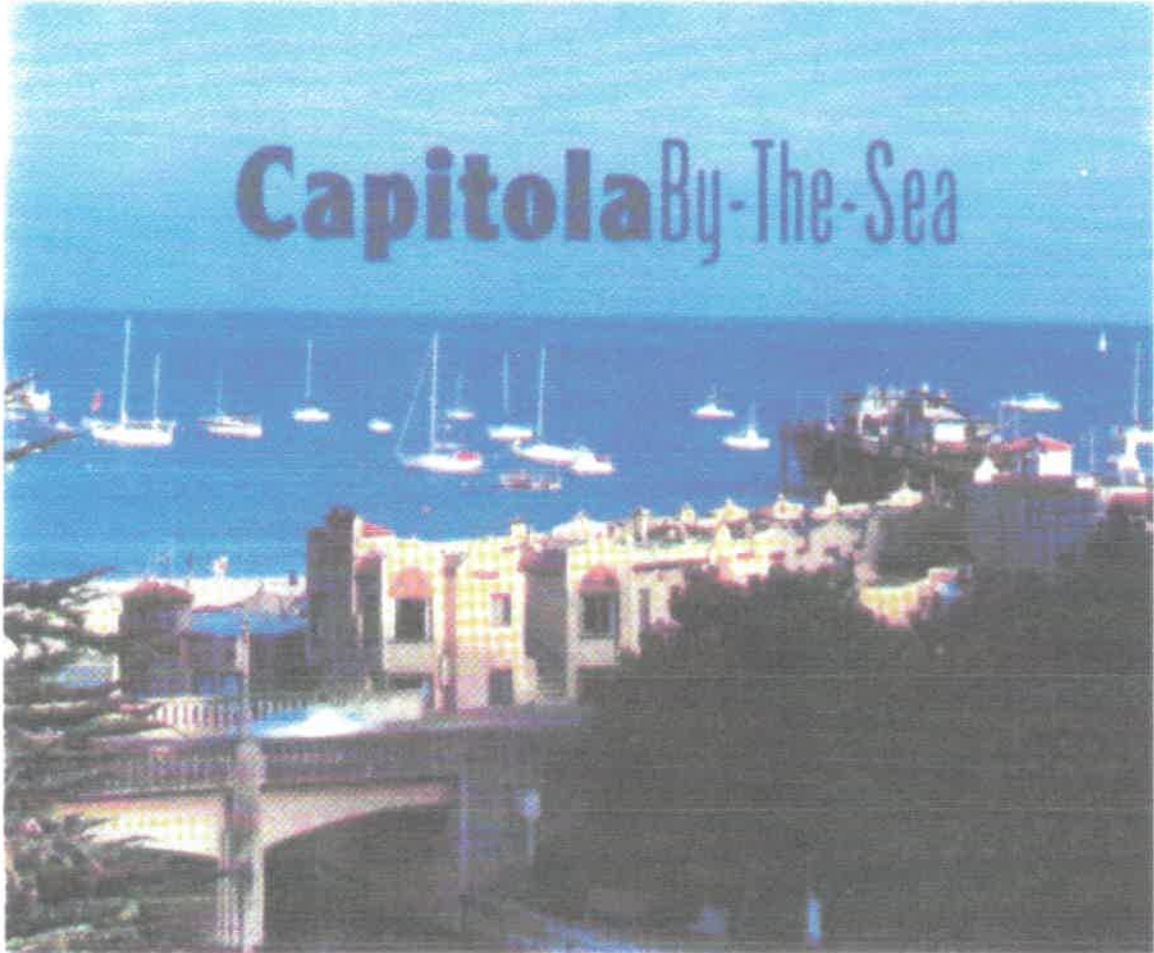


**GENERAL SPECIAL EVENT
PERMIT
APPLICATION**



CITY OF CAPITOLA

SPONSORING ORGANIZATION AND APPLICANT INFORMATION

- ∞ Event Name: Beyond The Flood Benefits Concert
- ∞ 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
Capitola CA street 95010
city state zip code
- ∞ Sponsoring Organization's Phone: (831) 332-4528
- ∞ FAX Number: (____) _____ E-Mail Address: mbbythesea@aol.com
- ∞ Contact Person's Name: Mary Beth Cahalan
- ∞ Business Phone: (____) _____ Cellular Phone: (831) 332-4528
- ∞ FAX Number: (____) _____ E-Mail Address: mbbythesea@aol.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: 2/18/2023 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: 2/18/2023 Time: 12:00 AM/PM to 6:00 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
 - ∞ 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 Lip Radio

∞ 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
\$ 5.00 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: Community Foundation of Santa Cruz

∞ 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: 2/18/2023 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: 2/18/2023 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: 2/18/2023

