

**SPONSORING ORGANIZATION AND APPLICANT INFORMATION**

- ⊙ Event Name: Women on Waves Surf & Swim Contest
- ⊙ Event Description: Women & girls surf & swim contest
- ⊙ Event Purpose: To get women & girls in the water in a supportive atmosphere
- ⊙ Sponsor: Ola Chica
- ⊙ Sponsor's Address: 456 Palm St.  
Santa Cruz CA 95060  
city state zip code
- ⊙ Sponsoring Organization's Phone: (831) 359-1175
- ⊙ FAX Number: ( ) N/A E-Mail Address: olachicas@gmail.com
- ⊙ Contact Person's Name: Aylana Zanville
- ⊙ Business Phone: ( ) Cellular Phone: (831) 359-1175
- ⊙ FAX Number: ( ) E-Mail Address: olachicas@gmail.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) \_\_\_\_\_
- ⊙ Event Location: Capitola Esplanade, upper esplanade & beach
- ⊙ Event Dates: 10/22-10/23/22 Anticipated Attendance: 250
- ⊙ Web Site Information: womenonwavessurfcontest.com E-Mail Address: womenonwavessurfcontest@gmail.com
- ⊙ Will the public be invited?  Yes  No

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

- ⊙ Date: 10/22 Time: 7:30 AM/PM to 7:30 AM/PM
- ⊙ Date: 10/23 Time: 7:30 AM/PM to 6:30 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? Two days instead of one
- ⊙ 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: \_\_\_\_\_

∞ Are admission, entry or vendor participant fees required?  Yes  No

∞ If yes, explain: Public admission fees: \$ 0 per person

Participant entry fees: \$ 50-100 per person

Vendor fees: \$ 150 per booth

Number of vendors: 14-20

How many vendors are for profit? 12-18

How many vendors are nonprofit? 2-3

∞ \$ 13,000 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

\$ 2,000 Product fees

\$ 3,000 Sponsorship

\$ 7,000 Participant entry fees

\$ 1,000 Other (Please specify): raffle tickets

∞ \$ 7,050 Total estimated expenses for this event.

\$ 750 Advertising

\$ 0 Wages, salaries

\$ 2,400 City services (police, fire, street closures)

\$ 400 Insurance

\$ 150 Business license fee

\$ 3,350 Other (Please specify): Lifeguards, awards, parking

∞ Is the organization a "tax exempt, nonprofit" organization? Yes  No

∞ \$ 5,000 Projected amount of revenue the Sponsoring Organization(s) will receive as a result of this event.

∞ Specify the organization(s) to receive funding: Non-profit organization  
to be determined

∞ City sponsorship requested?  Yes  No If yes, please describe:

### OVERALL EVENT DESCRIPTION

∞ Will a staging/setup/assembly location be required?  Yes  No

∞ If yes, begin day/date: 10/21 Start time: 5:00  AM  PM

∞ Location: Esplanade

∞ Description of the scope of the setup/assembly work (Attach additional pages and drawings as needed): structures for check in, banner  
Some tables & chairs, a few tents &  
judges stand at end of path.

Set-up

∞ If yes, dismantle day date: 10/23 Completion time: 7:00 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: NO Street

closures

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: 10/22 - 10/23

No parking in 2 spots closest to Esplanade All day

Parking spots

Seventy-two

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.

- 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: No Food

∞ 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: \_\_\_\_\_

∞ If alcohol is to be sold, how will the alcohol sales be regulated? \_\_\_\_\_

Please attach a copy of your ABC license.

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

∞ If yes, please describe: shirts, hats, apparel, jewelry  
arts & crafts, sunscreen, surfboards

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

**OVERALL EVENT DESCRIPTION (continued)**

Portable and/or permanent toilet facilities:

- ∞ Number of portable toilets:   1   (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:   1
- ∞ Number of dumpsters with lids:   0   (Recommended 1 per 400 people)
- ∞ Number of recycling containers:   1   (Voluntary)
- ∞ Describe the plan for cleanup and removal of waste and garbage during and after the event:

We have volunteers throughout the day  
cleaning up.  
At the end of the day we have a  
cleanup committee that will make  
sure everything is as good, if not  
better than we found it.

(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.



people will park in the paid parking lots. No shuttle service

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

We will walk around the village and hand out flyers to let all the businesses know about the event. I will also make some phone calls to connect with Matt @ the Surf company.

- ∞ 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.

