

Parks, Beaches, and Recreation Department

Pacifica Community Center 540 Crespi Drive Pacifica, CA 94044 (650)738-7378 www.cityofpacifica.org



Major Event Permit Application

- A Major Event is any activity which occurs upon public property that will affect the standard and ordinary use of
 public streets, rights-of-way, or sidewalks, requires extraordinary levels of City services, and has 250 attendees
 or less.
- A Major Event includes, but is not limited to; tournaments, fairs, festivals, carnivals, sporting events, surf events or contests, foot runs, bike races, markets, parades, exhibitions, auctions, dances, and motion picture filming.
- A Major Event Permit Application must be submitted sixty (60) days prior to the event and received by the Recreation Specialist in the Parks, Beaches, and Recreation Department. Major Events will require additional review prior to approval and any exception must be approved through the Recreation Management team.
- Additional fees or permits (i.e. insurance) may be required.
- A Site Map with Entry/Exit strategy, a Safety Plan, and an Event Proposal is required.

1.		Locatio	n Request						
Pacifica Beach Trail Specify Location:		Pier Specify Loaction:			Park/Playground Specify Location:				
Pacifica State Beach Specify Location:		Sharp Park Beach Specify Location:			Sports Fields Specify Location:				
Rockaway Beach North Specify Location:		Aquatics			Parking Lot Specify Location:				
Rockaway Beach South Specify Location:		Frontierland Park: Specific Location			Other Specify Location				
2.		Event	t Information						
Name of Event			Type of E	Event	t				
Date(s) of Event Alternative Date(s)			Estimat Attenda		# of people including children:				
Event Time: Including setup and clean up	aı	m/pm:	to		am/pm:				
Reoccurring Event?	☐ Y	es No thly Weekly NA	Entry Fee (Applicable)		☐ Yes ☐ No Amount Charged \$:				
Access to Restrooms?	☐Ye Locat		Paid Photograph	ner?	Yes No Name & Phone:				
Will Food/Beverages be Food Distributor:	sold	☐ Yes ☐ No							
Insurance is required for reservation team at 650			r insurance red	quire	ment section for details or cor	ntact oui			



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3.			Contact Information							
Applicant or Comp Name:	any									
Address				Phone/C	ell					
Contact Name				Website						
Email address				Non-Proi Tax ID#						
Group Type: Resident Non-R								ial other		
Name and Contact	: Informat	ion of Spons	sor:							
4.		Payme	nt Informatio	n: Visa/ Mast	ercard	/ Amex				
Full Name on Payment Method										
Card Number				Experation Date MM/YYYY	Date					
City:				State						
Zip Code	Zip Code			Email Address						
Pay by check – Routing #				Account #						
5.			Additio	nal Event Det	ails					
(5a) Will there be street closures? Major streets or intersections?			Yes No	` '	5h) Will extension cords, power ources or generators be needed?				No	
(5b) Will there be a garbage clean up and recycling plan?			Yes No	(5i) Will sta	ms	Yes	No			
(5c) Will street barricades, barriers, or safety fences be used?			Yes No	(5j) Will the facilities? Por	m	Yes	No			
(5d) Will an Entry Fee be charged to attendees?			Yes No	(5k) Will there be special equipment or vehicles brought to the facility?				Yes	No	
(5e) Will vendors be operating booth(s), exhibit(s) tent(s) etc. How many? Names and Types?				` /	(51) Will there be a First Aid Station or emergency booth?			Yes	No	
(5f) Food/Beverage Service if any?			Yes No	(5m) Will the Visitor or Los		n Information, Found booth?	,	Yes	No	

(5n) Will this event be advertised?

(5g) Will there be exterior lighting, amplifiers, or microphones being used?

Yes

No

No

Yes



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of the

4.	Office Use Only								
Security Non-Refundable Deposit		\$ Paid by Check #		CC	CC Permit #				
PFina				Experation Date MM/YYYY			CVC #		
City:				State					
Zip Code				Email Address					
Pay by check – Routing #				Account #					