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

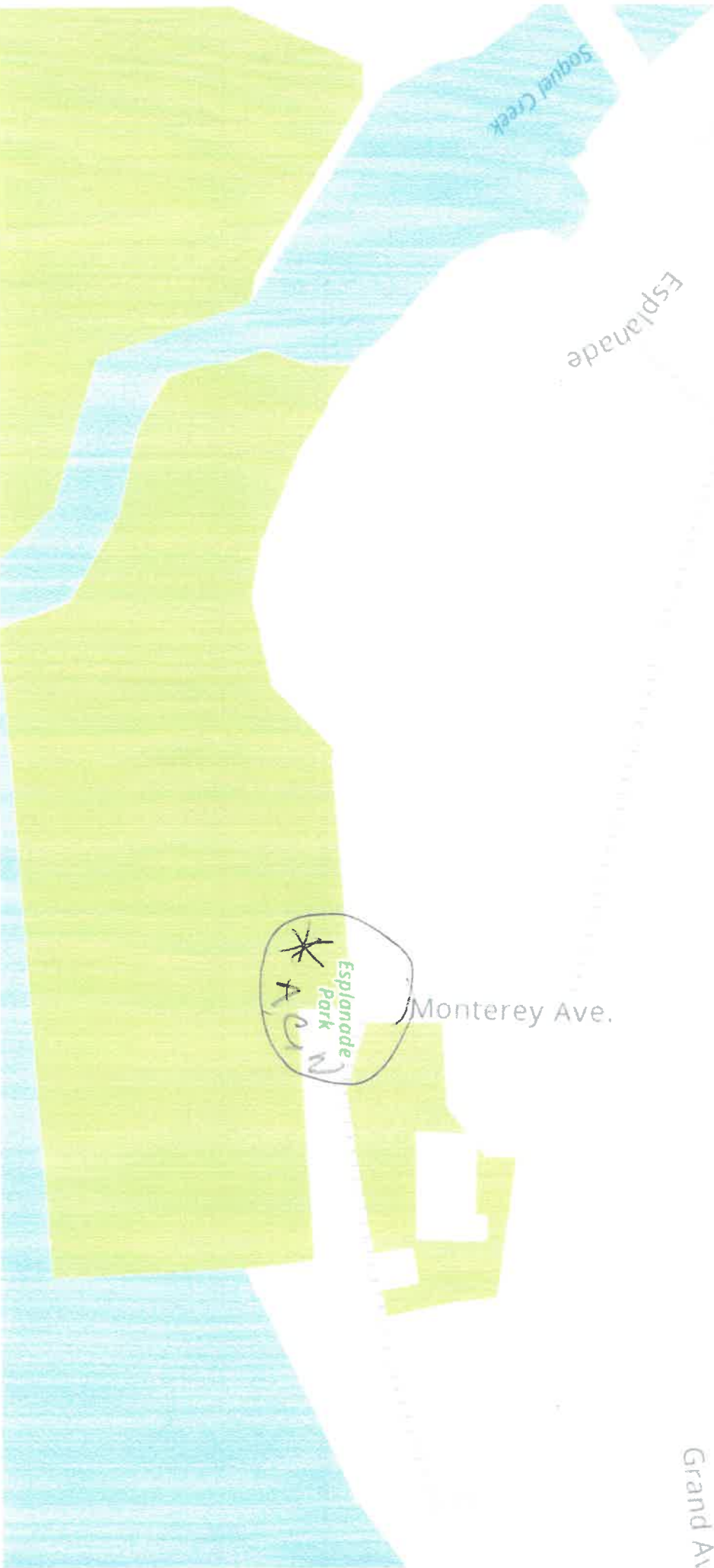
Please attach a copy of your ABC license.

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

∞ If yes, please describe: Beer will be sold poss: by T-shirts

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

Food vendors



Sequel Creek

Esplanade

Capitola Ave.

Monterey Ave.

Esplanade Park
* A 2

St.

Cliff Wy.

Grand Av

OVERALL EVENT DESCRIPTION (continued)

Portable and/or permanent toilet facilities:

- ∞ Number of portable toilets: 9 (Recommended: 1 for every 250 people)
- ∞ Number of ADA-accessible toilets: 1 (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: 0
- ∞ Number of dumpsters with lids: 0 (Recommended 1 per 400 people)
- ∞ Number of recycling containers: 0 (Voluntary)

∞ Describe the plan for cleanup and removal of waste and garbage during and after the event:

Port a Potties will be located in
Theatre parking lot

(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

- ∞ 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

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

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: Kelly Barretto Phone number: (831) 475-7300

∞ 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: 6:00 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: Street Banner over Monterey
(Refer to city ordinance chapter 17.57) (If they have time To get it made)