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- ∞ 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.

**SAFETY - SECURITY**

∞ Is there a professional security organization to handle security for this event?  Yes  No

∞ If yes, please name security company: We will hire night security to

∞ If no, do you wish to contract police services from the Capitola Police Dept.?  Yes  No (See fee schedule)

*Make sure all structures are safe.*

∞ Security company's address: \_\_\_\_\_  
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? \_\_\_\_\_

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

∞ Security company: \_\_\_\_\_

∞ Contact person (security supervisor): \_\_\_\_\_

∞ Number of security guards patrolling the parking lot: \_\_\_\_\_

**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.

\_\_\_\_\_

**Medical:**

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

Lifeguard on duty all day

**ENTERTAINMENT – ATTRACTION – RELATED EVENT ACTIVITIES**

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

Yes  No

∞ If yes, what kind: We will have 2 small amps: 1 for the surfers facing out to the water & 1 in the booth area playing  
∞ Contact person's name: Aylana Phone number: (831) 359-1175 a playlist of mellow surf music.  
∞ Contact person's address: \_\_\_\_\_ street

\_\_\_\_\_ city state zip code

∞ Number of stages: 0 Number of bands: 0

∞ Type of music: Surf/Hawaiian Sound amplification?  Yes  No

∞ If yes, start time: 7:30  AM /  PM Finish time: 6:30  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: 2 small amps & a microphone

∞ 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: \_\_\_\_\_

(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 Still Water Insurance 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.

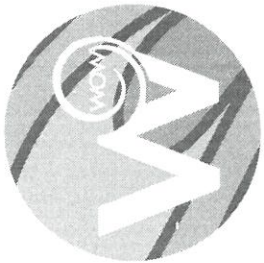
Name of Applicant (print): Aylana Zanville

