



**CORTE MADERA**  
**PARKS & RECREATION DEPARTMENT**  
498 TAMALPAIS DRIVE  
CORTE MADERA, CA 94925  
**(415) 927-5072 FAX: (415) 927-7138**  
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## APPLICATION FOR SPECIAL EVENTS PERMIT FORM

**ORGANIZING GROUP(S) AND / OR ORGANIZATION(S) IF ANY:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAMES(S) OF AUTHORIZED OFFICER(S) OF ORGANIZING GROUP(S) AND / OR ORGANIZATION(S): \_\_\_\_\_

**APPLICANT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ALTERNATE PERSON TO CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**WHO WILL BE PRESENT AND IN CHARGE ON THE DAY OF THE EVENT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EVENT INFORMATION**

DATE(S) OF EVENT: \_\_\_\_\_

TIME OF EVENT: FROM: \_\_\_\_\_ To: \_\_\_\_\_

PURPOSE OF EVENT (COMMERCIAL, SOCIAL, EDUCATIONAL, FUND-RAISING, ETC):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF EVENT (PARADE, CARNIVAL, ATHLETIC, SALE, ETC):** \_\_\_\_\_  
**DESCRIBE PLANNED ACTIVITIES AT EVENT:**

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**ESTIMATED NUMBER OF PARTICIPANTS IN THE EVENT:** \_\_\_\_\_

**NAMES OF GROUP(S), ORGANIZATION(S) OTHER THAN APPLICANT WHO PLANS TO PARTICIPATE, IF KNOWN:**

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**ESTIMATED NUMBER AND TYPES OF VEHICLES:** \_\_\_\_\_

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**PARKING PLACES REQUIRED:** \_\_\_\_\_

**LOCATION: (ATTACH MAP)**

**WILL PORTION OF EVENT OCCUR ON PRIVATE PROPERTY WITHIN TOWN OF CORTE MADERA? IF SO, WHERE?**

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**HAVE YOU OBTAINED WRITTEN APPROVAL FOR USE OF THE PRIVATE PROPERTY FOR EVENT FROM ITS OWNERS? \_\_\_\_\_ IF YES, ATTACH A COPY OF WRITTEN APPROVAL. IF NO, FILE WRITTEN APPROVAL BEFORE PERMIT WILL BE ISSUED. STATE YOUR NAME, DATE OF EVENT AND APPLICATION NUMBER ON WRITTEN APPROVAL.**

**WILL THERE BE WATER AID STATIONS FOR DISPENSING BEVERAGE IN DISPOSABLE CUPS?**

\_\_\_\_\_

**WILL TOILET FACILITIES BE AVAILABLE? \_\_\_\_\_ IF YES, PLEASE DESCRIBE:** \_\_\_\_\_

**WILL FOOD/BEVERAGE/ALCOHOL AND/OR MERCHANDISE BE SOLD AT THE EVENT?**

**IF YES, PLEASE DESCRIBE:** \_\_\_\_\_

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**HAVE YOU OBTAINED A PERMIT FOR THE SALE OF FOOD/BEVERAGES/ALCOHOL?**

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**IF YES, WHAT GOVERNMENTAL AGENCY ISSUED PERMIT(S)?** \_\_\_\_\_

**WILL ANIMALS BE DISPLAYED/EXHIBITED AT EVENT? \_\_\_\_\_ IF YES, DESCRIBE NUMBER AND KIND OF ANIMALS:**

WILL ANY STRUCTURES (E.G. BOOTHS) BE ERECTED? \_\_\_\_\_ IF YES, DESCRIBE: \_\_\_\_\_

WILL THERE BE ANY SOUND AMPLIFICATION EQUIPMENT? \_\_\_\_\_ IF YES, DESCRIBE INCLUDING THE NOISE LEVEL OF THE EQUIPMENT: \_\_\_\_\_

WILL MONITORS OR SECURITY PERSONNEL BE PRESENT? \_\_\_\_\_ IF YES, DESCRIBE NUMBERS AND DUTIES: \_\_\_\_\_

HAVE YOU OBTAINED A BUSINESS LICENSE TO CONDUCT EVENT FROM THE TOWN OF CORTE MADERA: \_\_\_\_\_ IF YES, DATE LICENSE ISSUED /RECEIPT NUMBER

ARE YOU REQUESTING A STREET CLOSURE: \_\_\_\_\_

IF SO HAVE YOU PROVIDED NOTICE TO THE OWNERS OR TENANTS OF THE BUILDINGS ALONG THE AFFECTED STREET AND THE POLICE, FIRE AND AMBULANCE HAVING JURISDICTION: (ATTACH LIST OF ADDRESSES)

**FOR PARADES, RACES AND OTHER EVENTS OCCURRING ALONG A ROUTE**

WHERE IS THE ASSEMBLY POINT? \_\_\_\_\_

WHERE IS THE POINT DISBANDING? \_\_\_\_\_

DESCRIBE THE ROUTE: \_\_\_\_\_

WILL THE EVENT OCCUPY ALL OR ONLY A PORTION OF THE STREETS TO BE TRAVERSED?

**FOR PARADES ONLY**

WHAT ARE THE INTERVALS OF SPACE TO BE MAINTAINED BETWEEN UNITS? \_\_\_\_\_

WHAT IS THE MAXIMUM LENGTH OF COMPONENTS OF PARADE? \_\_\_\_\_

WHAT IS THE NUMBER OF ANY FLOATS OR BANNERS? \_\_\_\_\_

DESCRIBE THE TYPE, SIZE AND MATERIALS: \_\_\_\_\_

**INSURANCE:**

ALL APPLICANTS MUST PROVIDE A ONE DAY SPECIAL EVENT CERTIFICATE OF INSURANCE PRIOR TO ACCEPTANCE OF APPLICATIONS AND SHALL NAME THE TOWN OF CORTE MADERA AS ADDITIONAL INSURED.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

\_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT(S) SIGNATURE





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**SPECIAL EVENTS APPLICATION CHECKLIST FOR OFFICE USE ONLY:**

**DATE APPLICATION RECEIVED:** \_\_\_\_\_ **APPLICATION NUMBER:** \_\_\_\_\_

**DEADLINE FOR APPROVAL/DENIAL:** \_\_\_\_\_  
(COUNT 14 DAYS FROM DATE OF RECEIPT OF COMPLETED APPLICATION):

**BEFORE ISSUING PERMIT CHECK:**

1. \_\_\_\_\_ **PERMITS APPLICATION FEE**
2. \_\_\_\_\_ **CLEANUP DEPOSIT, IF APPLICABLE**
3. \_\_\_\_\_ **PROOF OF PAYMENT OF TRAFFIC CONTROL FEES**
4. \_\_\_\_\_ **PROOF OF PAYMENT OF STREET CLOSURE FEE, IF APPLICABLE**
5. \_\_\_\_\_ **PROOF OF INSURANCE COVERAGE FOR "HAZARDOUS EVENTS"**
6. \_\_\_\_\_ **SIGNED HOLD HARMLESS AGREEMENT, IF APPLICABLE**
7. \_\_\_\_\_ **SIGNED REIMBURSEMENT AGREEMENT FOR DAMAGES**
8. \_\_\_\_\_ **WRITTEN CONSENT OF OWNER OF PRIVATE PROPERTY FOR USE  
THEREOF, IF APPLICABLE.**
9. \_\_\_\_\_ **APPROVAL OF ALL TOWN DEPARTMENT HEADS**