

8/22/23  
CWEPT

**SPONSORING ORGANIZATION AND APPLICANT INFORMATION**

- ∞ Event Name: Fund Raiser for CWEPT
- ∞ Event Description: Bands and Beer Garden
- ∞ Event Purpose: To Raise Money to help Capitola Village
- ∞ Sponsor: Business Improvement Wharf Assn/area
- ∞ Sponsor's Address: 204 Capitola Avenue  

<u>Capitola</u>	<u>CA</u>	<u>street</u>
city	state	zip code
- ∞ Sponsoring Organization's Phone: (831) 332-4528
- ∞ FAX Number: ( ) \_\_\_\_\_ E-Mail Address: mbb@the Sociaol.com
- ∞ Contact Person's Name: Mary Beth Cahalan
- ∞ Business Phone: ( ) \_\_\_\_\_ Cellular Phone: (831) 332-4528
- ∞ FAX Number: ( ) \_\_\_\_\_ E-Mail Address: mbb@the Sociaol.com

Will you be using a professional Special Event Organizer? If yes, please include all foregoing information about the organizer on a separate sheet of paper and attach to your application.

**EVENT INFORMATION**

- ∞ Type of event:  Run  Festival  Parade  Sale  Motion Picture  Block Party
- ∞ Other (specify) Bands and Beer Garden at Esplanade Park
- ∞ Event Location: Esplanade Park
- ∞ Event Dates: 10-14-2023 Anticipated Attendance: 3,000
- ∞ Web Site Information: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
- ∞ Will the public be invited?  Yes  No

Actual hours open to the public or "advertised" event hours:

- ∞ Date: 10-14-2023 Time: 12:00 AM/PM to 3:00 AM/PM
- ∞ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM
- ∞ Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM to \_\_\_\_\_ AM/PM

- ∞ Has this event taken place before?  Yes  No Any changes to this event?  Yes  No  
*(yes and copy February event)*
- ∞ If yes, what changes? \_\_\_\_\_
- ∞ If yes, please attach a copy of your last permit for this event, if available.
- ∞ Will this event be promoted, advertised or marketed in any manner?  Yes  No
- ∞ Will there be live media coverage during your event?  Yes  No
- ∞ If yes, please explain: Off The Top Radio possibly

- ∞ Are admission, entry or vendor participant fees required?  Yes  No
- ∞ If yes, explain: Public admission fees: \$ N/A per person
  - Participant entry fees: \$ N/A per person
  - Vendor fees: \$ N/A per booth
  - Number of vendors: 1
  - How many vendors are for profit? N/A
  - How many vendors are nonprofit? N/A
- ∞ \$ 5,000-10,000 Total estimated gross receipts, including tickets, product and sponsorship sales from this event. Explain how this amount was computed. Indicate amount per item.
  - \$ 0 Admission fees
  - \$ 500 Product fees
  - \$ 0 Sponsorship
  - \$ 0 Participant entry fees
  - \$ 0 Other (Please specify): \_\_\_\_\_
- ∞ \$ \_\_\_\_\_ Total estimated expenses for this event.
  - \$ 0 Advertising
  - \$ 0 Wages, salaries
  - \$ 0 City services (police, fire, street closures)
  - \$ 0 Insurance
  - \$ 0 Business license fee
  - \$ 0 Other (Please specify): \_\_\_\_\_
- ∞ Is the organization a "tax exempt, nonprofit" organization? Yes  No
- ∞ \$ 5,000-10,000 Projected amount of revenue the Sponsoring Organization(s) will receive as a result of this event.
- ∞ Specify the organization(s) to receive funding: \_\_\_\_\_

∞ City sponsorship requested?  Yes  No If yes, please describe:  
Waiving of the event permits fees

**OVERALL EVENT DESCRIPTION**

- ∞ Will a staging/setup/assembly location be required?  Yes  No
- ∞ If yes, begin day/date: 10-14-2023 Start time: 8:00  AM  PM
- ∞ Location: Esplanade Park
- ∞ Description of the scope of the setup/assembly work (Attach additional pages and drawings as needed): Band Set up, Beer Truck Set up and Check In Tables

