



## CITY OF OAKDALE CO-SPONSORED SPECIAL EVENT POLICY

Reservations Office: Council Services and Legislative/Records Manager  
280 North Third Avenue, Oakdale, CA 95361  
Phone Number: (209) 845-3535  
Fax Number: (209) 847-6834  
E-mail: [jchristel@ci.oakdale.ca.us](mailto:jchristel@ci.oakdale.ca.us)

Business Hours: Monday through Friday 8:00 am – 5:00 pm

In order for the City of Oakdale to become a co-sponsor of your event the following criteria must be met. If you meet the criteria and would like to proceed with the process please submit the application to the Council Services and Legislative/Records Manager's office at least 60 days prior to the event. Applications will be taken to the Planning Commission for approval.

1. Your event must be held on City Property.
2. You must purchase liability insurance through the City of Oakdale special event insurance carrier.
3. Use of a rental facility, you will qualify for the non-profit rate.
4. All proceeds must benefit the Oakdale Community.

# **CHECKLIST**

## **DUE TO CITY UPON REGISTRATION**

- Signed and completed City of Oakdale Co-sponsored Event Application
- Non-Profit organizations attach a copy of the 501c exemption letter.

## **CITY WILL PROVIDE TO APPLICANT UPON EVENT APPROVAL**

- Special event insurance packet.
- Temporary Food Facility packet.

## **DUE TO CITY NO LATER THAN FORTY-FIVE DAYS PRIOR TO EVENT**

- Map of event
- Flyer draft for approval
- List of event vendors (food, businesses, non-profits, activity providers)

## **DUE TO CITY NO LATER THAN THIRTY DAYS PRIOR TO EVENT**

- Special event insurance quote application and all vendors Certificates of Liability Insurance for \$1,000,000 naming the City of Oakdale additionally insured
- Completed Temporary Food Facility applications from all food vendors and Event Organizer Permit Application.
- Alcoholic Beverage Control (ABC) permit, if required.

## ***DUE TO CITY NO LATER THAN TWO WEEKS PRIOR TO EVENT***

- Special Event Insurance payment.

## **THURSDAY OR FRIDAY PRIOR TO EVENT**

- Pick-up Fob if event is at a facility.



# CITY OF OAKDALE CO-SPONSORED SPECIAL EVENT APPLICATION

EVENT DATE(S) \_\_\_\_\_

By submitting this application, the applicant understands that the Planning Commission will review the application under the policy set by the City Council at the Planning Commission Meeting. If approved the applicant will be notified by City staff and guide you through the co-sponsorship process.

Please provide the information requested in items "A1" through "A6" below. If any portion of the requested information does not apply to this Application, please indicate "N/A" for that item.

A. The name, address, and telephone numbers of each of the following:

A1. The person filing the application:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

A2. An alternate person to contact if an emergency arises (someone other than a City employee) and the applicant is unavailable:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

A3. The organization sponsoring the event (The "Applicant"):

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

A4. The president, chair, leader or other head of the organization sponsoring the event:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

A5. The person who will be present and in charge of the event on the day of the event:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

e-mail: \_\_\_\_\_

How will the proceeds of this event be used?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I shall accept responsibility on behalf of my group/organization for any damage or theft sustained to the City (premises, furniture, or equipment) because of the occupancy of said premises by our group/organization. I have read and agree to comply with the rules and regulations stated with this contract. The cost of any special cleaning or damage to the facility, equipment, or grounds, due to the event, will be billed to the applicant.

On behalf of the applicant, I hereby submit this application to Co-sponsor with the City of Oakdale the event described in this application.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

**SPECIAL EVENTS CO-SPONSORED WITH CITY OF OAKDALE  
CITY PARK OR STREET USE FORM**

Name of event: \_\_\_\_\_

Name of park/street requesting: \_\_\_\_\_

The proposed date(s) of the event: \_\_\_\_\_

Set-up time of the event: \_\_\_\_\_

Starting time of the event: \_\_\_\_\_

Finishing time of the event: \_\_\_\_\_

Take down and clean-up time: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

The specific streets to be closed, indicating closure points: (Include map)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check all included items:

- |   |   |
|---|---|
| <input type="checkbox"/> Vendors and Booths       | <input type="checkbox"/> Electric Generators                    |
| <input type="checkbox"/> Extra Parking            | <input type="checkbox"/> Comfort Stations (water and first aid) |
| <input type="checkbox"/> Sound System             | <input type="checkbox"/> Port-a-pots                            |
| <input type="checkbox"/> Electrical Power Sources |   |

Describe and show location and direction of sound amplification equipment proposed.

\_\_\_\_\_  
\_\_\_\_\_

City personnel, service or equipment required for this event. An additional fee may be assessed.

\_\_\_\_\_  
\_\_\_\_\_

Are there any unusual activities associated with this event that should be brought to the attention of the City of Oakdale to evaluate this application?

\_\_\_\_\_  
\_\_\_\_\_

Will alcohol be served or sold at this event? \_\_\_\_\_

**SPECIAL EVENTS CO-SPONSORED WITH CITY OF OAKDALE  
CITY FACILITY USE FORM**

Name of Event: \_\_\_\_\_

The proposed date(s) of the event: \_\_\_\_\_

Set-up time of the event: \_\_\_\_\_

Starting time of the event: \_\_\_\_\_

Finishing time of the event: \_\_\_\_\_

Take down and clean-up time: \_\_\_\_\_

Estimated number of participants: \_\_\_\_\_

Facility Requesting

- Senior Center
- Community Center
- Plaza

Check all included items:

- |   |  |
|---|--|
| <input type="checkbox"/> Vendors and Booths | <input type="checkbox"/> Electric Generators |
| <input type="checkbox"/> Extra Parking      | <input type="checkbox"/> Stage               |
| <input type="checkbox"/> Sound System       | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Podium             |  |

Describe and show location of sound amplification equipment if proposed in plaza.

\_\_\_\_\_  
\_\_\_\_\_

City personnel, service or equipment required for this event. An additional fee may be assessed.

\_\_\_\_\_  
\_\_\_\_\_

Are there any unusual activities associated with this event that should be brought to the attention of the City of Oakdale to evaluate this application?

\_\_\_\_\_  
\_\_\_\_\_

Will alcohol be served or sold at this event? \_\_\_\_\_