

BLOCK PARTY PERMIT APPLICATION INSTRUCTIONS

Applications are to be filed 30 days in advance

- 1. Who needs a permit?** Any person/organization sponsoring or hosting a Block Party on City streets, sidewalks or alleys.
- 2. Location of your event.** If any portion of the event occurs on private property within the City of Suisun City, *written* permission from the property owner must accompany the application. A map indicating the location of the street closure and barricades must be submitted with application. **Generally, the City does not allow Block Parties on "through" streets. Parties are generally allowed on courts, cul-de-sacs, or at the end of dead-end streets. Each permit is reviewed on a case-by-case basis.**
- 3. Notice to property owners/tenants.** The owners/tenants of ALL property along the street that will be affected by the block party shall receive, TWO WEEKS before the scheduled event, a written notice from the applicant stating the date, time, and EXACT ROUTE/LOCATION of the event, as well as the event activities; e.g., jump house, barbecue, music, etc. An approved format for notice is attached and can be reproduced.
- 4. Food/beverages/alcohol.** If food/beverage/alcohol will be served, the appropriate business license and liquor license must be obtained. If alcohol is to be served, the area of sale/consumption of beer/wine shall be segregated or confined from other event activities by means of fixed/portable barricades/walls/ropes, or other devices. Include a diagram showing the area where the sale/furnishing/consumption of beer/wine will be segregated or confined. *It is required you provide a security guard to check I.D. and restrict entrance to alcohol sales. You must obtain permit to sell food items from the County Health Department at 707-784-6765.*
- 5. Traffic and crowd control fees.** If police personnel will be assigned to handle traffic control and/or crowd control at your special event, you must prepay the estimated costs for those services. If the actual costs of providing traffic and crowd control on the day of the event is less than the estimated cost, you will be refunded the difference. **You are required to provide barricades or traffic cones and detour signs to close streets.** Consult telephone directory for listing of companies that supply barricades.
- 6. Cleanup Instructions.** You may be required to supply portable toilets and additional garbage containers for your event. Consult telephone directory for toilet companies. Garbage service is franchised and must be handled by Solano Garbage Co. 707 439-2800. Immediately following the completion of the event, you shall ensure that the area used for the event is cleaned and restored to the same condition as existed prior to the event. A refundable cleanup deposit may be required for certain types of events if the event site is not properly cleaned and restored.
- 7. Fire Inspection.** The event site and all structures or vehicles involved in the event are subject to inspection and approval for fire safety by Suisun City Fire Department officials. The permittee shall comply with any fire safety instructions by those officials. You will be notified prior to receiving permit if this is required.
- 8. Insurance.** The applicant will submit a contractor's insurance policy and endorsement as listed in the attached Insurance Requirements for Contractors. Minimum policy limits will be:

General Liability: \$1,000,000 per occurrence

All insurance endorsements must be submitted using Form CG 20 26 11 85 which is attached and must contain the following items (no substitute forms shall be allowed):

The City of Suisun City, its officers, officials, employees and volunteers as named insured.

The signature of an officer of the company as the Authorized Representative of the company underwriting the insurance.

Or you can purchase insurance through the City at Joseph A. Nelson Community Center, 611 Village Dr., Suisun City, phone: 707-421-7200. Include signed endorsement *and* the Certificate of Insurance with your application.

9. **Cleaning Deposit.** A cleaning deposit of \$66.00 is required at the time the signed BLOCK PARTY AGREEMENT is submitted. This deposit will be returned within the week following the event if the area has been cleaned.
10. **Fees.** A non-refundable administration fee of \$66.00.

Your special event is not authorized until you have received a permit. You will be notified by telephone when you may pick up your permit. If you have any questions, contact Public Works at 707-421-7340.

Return completed application to the Public Works Department, 701 Civic Center Blvd., Suisun City.

City of Suisun City Block Party Permit Application

Please fill out this form as completely and accurately as possible. All statements are subject to verification.

Incorrect statements or omissions may result in the denial or revocation of the permit.