∞ If yes, dismantle day date: \_\_\_\_\_ Completion time: 8:00 AM/PM

∞ List the street(s) requiring closure as a result of this event. Include street names, day, date and time of closing and the time of reopening: Date: 10/17/2023

Time: 8:00 AM - 8:00 pm

Small portion of Esplanade Loop

City of Capitola to conduct street closures as needed (cost to be specified)

∞ List street(s) requiring the posting of "No Parking" signs. Indicate days, dates, and times needed and an explanation of necessity for "No Parking" zone: \_\_\_\_\_

Same as above

NOTE: "No Parking" signs will be posted twenty-four hours in advance of required days, dates and time. Cost for the posting of "No Parking" signs will be specified upon review of the application by City staff.

### OVERALL EVENT DESCRIPTION (continued)

∞ Attach a diagram (please try to make diagram reasonably to scale), showing the overall layout and setup locations. Using the letters below, indicate the site for these on your diagram. See attached

- A Alcoholic and nonalcoholic concession
- B First-aid facilities
- C Tables and chairs
- D Fencing, barriers and/or barricades
- E Generator locations and/or sources of electricity
- F Canopies or tent locations
- G Booths, exhibits, displays or enclosures
- H Scaffolding, bleachers, platforms, stages, grandstands, related structures
- I Vehicles and/or trailers
- J Trash containers or dumpsters
- K Non-food vendor locations
- L Food concession and/or food preparation areas
- M Portable toilet locations

(N) Other related event components not covered above (describe separately)

∞ Please describe how food will be served at the event: Beer will be served out of a beer truck

∞ Will food be cooked in the event area?  Yes  No

∞ If yes, specify method:  Gas  Electric  Charcoal  Other (specify):  
\_\_\_\_\_

∞ Does the event involve the sale or use of alcoholic beverages?  Yes  No

∞ If yes, please describe: Beer from Sierra Nevada

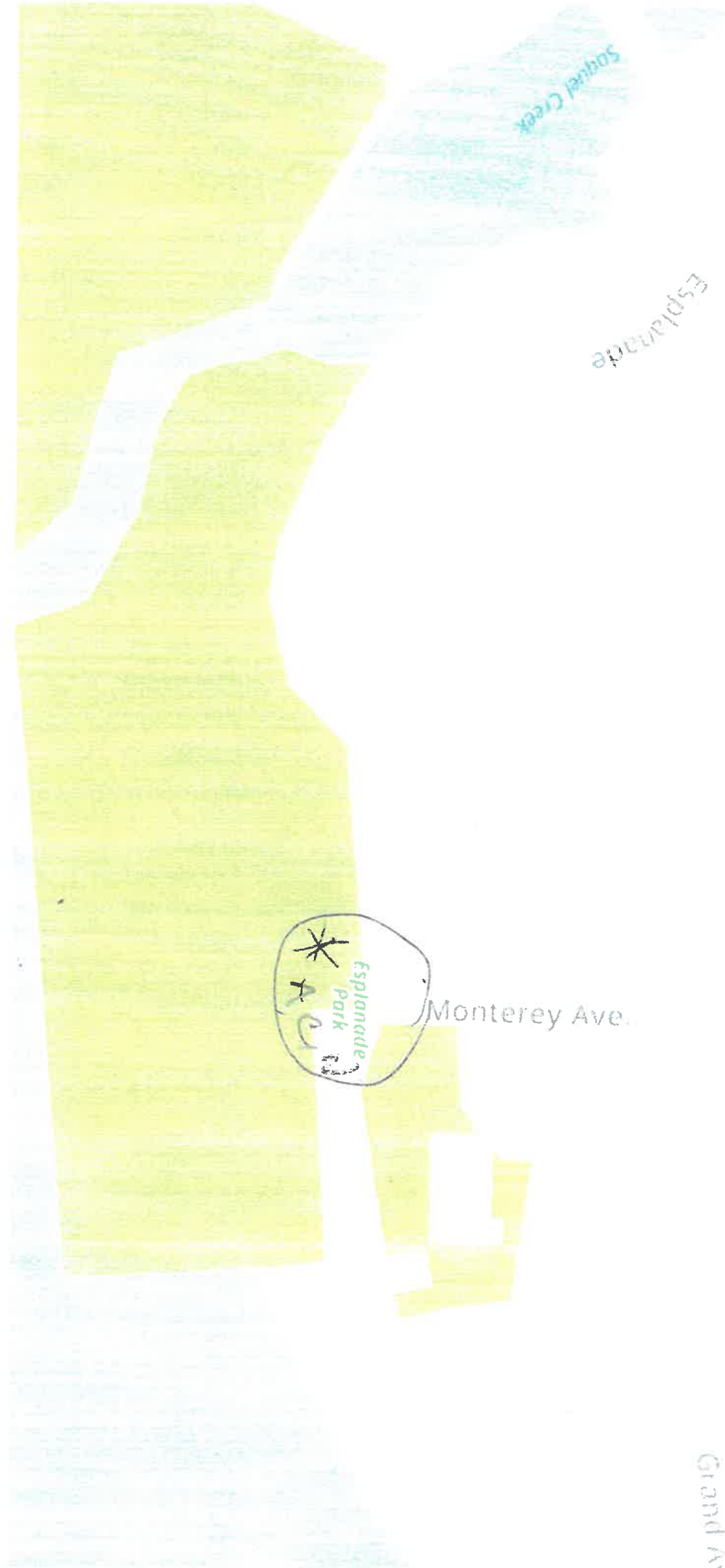
∞ If alcohol is to be sold, how will the alcohol sales be regulated? By Ticket Sales

