form

- **A \$200 Non-refundable Application Review Fee is due with each application.**
- Payments can also be made by telephone at 805.568.2460 (option 5); Visa, MasterCard or Discover.

Event Organizer:

Name of Responsible Party: _____

Name of Alternate Contact: _____

Name of Organization: _____

501(c)(3) Non-Profit? Yes _____ No _____

If yes, please attach a copy of your IRS 501(C)(3) Tax Determination Exemption Letter

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Cell: _____

Alternate's Email: _____ Alternate's Cell: _____

Name of Event: _____

Description of Event/Comments: _____

Location:

South County

- ___ Courthouse Mural Room/Galleries
- ___ Courthouse Gardens
- ___ Goleta Beach Park
- ___ Manning Park
- ___ Rocky Nook Park
- ___ Tucker's Grove Park
- ___ Lookout Park
- ___ Toro Canyon Park
- Area(s): _____

North County

- ___ Los Alamos Park
- ___ Miguelito Park
- ___ Nojoqui Falls Park
- ___ Ocean Beach Park
- ___ Orcutt Community Park
- ___ Santa Rosa Park
- ___ Santa Ynez Park
- ___ Waller Park
- Area(s): _____

Timeline:

Set-up Date: _____ From: _____ To: _____
(Complete only if set-up day is separate from event day)

Event Date - Day 1: _____ Set-up - From: _____ To: _____
(Include "day-of" setup and breakdown times) Event - From: _____ To: _____
Breakdown - From: _____ To: _____

Event Date - Day 2: _____ Set-up - From: _____ To: _____
(Include "day-of" setup and breakdown times) Event - From: _____ To: _____
Breakdown - From: _____ To: _____

Breakdown Date: _____ From: _____ To: _____
(Complete only if Breakdown day is separate from event day)

Details:

1. Is the event open to the public? Yes ___ No ___
2. Are admission, entry, participant, or vendor fees required? Yes ___ No ___
If yes, please provide amounts: _____
3. What will the maximum number of people be at the event at any given time? _____
4. What will the maximum number of vehicles be at the event at any given time? _____
5. Will alcoholic beverages be sold, sampled, or consumed at this event? Yes ___ No ___
If yes, please refer to the ABC License section of the Special Events Planning Guide.
6. Will food be prepared or served at this event? Yes ___ No ___
If yes, please refer to the Food Service section of the Special Events Planning Guide.
7. Will you require the use of electricity? (Courthouse events only) Yes ___ No ___
If yes, please specify the amp needed: 50 ___ 100 ___ 200 ___
8. Will there be entertainment at the event? Yes ___ No ___
If yes, please describe the type of entertainment, amplified music is not allowed at most locations.

9. Will any streets or bike paths near your event need to be closed? Yes ___ No ___
If yes, please list the streets below and refer to Public Right-of-Way Use Permit section of the Special Events Planning Guide.

10. Will your event require the use of portable toilets? Yes ___ No ___
There should be one standard restroom for every 250 – 300 attendees. One ADA accessible restroom must also be provided.
If yes, how many? Standard _____ ADA Accessible _____
11. Please describe your plans for clean-up, including collecting and disposing of event trash:

12. Please provide a list of vendors (if applicable):

Applicant Signature: _____

Date: _____

Print Name: _____

CREDIT CARD AUTHORIZATION FORM
VISA/MASTERCARD/DISCOVER ONLY NO AMERICAN EXPRESS

I hereby authorize the Community Services Department to charge the following credit card for payment of requested service:

Cardholder (*name as appears on credit card*): _____

Credit Card Number: _____
(*American Express Not Accepted*)

Exp. Date: ____ / ____ **3-Digit Verification:** _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Cardholder Phone Number: (____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Note: *Any refunds will be made by check to the cardholder named on this agreement.*

For office-use only:

Request received by _____ *Date:* _____ *Reviewed by:* _____

Amount paid: _____ *Cash/Check/Card:* _____ *Status:* _____