Direct Questions to the Public Works Dept. 707-421-7340 or publicworks@suisun.com. DATE: _____

Date of Event	Type of Event	Assembly Location
Assembly Time	Actual Starting Time	Disbanding Time
Disbanding Location		
Describe Planned Activities at Event		
Estimated number of Attendees	Estimated Number of Participants in Event	Estimated Number of Vehicles in Event
Animals in Event		
Route or location of event. Describe briefly and include detailed map or drawing. Map must be 8.5 x 11 • (You may provide larger maps/drawing but we still require one sized 8.5 x 11)		
Name Of Person In Charge of Event	Address	Telephone
Alternate Contact Person	Address	Telephone
Sponsoring Organization (if any)	Address	Telephone
Will food and beverage be served? <i>If yes, attach description-read application instructions.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will alcohol be served? <i>If yes, attach proof of ABC license, security company name and # of guards hired, diagram of area to be utilized--see ordinance for additional requirements.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will any tents, booths, grandstands etc., be erected? <i>If yes, attach diagram& description.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will there be any sound amplification equipment? <i>If yes, this is not a Block Party. Applicant will need to contact the Recreation Dept, 707-421-7200, to apply for a Special Event Application.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will monitors/security personnel be present? <i>If yes, attach description listing how many and their duties.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you requesting Police Cadets/CORP for this event? <i>If yes, list how many will be needed?</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO # _____
Are you requesting Police Officers for this event? <i>If yes, list how many will be needed?</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO # _____
Have notices been provided to residential/business owners or tenants? <i>If yes, indicate method of notification: _____-read application instructions.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Insurance requirement has been met? <i>Requirements listed on attached endorsement. If yes, attach certificate and enclosed endorsement.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
Will your event impact parking in the area? <i>If yes, attach description of parking impact, stating which lots or streets, if any will be utilized or what provisions must be made to accommodate parking for attendees.</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>For Department use only</small>		

The special event sponsor (hereafter referred to as "Permittee") agrees to reimburse the City of Suisun City (hereafter referred to as "City") for all loss incurred by it in repairing or replacing damage to City agents including special event monitors/security personnel, or any other person attending or joining the special event who was, or reasonably should have been, under the Permittee's control. Persons who merely attend or join in a parade or other special event are not considered by that reason alone to be "under the control" of the Permittee.

The Permittee further agrees to defend without costs, indemnify and hold harmless the City, its officers, agents and employees from all actions, claims, damages, losses and liability arising out of or alleged to arise out of officers, employees, agents, including special event monitors/security personnel, or any other person attending or joining in the special event who was, or reasonably should have been under the Permittee's control. Persons who merely attend or join in a parade or other special event are not considered by that reason alone to be "under the control" of the Permittee.

PERMITTEE STATEMENT

I hereby certify that all statements in this application are true and complete, and I understand that any misstatement of material facts is grounds for denial of a permit. I also agree to comply with the attached terms of the Special Event Permit/Parade Permit, including the above Hold Harmless Agreement and to comply with all special event permit conditions.

(Permittee's Signature)

(Date)

If special event is sponsored by an organization, an authorized officer of the sponsoring organization must sign application.

(Officer of Sponsoring Organization)

(Date)

Event permit#: _____

- Approved with the Permit Conditions as set forth below.
- Denied.

Reason for denial _____

PERMIT CONDITIONS

1. This permit and attachments must be carried on the person in charge of and present at the event.
2. Applicant is responsible for all traffic control, barricade set up and removal.
3. Police, Fire & EMS access is to be maintained
4. _____
5. _____

(Public Works Director or Designee)

(Date)

PLAN CHECK & SPECIFIC CONDITONS

Development Services Review: Recommended: Yes No

Remarks: _____

Date: _____ By: _____
Community Development

Engineering Review: Recommended: Yes No

Remarks: _____

Date: _____ By: _____
Public Works Department

Police Review: Recommended: Yes No

Remarks: _____

Date: _____ By: _____
Police Department

Fire Department: Recommended: Yes No

Remarks: _____

Date: _____ By: _____
Fire Dept.

Fire Marshal : Recommended: Yes No

Remarks: _____

Date: _____ By: _____
Fire Marshal

City of Suisun City
Block Party Permit Application-Insurance

COVERAGE SHALL BE A COMPREHENSIVE GENERAL LIABILITY INSURANCE POLICY.