Please attach a copy of your ABC license.

∞ Will there be items or services sold at the event?  Yes  No

∞ If yes, please describe: Beer will be sold  
pass: by T-shirts  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

∞ Do the vendors have City of Capitola business licenses?  Yes  No



Sycamore Creek

Esplanade

Capitola Ave.

Monterey Ave.

Esplanade Park

St.

Cliff Way.

Grand Av

**OVERALL EVENT DESCRIPTION (continued)**

Portable and/or permanent toilet facilities:

- ∞ Number of portable toilets: 2 (Recommended: 1 for every 250 people)
- ∞ Number of ADA-accessible toilets: 0 (Recommended: 10% of total toilets)

(NOTE: Unless the Applicant can substantiate the availability of both accessible and non-accessible toilet facilities in the immediate area of the site, the above is required. Portable toilet facilities must be in place 24 hours in advance, cleaned and sanitized daily during the event, and must be removed by 8:00 a.m. the next business day following the event. Location sites for portable toilets must be pre-approved prior to installation.)

- ∞ Number of trash receptacles: \* CITY CAN PROVIDE EXTRA
- ∞ Number of dumpsters with lids: 0 (Recommended 1 per 400 people)
- ∞ Number of recycling containers: \* (Voluntary)
- ∞ Describe the plan for cleanup and removal of waste and garbage during and after the event:

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(Note: It is the event organizer's responsibility to dispose of waste and garbage daily throughout the term of the event, unless otherwise contracted with City staff, which will require a fee. Immediately upon conclusion of the event, the venue must be returned to a clean condition. Street sweeping can be arranged with City crews for an additional fee.)

**PARKING PLAN - SHUTTLE PLAN - MITIGATION OF IMPACT**

- ∞ Please provide a detailed description or diagram that indicates the proposed parking plan and/or shuttle plan for the event. Include a description of the parking plan/shuttle plan for the disabled. Parking for Bands SWENSON LOT 16 SPACES

- ∞ Describe plan to notify those residents, businesses, churches, etc. that will be impacted by this event.

Social Media, Event Posters,  
Radio

- ∞ Does this event involve a moving route of any kind along streets or sidewalks?

Yes  No

- ∞ If yes, highlight your proposed route on the enclosed map, indicating the directions of travel, and provide a written narrative to explain your route and its impact.

∞ N/A

- ∞ Does this event involve a fixed venue site?  Yes  No

- ∞ If yes, highlight the site on the enclosed map, showing all the streets impacted by the event.