Title: Organizer

Signature of Applicant: \_\_\_\_\_

Date: 3/1/2022

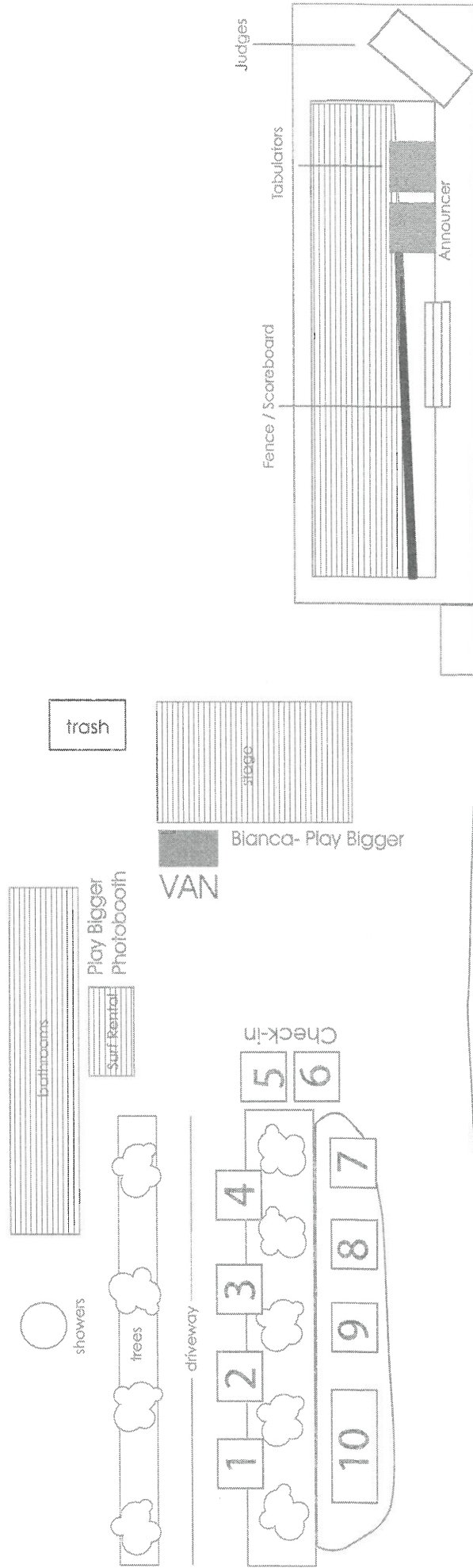
**Submit to Capitola PD**



WOMENONWAVESSURFCONTEST.COM

# Expo 2022 / Option 1

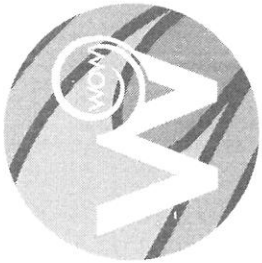
## 1-15 VENDORS



perfect waves

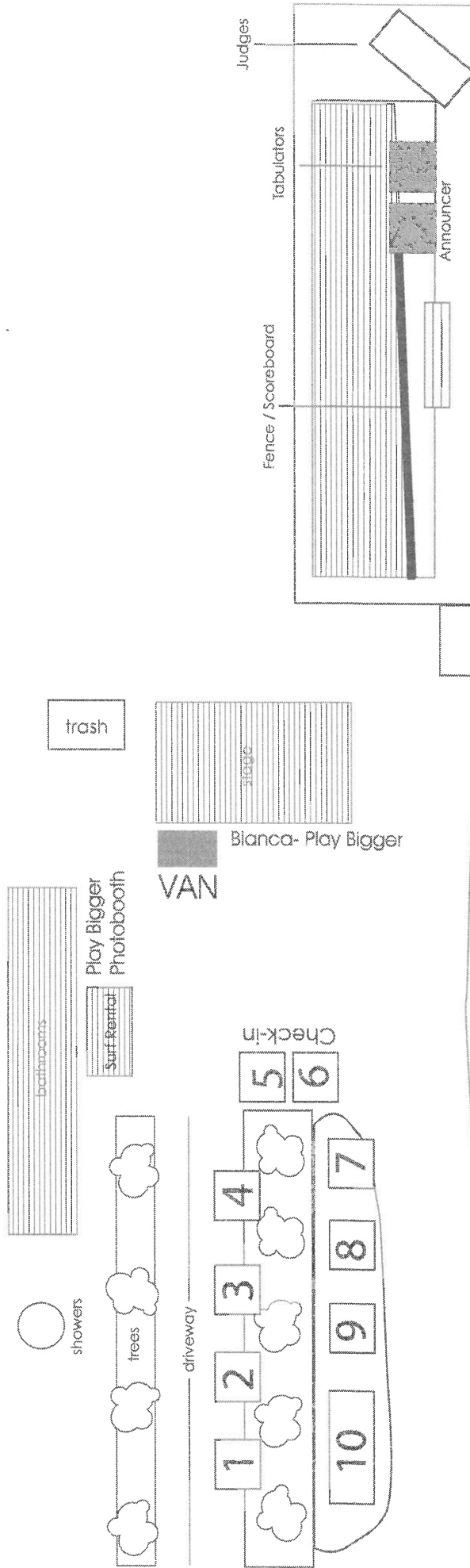


beach



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# Expo 2022 / Option 2 1-20 VENDORS



- 11
- 12
- 13
- 14
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- 18
- 19
- 20



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**03/31/2022**

**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>Trans Bay Insurance</b> <b>2161 San Pablo Ave</b> <b>Pinole, CA 94564</b> <b>License #: 0188680</b>	<b>CONTACT NAME:</b> David G. Smith <b>PHONE (A/C No. Ext):</b> (510)724-1200 <b>FAX (A/C No.):</b> (510)724-8041 <b>E-MAIL ADDRESS:</b> david@transbay.com <hr/> <b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> <b>INSURER A :</b> <b>Atain Specialty Insurance</b> <b>INSURER B :</b> <b>INSURER C :</b> <b>INSURER D :</b> <b>INSURER E :</b> <b>INSURER F :</b>
<b>INSURED</b> <b>WOMEN ON WAVES SURF CONTEST</b> <b>P O BOX 7335</b> <b>SANTA CRUZ, CA 95061</b>	

**COVERAGES      CERTIFICATE NUMBER: 00004356-22999      REVISION NUMBER: 6**

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>Y</b>		<b>CIP436182</b>	<b>10/22/2022</b>	<b>10/24/2022</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>1,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>	<b>N/A</b>				PER STATUTE    OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. 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 named as Additional Insured.**

**Event: Woman on Waves Surf and Swim Contest - October 22-23, 2002**

<b>CERTIFICATE HOLDER</b>  <b>City of Capitola</b> <b>420 Capitola Ave</b> <b>CAPITOLA, CA 95010</b>	<b>CANCELLATION</b>  <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.</b>  <b>AUTHORIZED REPRESENTATIVE</b>   <span style="float: right;">(DGS)</span>
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