Special Event Application Lompoc Recreation Division 125 West Walnut Avenue Lompoc, CA 93436

Phone: (805) 875-8100 Fax: (805) 736-5195

APPLICANT INFORMATION Applicant (Your Name)	TINFORMATION four Name) Organization				
Event Coordinator (if different from applicant)					
Mailing Address					
Day Phone: After Hou	rs Phone:	Fax:			
Public Information Phone:	E-mail:				
Secondary Contact Name:	Phone	:			
Please complete the following sections with as much deta	il as possible since fee provide us.	es and requirements are based of	on the information you		
Type of Event O Festival O Walk or Run C	Parade/March St	taging O Other (specify	y)		
Event Name & Location Event Title Park (list all sites being requested)					
Event Times Set-Up Days/Dates (Complete only if set-up day is separate from event day)	From _	am / pm to	am / pm		
Event Days/Dates	Set up	am / pm to	am / pm		
(Include "day-of" setup and breakdown times)	Event	am / pm to am / pm to	am / pm		
Breakdown Day(Complete only if breakdown day is separate from event d	From_	am / pm to _	am / pm		
DESCRIPTION OF EVENT O First time event (include site map with application) Note that this description will be published in or	O Returning	event (include site map with a ecreation Public Special E			

ESTIMATED ATTENDANCE Anticipated # of event participants per day (people directly participating in event, event vendors/staff/volunteers) Anticipated # of event attendees/spectators per day (people attending event): _____ Grand total of anticipated # of people per day: _____ ELEMENTS OF YOUR EVENT Setting up a stage? O Platform style, dimensions O Concert style, dimensions O No stage at event Setting up tables, chairs, canopies and tents? **O** Tables: # _____ O No tables being set up O Chairs: # O No chairs being set up O Canopies: # and their dimensions ______O No canopies being set up O Tents: # and their dimensions O No tents being set up Having amplified sound and/or music? • Amplified sound for announcements only O Amplified sound for music (check one) O CD player/DJ music O Small 4 – 5 piece live band O Large 6+ piece live band O Other O No amplified sound/music at event Using utilities? O Gas O Water O Electricity O For sound O For food preparation and/or refrigeration equipment O For lighting O*Additional electrical pedestals needed at Ryon Park # *Additional fees apply for each additional pedestal Having food and non-alcoholic beverages at your event? O Vendors preparing food on-site (don't include pre-packaged food/beverage vendors) # _____ O Vendors bringing in pre-packaged food and beverages (don't include prepared food vendors counted above) # • All food and non-alcoholic beverages handled by organization; bringing in no outside vendors # _____ O No food at event Having alcohol at your event? O Yes, serving/selling beer and wine (complete Alcohol Request Form) Hours of alcohol being served: From ______ to _____ Days alcohol will be served: O No alcohol at event Having selling and/or informational vendors at your event? O Vendors selling food only #_____ O Vendors selling merchandise/services only # _____ O Vendors passing out information only (no business license needed) # O No selling or informational vendors at event Having kid activities? O Inflatable Bounce Houses # _____ Company: _____ O Inflatable Bounce Slides # _____ Company: _____

O Rock climbing wall Height? Company:				
Truck to bring wall in? • Yes • No Truck acts as counterweight to	o wall? O Yes O No			
• Arts & crafts (i.e. craft making, face painting, etc.)				
O Petting zoo? Company:	_			
O Carnival games or rides? Specify type	Company:			
O Other				
O No kid activities at event				
Any additional elements unique to your event but not asked above? O Yes. Describe:				
O No				
WASTE MANAGEMENT				
O Contracting with trash/recycling vendor.				
o community with transmitted forming volumes.				
Company				
D				
Drop of Day & Time				
Pick Up Day & Time				
O Containers to be serviced Day & Time				
O Contracting with portable toilet & hand washing station vendor.				
Company				
Drop of Day & Time				
Pick Up Day & Time				
O Portable toilets to be serviced Day & Time				
MISCELLANEOUS				
Please list anything important about your event not already asked on	this application:			
-For Office Use Only-				

Contract #:	Reservation taken by:		_Reservation Fee Paid ()Y ()N
Balance Paid	_ Key #:	_ Key Returned:	Deposit Returned:
Supervisor Approval:	Parks & Recreation Co.	mmission Month:	