Esplanade Park

**SAFETY - SECURITY**

- ∞ Is there a professional security organization to handle security for this event?  Yes  No
- ∞ If yes, please name security company: Capitola Police Department
- ∞ If no, do you wish to contract police services from the Capitola Police Dept.?  Yes  No (See fee schedule)
- ∞ Security company's address: N/A  
street \_\_\_\_\_  
city \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_
- ∞ Security Director's name: \_\_\_\_\_
- ∞ Security Director's phone number: ( \_\_\_ ) \_\_\_\_\_
- ∞ Security company's state license number: \_\_\_\_\_
- ∞ Security company's business license number: \_\_\_\_\_
- ∞ Security company's insurance carrier: \_\_\_\_\_ City or privately secured?
- ∞ On-site contact person (security supervisor): \_\_\_\_\_
- ∞ Any searches prior to entering? Yes  No
- ∞ Bottle and can check? Yes  No
- ∞ Metal detectors? Yes  No
- ∞ How many security guards at each entrance? N/A

*Please check with the Chief of Police how we should duty like us to handle this*

**Parking Lot Patrol (Private Security):**

- ∞ Security company: N/A
- ∞ Contact person (security supervisor): N/A
- ∞ Number of security guards patrolling the parking lot: N/A

**Lighting:**

- ∞ If this is an evening event, please state how the event and surrounding areas will be illuminated to ensure the safety of the participants and spectators.

N/A

**Medical:**

- ∞ Indicate what arrangements have been made for providing first-aid staffing:

Central Fire  
BROWN HOWARD LIFEGUARD



## ENTERTAINMENT - ATTRACTION - RELATED EVENT ACTIVITIES

∞ Is there any musical entertainment or amplified sound related to your event?

Yes  No

∞ If yes, what kind: Rock & Roll and Soft Rock

∞ Contact person's name: Mary Beth Cahaly Phone number: (851) 332-4528

∞ Contact person's address: N/A  
street

city state zip code  
∞ Number of stages: 1 Number of bands: 3-4

∞ Type of music: Rock & Light Rock Sound amplification?  Yes  No

∞ If yes, start time: 12:00  AM /  PM Finish time: 7:00  AM /  PM

∞ Have you applied for a sound permit?  Yes  No (Refer to city ordinance 9.12.040)

∞ Will sound checks be conducted prior to the event?  Yes  No

∞ If yes, do you wish to have the city provide the checks?  Yes  No

∞ Describe sound equipment that will be used: Speakers, PR Equipment and Amplifiers

∞ Will fireworks, rockets or other pyrotechnics be used?  Yes  No

∞ If yes, name and phone number of pyrotechnic company: \_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

∞ Describe (indicate dates, times and locations for launching and fallout areas):  
\_\_\_\_\_  
\_\_\_\_\_

∞ Has a permit been issued?  Yes  No

∞ Will there be any type of open flames used?  Yes  No

∞ If yes, please describe: \_\_\_\_\_

∞ Will any signs, banners, decorations or special lighting be used?  Yes  No

∞ If yes, please describe: Posters

(Refer to city ordinance chapter 17.57)

**INSURANCE REQUIREMENTS**

**INSURANCE**

Applicant must provide insurance at the following minimal limits: \$1,000,000 (one million) combined single limit. (Two million for the annual Art and Wine Festival). This Certificate of Insurance must name the City as an additional insured throughout the event duration, including setup and breakdown. The Certificate of Insurance, including limits of insurance, must be received by the Special Events Coordinator by \_\_\_\_\_ to finalize this permit.

**HOLD HARMLESS**

The Applicant will, at its sole expense, provide the City with evidence of insurance for general liability and Worker's Compensation benefits for accidents or injuries that occur or are sustained in connection with the special event which is the subject of this permit application and contract. The Applicant agrees on behalf of itself and on behalf of its agents and employees that the Applicant will not make a claim against, sue, attach the property of, or prosecute the City or any of the City's agencies, employees, contractors or agents for injury or damages resulting from negligence or other acts, however caused, which might be asserted against the City in connection with actions taken by the City or the City's employees or agents in connection with this Special Event Permit. In addition, Applicant, on behalf of itself and its agents and employees, as well as its successors and assigns, hereby releases, discharges and holds the City harmless from, and indemnifies the City against, all actions, claims or demands Applicant, or Applicant's employees, agents, successors or assigns, or any third person now has or may hereafter have for personal injury or property damage resulting from the actions of the Applicant, the Applicant's employees or agents, or any other person under the control of the Applicant, taken pursuant to this Special Event Permit whether said actions are characterized as negligent or intentional.

