

SONOMA COUNTY REGIONAL PARKS APPLICATION FOR SPECIAL USE PERMIT

This is an application only, not a permit. The purpose of this application is to provide information about your activity. The Special Use Permit will be based upon the information you provide. Call (707) 565-2041 if you have questions.

1. Customer Information

| | | | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| a) Date of Application | | | |
| b) Organization/Group | | | |
| c) Type of Organization | <input type="checkbox"/> Commercial <input type="checkbox"/> County Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/> Private Party <input type="checkbox"/> School <input type="checkbox"/> Special Interest <input type="checkbox"/> Sports <input type="checkbox"/> Youth Org. <input type="checkbox"/> Community <input type="checkbox"/> Other (Describe) | | |
| d) Contact Person | | Day Phone | |
| | | Email | |
| e) Authorized Signer | | Day Phone | |
| | | Email | |
| f) On-Site Coordinator | | Day Phone | |
| | | Email | |
| f) Street Address/P.O. Bo City, State & Zip | | | |

2. Park Information

| a) Park Name(s) | | | | | |
|-------------------|------------|----------|------------|----------|----------------|
| Area(s) Requested | Start Date | End Date | Start Time | End Time | Day(s) of Week |
| b) | | | | | |
| c) | | | | | |
| d) | | | | | |
| e) | | | | | |
| f) | | | | | |
| g) | | | | | |
| h) | | | | | |
| i) | | | | | |

Note: Include time for both set-up and clean-up in start and end times above.

***** Application continued on next page. *****

FOR REGIONAL PARKS USE ONLY

Approved Denied St. Conds. Sp. Conds. Ins./End. ABC Permit Course Map Schedule
 Non-Profit Cert. Health Permit

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| 3. Description of Event/Activities | | | | | |
|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|----|----------|
| a) Purpose of Event or Production | | | | | |
| b) Attendance | No. of Participants | | No. of Spectators | | |
| c) Type of Event or Production | <input type="checkbox"/> Cultural <input type="checkbox"/> Commercial <input type="checkbox"/> Community <input type="checkbox"/> Educational <input type="checkbox"/> Fundraiser <input type="checkbox"/> Group Picnic <input type="checkbox"/> Research <input type="checkbox"/> Special Interest <input type="checkbox"/> Sports-Adult/Youth <input type="checkbox"/> Wedding <input type="checkbox"/> Youth <input type="checkbox"/> Other Describe: | | | | |
| d) Activities Planned *Include vendors, ie. caterer, juggler, etc. | Describe | | | | |
| e) Fees? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: | Adults | \$ | Children |
| f) Non-Profit Organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please attach a copy of your certification letter from the State of California. | | | |
| g) Is this a fund-raiser? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: | Estimated Earnings | \$ | |
| h) Open to general public? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| i) Will event be advertised? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: | By what means? | | |

| 4. Items to be Sold/Provided | | | | | |
|-----------------------------------------------------------|----------------------------------------------------------|---------|--------------------------------------------|-----------------------------------|--|
| a) Will any items be sold? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: | Describe | | |
| b) Will food be served? Health permit may be required. | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: | <input type="checkbox"/> Sold | <input type="checkbox"/> Catered | |
| | Type of Food | | | | |
| | Prepared by | | | | |
| c) Will alcoholic beverages be served? | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: | <input type="checkbox"/> Sold or Auctioned | <input type="checkbox"/> Provided | |
| | Permit may be required. | | | | |

| 5. Parking | |
|---------------------------|----------------------------------------------------------------------------------------------------------------|
| a) How many vehicles? | Estimated number of vehicles |
| b) How will fees be paid? | <input type="checkbox"/> Individual vehicles <input type="checkbox"/> Permittee <input type="checkbox"/> Tally |

| 6. Running/Bicycling/Walking Events | |
|-------------------------------------------------------------|--|
| a) How will road and/or trails be secured for participants? | |

IMPORTANT: Please attach a detailed map of the proposed course to be used with your application form.

The course is subject to change upon review by the Regional Parks Department. Such changes will be based upon protecting the health and safety of event participants or due to other activities occurring at the park that would require a course change.

| 7. Special Equipment | |
|---------------------------------------------|---------------------------------------------------------------------------|
| a) Will equipment be brought into the park? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Describe |
| b) Will site modifications be needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Describe |

| 8. Clean-Up | |
|--------------------------------------------------|--|
| a) How will clean-up of the facility be handled? | |

| 9. Customer's Signature | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| I, the undersigned, agree to abide by the Department's rules, regulations and guidelines. I understand that any misstatement, or delay in submitting the required documents may be cause for the denial or cancellation of this permit. | |
| a) Authorized signature | Date |

**Please submit this application to the Sonoma County Regional Parks Department:
by E-Mail to Daniel.Arsenault@sonoma-county.org , Fax (707) 579-8247 or
2300 County Center Drive, Suite 120A, Santa Rosa, CA 95403**