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: _____

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 Cahalan

Title: ~~Bush~~

Signature of Applicant: Mary Beth Cahalan Date: 2/1/2023

Permit No: _____



City of Capitola Public Works Department
 420 Capitola Avenue • Capitola • 95010
 831.475.7300 • 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 ESQ Lanade Park

Description of Work
Beyond the Flood Benefit Concert

Contractor
Mary Beth Cahalen

State License Number _____

Contact Name
Mary Beth Cahalen

Email
mbb4the sea@aol.com

Phone - Office _____

Phone - Cell

(831) 332-4528

Phone - 24-hour Emergency _____

Job Start Date
2/18/2023

Completion Date
2/18/2023

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 Cahalen

Date 2/1/2023

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
(CBA)
Address: 204 Capitola Ave. Capitola CA 95010
Phone #: (831) 332-4528 Email: mobythe sea@capol.com

EVENT INFORMATION:

Event Name: Beyond the Flood Benefits Concert
Type of Event: Bands and Beer Garden
Location of Event: Esplanade Park
Date(s) of Event: 2/18/2023 Hours of Event: 12:00 - 6:00 pm
Estimated Attendance: 5,000-10,000 Public Property Private Property

Beth Cahalen
Applicant's Signature

2/1/2023
Date

Mary Beth Cahalen
Print Name

Approved By: _____, Chief of Police Date: _____
Andrew Dally

Approved By: _____, CDD Director Date: _____

*Signature required for publicly attended events



Street Banner Application Over-the-Street Banner

This is NOT a Permit

Submit a completed application form, including a color graphic of the banner design with dimensions at least 60 days prior to the proposed installation date.

Email to: CapitolaDPW@ci.capitola.ca.us
Mail to: City of Capitola Public Works Department
420 Capitola Avenue, Capitola, CA 95010

Applicant Information

Name	Business Improvement Assoc.	Phone No.	831-332-4528
Organization/Event	Beyond the Flood Benefits Concert		
Mailing Address	204 Capitola Ave. Capitola, CA 95010		
Email Address	mbythesea@aol.com		

Event Information

Location (City of Capitola reserves the right to place your banner in the location available)	
<input type="checkbox"/> Capitola Avenue	<input checked="" type="checkbox"/> Monterey Avenue
Event Date 2/18/2023	
Requested Banner Installation Date 2/13/2023	Requested Banner Removal Date 2/20/2023
Banner Text (Event Name, Date, Time) Beyond the Flood Benefits Concert	

By signing this application, I certify I have read and understand the Capitola Village Over the Street Banner Program Policy and I agree to be bound by them. I understand my banner may be recycled or discarded if not picked up within 10 days of take-down date. I understand that street banner service is subject to scheduling maintained by the City.

My Beth Calm
Applicant Signature

2/1/2023
Date

Staff Approval: _____	Date: _____
Permit Conditions: _____	_____

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 Capitola Village Wharf Business Improvement Area	Tax ID 83-0653603
Organization Mailing Address 209 Capitola Ave., Capitola CA 95010	

LICENSE TYPE

<input type="checkbox"/> Special Daily Beer and Wine (\$50.00) <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 type="checkbox"/> Other:	<input type="checkbox"/> Daily General (\$75.00) <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"/> Special Temporary License (\$100.00) <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 2/18/2023	Total # of Days 1	Hours of Alcoholic Beverage Sales, Service and/or consumption 12pm To 6pm	Virtual Event <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Mark Yes, if the event is 100% virtual</i>
Event Address (Street #, name, and city)		Event Location Description (Jones Park, Pavilion A, etc.) ESPLANADE PARK, CAPITOLA VILLAGE	Location Within the City Limit <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 checked="" type="checkbox"/> Concert <input type="checkbox"/> Lunch <input type="checkbox"/> Wedding <input type="checkbox"/> Carnival <input type="checkbox"/> Mixer <input checked="" type="checkbox"/> Other: <input type="checkbox"/> Dance <input type="checkbox"/> Picnic		Type of Entertainment Concert/Fund Raiser	Event Open to Public <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Attendance 10,000		Security Guard If Yes, how many <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6	Outdoor Event <input checked="" type="checkbox"/> Yes* <i>*If Yes, a diagram of the event area is required</i> <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) to 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 Mary Beth Cahalen	Phone Number 831-332-4528	Email Address mbythesea@aol.com
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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 Mary Beth Cahalen	Phone Number 831-332-4528	Signature 	Date Signed 1/25/2023
Property Owner Approval By (Name) Required Jamie Goldstein	Phone Number	Signature 	Date Signed
Law Enforcement Approval By (Name), if applicable Andrew Dwyer	Phone Number 831-435-4242	Signature 	Date Signed 1/24/2023
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.**