Applicant Signature: Mary Beth Cahill

**ADVANCED CANCELLATION NOTICE REQUIRED**

If this event is cancelled, notify the Special Events Coordinator at (831) 475-4242.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, that I have read, understand and agree to abide by the rules and regulations governing the special event under Capitola Municipal Code, and that I understand that this applications is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. I agree to comply with all permit conditions and with all other requirements of the City, County, state and federal governments and any other applicable entity that may pertain to the use of the event premises and the conduct of the event. I agree to abide by these rules and further certify that I, on behalf of the organization, am also authorized to commit that organization and, therefore, agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the event to the City of Capitola.

Name of Applicant (print): Mary Beth Cahill  
Title: \_\_\_\_\_  
Signature of Applicant: Mary Beth Cahill Date: 5/31/2023

Permit No: \_\_\_\_\_



**City of Capitola Public Works Department**

420 Capitola Avenue • Capitola • 95010  
 831.475.7300 • [capitoladpw@ci.capitola.ca.us](mailto:capitoladpw@ci.capitola.ca.us)

**Encroachment Permit**

Any person, firm or corporation encroaching into the public right-of-way, or water course to do work, store materials, erect or place any structure is required to obtain an Encroachment Permit per Capitola Municipal Code Section 12.56

**Job Address** ES 11 Lanada Park

**Description of Work**  
ifund Raiser for CWEP Beer + Concert

**Contractor**  
Mary Beth Cahalan

State License Number

**Contact Name**  
Mary Beth Cahalan

**Email**  
mbb4tlv509@aol.com

**Phone - Office**

**Phone - Cell**

(931) 332-4523

**Phone - 24-hour Emergency**

**Job Start Date**

**Completion Date**

**CERTIFICATE OF INSURANCE AND LICENSE COMPLIANCE**

**WORKER'S COMPENSATION (Labor Code Section 3800)**

- 1.a. I have attached a certificate of insurance which shows that I carry Worker's Compensation Insurance for work to be done under this permit.
- b. I have on file with the Capitola Public Works Department a certificate of insurance as described in (a) above.
- 2. I have attached a certificate of consent to self-insure issued by the Director of Industrial Relations.
- 3. I certify that in the performance of the work for which this permit is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California.

**COMPREHENSIVE GENERAL AND AUTO LIABILITY**

- 1.a. I have attached a certificate of insurance which shows that I carry General and Auto Liability, (\$1,000,000 minimum each for Personal injury and Property Damage), for work to be done under this permit. The above-named certificate of insurance shall name the City of Capitola as an additional insured.
- b. I have on file with the Capitola Public Works Department a Certificate of Insurance as described in (a) above.
- 2. As a public utility agency we are exempt.

**CONTRACTOR'S LICENSING (Business and Professions Code Section 7031.5)**

- 1. As the applicant, I am licensed under the provisions of the Contractor's License Law. My license number \_\_\_\_\_ in classification \_\_\_\_\_ is in full force and effect.
- 2. I am exempt from the "License Required" provisions of the Contractor's License Law, State basis of exemption: \_\_\_\_\_

I understand that this permit is automatically revoked at any time should the required Worker's Compensation Insurance become expired or terminated. I agree to indemnify, defend, and hold harmless the City of Capitola, its officers, agents and employees, from and against all claims, demands, actions, damages, or judgments, including associated costs of investigation and defense to the extent caused by contractor's negligence, recklessness, or willful misconduct in the performance of the work.

**Signature of Contractor** Mary Beth Cahalan

**Date** 5/31/2023

**Worker's Compensation Certificate Verified by** \_\_\_\_\_

**Date**



422 CAPITOLA AVENUE  
CAPITOLA, CALIFORNIA 95010  
TELEPHONE (831) 475-4242  
FAX (831) 479-8881

ANDREW J. DALLY  
CHIEF OF POLICE

**APPLICATION FOR AMPLIFIED SOUND PERMIT**

Application fee of \$30 must be submitted with this completed application.