Minimum limits required: \$500,000 each person bodily injury; \$1,000,000 each occurrence bodily injury; \$100,000 each occurrence property damage OR \$1,000,000 each occurrence combined single limit bodily injury and property damage.

This endorsement, effective this _____ day of _____, _____, policy number _____

_____ issued to _____

by _____ for the _____

following event. _____

ADDITIONAL INSURED

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE CITY OF SUISUN CITY, ITS OFFICERS, EMPLOYEES, AND AGENTS ARE NAMED AS ADDITIONAL INSURED.

PRIMARY INSURANCE

IT IS FURTHER UNDERSTOOD AND AGREED THAT THE INSURANCE AFFORDED BY THIS POLICY SHALL BE CONSIDERED PRIMARY INSURANCE AS RESPECTS ANY OTHER VALID AND COLLECTIBLE INSURANCE THE CITY OF SUISUN CITY MAY POSSESS, INCLUDING ANY SELF-INSURED RETENTION THE CITY MAY HAVE, AND ANY OTHER INSURANCE THE CITY DOES POSSESS SHALL BE CONSIDERED EXCESS INSURANCE ONLY.

CANCELLATION CLAUSE

THIRTY (30) DAYS WRITTEN NOTICE OF CANCELLATION SHALL BE GIVEN TO THE CITY OF SUISUN CITY IN THE EVENT OF CANCELLATION AND/OR REDUCTION IN COVERAGE OF ANY NATURE. SUCH NOTICE SHALL BE SENT TO:

*CITY OF SUISUN CITY
PUBLIC WORKS DEPARTMENT
701 CIVIC CENTER BOULEVARD
SUISUN CITY, CA 94585*

THIS PARAGRAPH SUPERSEDES THE CANCELLATION CLAUSE IN THE CERTIFICATION OF INSURANCE.

SEVERABILITY OF INTEREST

THIS INSURANCE SHALL ACT FOR EACH INSURED AND ADDITIONAL INSURED AS THOUGH A SEPARATE POLICY HAD BEEN WRITTEN FOR EACH. THIS, HOWEVER, WILL NOT ACT TO INCREASE THE LIMIT OF LIABILITY OF THE INSURING COMPANY.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN THE SAME.

(Authorized Insurance Representative)

City of Suisun City
Block Party Permit Application-Notification Request

*You must provide written notice to ALL residents and/or businesses affected by your event a **MINIMUM OF TWO WEEKS BEFORE** the scheduled date of your event. Return this form when notification to residents has been completed. The permit will not be issued until this declaration is on file with the Public Works Department.*

I hereby declare the attached copy of notification was served on _____
(Date of Service)
to all residents and/or businesses affected by our event.

(Signature of person responsible distribution or event)

(Date)

You may use the form included with this application. If you choose to use your own form, it must list specific information regarding the event; i.e., street closure information and Police Dept telephone number [707 421-7373] for residents to call Police Dept to address any concerns they may have regarding your event. Please attach one copy of the notification to this declaration.

IMPORTANT: It is illegal to post any type of flyer, sign, and notification on light or telephone poles, fences, city right-of-ways, existing signs, trees, bus shelters, etc. Resident or business event notifications may be placed on doors or in mail slots. Do not place items into a residential mailbox.

RESIDENT/BUSINESS OWNER-The Suisun City Public Works Department has received a permit application for a block party scheduled for the date indicated below. If you have an objection to the issuance of this permit, please call the Public Works at (707-421-7340), *within seven days* to state the basis for your objection.

Event date(s): _____ Anticipated attendance: ____ Location: _____

Person in charge of event: _____ Telephone: _____

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Event date(s): _____ Anticipated attendance: ____ Location: _____

Person in charge of event: _____ Telephone: _____

INSURER:
POLICY NUMBER:
ENDORSEMENT NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Organization

(If no entry appears above, the information required to complete this endorsement will be shown in the
Declarations as application to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the
Schedule, but only with respect to liability arising out of “your work” for that insured by or for you.

Modifications to ISO form CG 20 10 11 85:

1. The insured scheduled above includes the Insured’s officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured’s scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail return receipt requested has been given to the City.

Signature-Authorized Representative

Address