

Parks, Beaches, and Recreation Department

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



Special Event Permit Application

- A Special 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 Special Event includes, but is not limited to; tournaments, fairs, festivals, carnivals, sporting events, foot runs, bike races, markets, parades, exhibitions, auctions, dances, and motion picture filming.
- A Special 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. Special Events may require addition review prior to approval and any exceptions 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.	Loc	cation 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: S	Specific Location		Other Specify Location			
2.	E.	vent Information			1		
Name of Event		Type of E	vent	-			
Date(s) of Event Alternative Date(s)		Estimate Attendar		# of people including children:			
Event Time: Including setup and clean up	am/pm:	to		am/pm:			
Reoccurring Event?	Yes No Monthly Weekly NA	Entry Fee (1 Applicable):		☐ Yes ☐ No Amount Charged \$:			
Access to Restrooms?	Yes No Location:	Paid Photograph	er?	Yes No Name & Phone:			
Will Food/Beverages be Food Distributor:	sold ☐ Yes ☐ No						
Insurance is required fo		e our insurance req	uirei	ment section for details or	contact ou		



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	www.			w.cityof	yofpacifica.org				ERECREATION		
3.			Contact Information								
Applicant or Compa Name:	nny										
Address				Phone/C	ell						
Contact Name				Website							
Email address				Non-Profit Tax ID#							
Group Type: Re	Group Type: Resident Non-Re			sident Non-Profit/Fundraiser Commercial					othe	r	
Name and Contact	Informati	on of Spons	sor:								
4.		Payme	nt Infor	mation	: Visa/ Mast	ercard	/ Amex				
Full Name on Payment Method											
Card Number					Experation Date MM/YYYY			CVC #			
City:					State						
Zip Code		Email Address									
Pay by check – Routing #				Account #							
5.			Ac	ddition	al Event Det	ails					
(5a)Will there be street closures? Major streets or intersections?			Yes		(5h)Will extension cords,power sources or Generators be needed?				Yes	No	
(5b) Will there be a garbage clean up and recycling plan?			Yes		(5i) Will stages, booths, or platforms be constructed or installed?			ıs	Yes	No	
(5c) Will street barricades, barriers, or safety fences be used?			Yes		(5j) Will there be adequate restroom facilities? Portable Restrooms?			n	Yes	No	
(5d)Will an Entry Fee be charged to attendees?			Yes	1 7	(5k) Will there be special equipment or vehicles brought to the facility?			ıt	Yes	No	
(5e)Will vendors be operating booth(s), exhibit(s) tent(s) etc. How many? Names and Types?			Yes	S	(51) Will there be a First Aid Station or emergency booth set up?				Yes	No	
(5f) Food/Beverage Service if any?			Yes	,	(5m)Will there be an Information, Visitor or Lost-and-Found booth?				Yes	No	
(5g) Will there be exterior lighting, amplifiers, or microphones being used?			Yes	No 🗆 (5n) Will this	event b	e advertised?		Yes	No	



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of the

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