**APPLICANT INFORMATION:**

Applicant/Name of Organization: Capitola Wharf and Business Improvement  
(CBIA)  
Address: 204 Capitola Ave. Capitola CA 95010  
Phone #: (831) 332-4528 Email: mbbythesea@ccol.com

**EVENT INFORMATION:**

Event Name: Fund Raiser for CWFIP  
Type of Event: Bands and Beer Garden  
Location of Event: Esplanade Park  
Date(s) of Event: 10/14/2023 Hours of Event: 12:00-6:00  
Estimated Attendance: 5,000-10,000  Public Property  Private Property

Mary Beth Cahalan  
Applicant's Signature

5/31/2023  
Date

Mary Beth Cahalan  
Print Name

Approved By: \_\_\_\_\_, Chief of Police Date: \_\_\_\_\_  
Andrew Dally

Approved By: \_\_\_\_\_, CDD Director Date: \_\_\_\_\_

\*Signature required for publicly attended events



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/04/22

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER:</b> <b>SUESS INSURANCE AGENCY, INC.</b> PO Box 189 Soquel, CA 95073-0189 0G13459 <b>INSURED</b>  <b>CAPITOLA VILLAGE &amp; WHARF BIA</b> PO BOX 806 CAPITOLA, CA 95010	<b>CONTACT NAME:</b> <b>PHONE (A/C No, Ext):</b> (831)464-7330 <b>FAX (A/C, No):</b> (831)464-7332 <b>E-MAIL ADDRESS:</b> pam@suessinsurance.com <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A:</b> UNITED STATES LIABILITY INSURANCE CO. <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
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**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000
A	GENL AGGREGATE LIMIT APPLIES PER POLICY	Y	NBP1557440D	11/05/22	11/05/23	PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY OWNED AUTOS ONLY X HIRED AUTOS ONLY X SCHEDULED AUTOS NON-OWNED AUTOS ONLY X		NBP1557440D	11/05/22	11/05/23	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A DESCRIPTION OF OPERATIONS below					PER. STATUTE OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THE CITY OF CAPITOLA IS AN ADDITIONAL INSURED IF REQUIRED BY WRITTEN CONTRACT PER ADDITIONAL INSURED ENDORSEMENT BP 04 48 01 06.

EVENTS: SIP & STROLL THROUGHOUT THE POLICY PERIOD 11/05/2022 - 11/05/2023

<b>CERTIFICATE HOLDER</b>  <b>CITY OF CAPITOLA</b> 420 CAPITOLA AVENUE CAPITOLA, CA 95010	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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# DAILY LICENSE APPLICATION

Complete all applicable items. Submit this application to your local ABC District Office with the required fee (Cashier's Check or Money Order) payable to ABC. Once the daily license is issued, fees cannot be refunded. Listing of ABC District Office is available at <https://www.abc.ca.gov/contact/district-offices/>. Please visit <https://www.abc.ca.gov/abc-221-instructions/> for further instructions.

ABC USE ONLY		
License #	Receipt #	Fee \$
Conditions Requested <input type="checkbox"/> Yes <input type="checkbox"/> No		Diagram Requested <input type="checkbox"/> Yes <input type="checkbox"/> No
License Type <input type="checkbox"/> B & W <input type="checkbox"/> General <input type="checkbox"/> Special		

## SECTION 1. ORGANIZATION AND LICENSE TYPE INFORMATION

Organization Name <b>Capitola Village Wharf Business Improvement Area</b>	Tax ID <b>83-0653603</b>
Organization Mailing Address <b>209 Capitola Ave., Capitola CA 950109</b>	

## LICENSE TYPE

<input type="checkbox"/> <b>Special Daily Beer and Wine (\$50.00)</b> <input type="checkbox"/> Amateur Sports Organization <input checked="" type="checkbox"/> Charitable <input type="checkbox"/> Civic <input type="checkbox"/> Cultural <input type="checkbox"/> Fraternal <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Social <input checked="" type="checkbox"/> Other:	<input type="checkbox"/> <b>Daily General (\$75.00)</b> <input type="checkbox"/> Political Party/Affiliate Supporting Candidate for Public Office or Ballot Measure <input type="checkbox"/> Organization Formed for Specific Charitable or Civic Purpose <input type="checkbox"/> Fraternal Organization in Existence over Five Years with Regular Membership <input type="checkbox"/> Religious Organization <input type="checkbox"/> Vessel per Section 24045.10 B&P (\$50.00)	<input type="checkbox"/> <b>Special Temporary License (\$100.00)</b> <input type="checkbox"/> Television Station per Section 24045.2 or 24045.9 B&P <input type="checkbox"/> Non-profit Corporation per Section 24045.4 and 24045.6 B&P <input type="checkbox"/> Person conducting Estate Wine Sale per Section 24045.8 B&P <input type="checkbox"/> Women's Educational and Charitable Organization per Section 24045.3 B&P <input type="checkbox"/> Other Special Temporary License Per Section: License #:                      Amount:
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## SECTION 2. EVENT DETAILS

Event Dates <b>10-14-2023</b>	Total # of Days <b>1</b>	Hours of Alcoholic Beverage Sales, Service and/or consumption <b>12pm To <del>7pm</del> 7:00pm</b>	Virtual Event <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>Mark Yes, if the event is 100% virtual</small>
Event Address (Street #, name, and city) <b>Esplanade Park</b>		Event Location Description (Jones Park, Pavilion A, etc.) <b>Capitola Village</b>	Location Within the City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Event Type <input type="checkbox"/> Barbeque <input type="checkbox"/> Dinner <input type="checkbox"/> Sporting Event <input type="checkbox"/> Birthday <input type="checkbox"/> Festival <input type="checkbox"/> Social Gathering <input type="checkbox"/> Concert <input type="checkbox"/> Lunch <input type="checkbox"/> Wedding <input type="checkbox"/> Carnival <input checked="" type="checkbox"/> Mixer <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Dance <input type="checkbox"/> Picnic		Type of Entertainment <b>music</b>	Event Open to Public <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Attendance <b>300</b>		Security Guard If Yes, how many <input type="checkbox"/> Yes <input type="checkbox"/> No	Outdoor Event <input checked="" type="checkbox"/> Yes* <small>*If Yes, a diagram of the event area is required</small> <input type="checkbox"/> No

### REQUIRED

By checking this box, you are certifying that you understand the requirements detailed in Business and Professions (B&P) Code Section 25682(c) which state that a nonprofit organization that has obtained a temporary daily license from the department must designate a person(s) receive RBS training certification prior to the event, and that designated person(s) shall remain onsite for the duration of the event.

## SECTION 3. CONTACT INFORMATION

Contact Person <b>Mary Beth Cahalen</b>	Phone Number <b>831-332-4528</b>	Email Address <b>mbythesea@aol.com</b>
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## SECTION 4. SIGNATURES AND APPROVALS

I attest that I am authorized by the organization named above to make this application on its behalf.

Organization's Authorized Representative Name <b>Mary Beth Cahalen</b>	Phone Number <b>831-332-4528</b>	Signature <i>Mary Beth Cahalen</i>	Date Signed <b>5/31/2023</b>
Property Owner Approval By (Name) Required	Phone Number	Signature	Date Signed
Law Enforcement Approval By (Name), If applicable	Phone Number	Signature	Date Signed
District Office Approval By (Name)	Phone Number	ABC Employee Signature	Issuance Date

The above named organization is hereby licensed, pursuant to the California B&P Code Division 9 and California Code of Regulations, to engage in the temporary sale of alcoholic beverages for consumption at the abovenamed location for the period authorized above. B&P Code Section 25682(c) requires that a designated RBS-trained person(s) shall remain on site for the duration of the event. Failure to comply with this requirement will result in immediate cancellation of the permit. **This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace and morals of the people of the State.**



Source Creek

Eastman

Capitol Ave

Esplanade  
Park  
\*  
A  
C  
S

Monterey Ave

181

181

181