

**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) \_\_\_\_\_ Organization \_\_\_\_\_

Event Coordinator (if different from applicant) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Day Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Public Information Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please complete the following sections with as much detail as possible since fees and requirements are based on the information you provide us.

**Type of Event**    Festival    Walk or Run    Parade/March Staging    Cannabis  
 Other (specify) \_\_\_\_\_

**Event Name & Location**

Event Title \_\_\_\_\_

Park (list all sites being requested) \_\_\_\_\_

**Event Times**

**Set-Up Days/Dates** \_\_\_\_\_ From \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
(Complete only if set-up day is separate from event day)

<b>Event Days/Dates</b> _____	Set up _____ am / pm to _____ am / pm
(Include "day-of" setup and breakdown times)	Event _____ am / pm to _____ am / pm
	Breakdown _____ am / pm to _____ am / pm

**Breakdown Day** \_\_\_\_\_ From \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm  
(Complete only if breakdown day is separate from event day)

**DESCRIPTION OF EVENT**

First time event (include site map with application)    Returning event (include site map with application)

Note that this description will be published in our City Parks & Recreation Public Special Events Calendar:

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**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?

- Platform style, dimensions \_\_\_\_\_  Concert style, dimensions \_\_\_\_\_
- No stage at event

Setting up tables, chairs, canopies and tents?

- Tables: # \_\_\_\_\_  No tables being set up
- Chairs: # \_\_\_\_\_  No chairs being set up
- Canopies: # and their dimensions \_\_\_\_\_  No canopies being set up
- Tents: # and their dimensions \_\_\_\_\_  No tents being set up

Having amplified sound and/or music?

- Amplified sound for announcements only
- Amplified sound for music (check one)  CD player/DJ music  Small 4 – 5 piece live band
- Large 6+ piece live band
- Other \_\_\_\_\_
- No amplified sound/music at event

Using utilities?  Gas  Water  Electricity

- For sound  For food preparation and/or refrigeration equipment  For lighting
- \*Additional electrical pedestals needed at Ryon Park # \_\_\_\_\_

*\*Additional fees apply for each additional pedestal*

Having food and non-alcoholic beverages at your event? (IF food sales will take place, please attach a permit from Santa Barbara County Environmental Health)

- Vendors preparing food on-site (don't include pre-packaged food/beverage vendors) # \_\_\_\_\_
- 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 # \_\_\_\_\_
- No food at event

Having alcohol at your event?

- Yes, serving/selling beer and wine (complete Alcohol Request Form)  
Hours of alcohol being served: From \_\_\_\_\_ to \_\_\_\_\_  
Days alcohol will be served: \_\_\_\_\_
- No alcohol at event

Having Cannabis at your event?

- State Event Organizer License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Please attach a copy)
- Federal Employer Identification # \_\_\_\_\_
- State Employer Identification # \_\_\_\_\_
- Please attach copy of City of Lompoc business tax certificate
- Have you ever held a cannabis event before? Yes or No / If "yes" please provide reference from previous events starting with the most recent:

Name of Event:	
Event Date / Event Location:	
Name of Reference:	
Contact for Reference:	

Name of Event:	
Event Date / Event Location:	
Name of Reference:	
Contact for Reference:	

○ Cannabis Licensee Information: Please list below all cannabis licensees that will be selling cannabis products at the event. Attach additional pages as necessary. Per Bureau of Cannabis Control Regulations Section 5602(c), please note only state licensed retailers and microbusinesses authorized to conduct retail can sell cannabis products at temporary cannabis events.

	Licensee Name	License Type	State License #	License Exp. Date	Lompoc CCUL#
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

- For each licensee, please attach a copy of their current City of Lompoc business tax certificate.
- For each licensee, please attach a list of all employees that will be providing cannabis products at the event. -
- Any changes to the list of licensees or employees after submission of the Special Event Permit Application For Temporary Cannabis Events must be submitted to the Recreation Division at least one week in advance of the event.

Will cannabis be consumed at the event? \* Yes \* No

If you answered yes, please attach an Onsite Consumption Plan that outlines:

- The different forms of onsite consumption that will be allowed;
- Where the consumption will take place;
- How the Applicant will deter drugged driving;
- How Applicant will ensure cannabis consumption will not be visible from a public place or by people under age of 21.
- How Applicant will ensure no consumption/sale of alcohol and tobacco will take place.
- Whether any consumption will take place within 1,000 feet of a school, day care or youth center while children are present.

Will cannabis be smoked at the event? \* Yes \* No

If you answered Yes, please clarify where the smoking will take place:

- \* In an enclosed area
- \* In an unenclosed area

Vendors:

Having selling and/or informational vendors at your event?

- Vendors selling food only # \_\_\_\_\_  Vendors selling merchandise/services only # \_\_\_\_\_
- Vendors passing out information only (no business license needed) # \_\_\_\_\_
- No selling or informational vendors at event

Activities:

Having kid activities?

- Inflatable Bounce Houses # \_\_\_\_\_ Company: \_\_\_\_\_
- Inflatable Bounce Slides # \_\_\_\_\_ Company: \_\_\_\_\_
- Rock climbing wall      Height? \_\_\_\_\_      Company: \_\_\_\_\_
- Truck to bring wall in?  Yes  No    Truck acts as counterweight to wall?  Yes  No
- Arts & crafts (i.e. craft making, face painting, etc.)
- Petting zoo? Company: \_\_\_\_\_
- Carnival games or rides? Specify type \_\_\_\_\_ Company: \_\_\_\_\_
- Other \_\_\_\_\_
- No kid activities at event

Any additional elements unique to your event but not asked above?

- Yes. Describe:

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- No

**EVENT SECURITY**

- Security Plan (Please attach a copy)
- Security Guard list with Guard Card numbers

**WASTE MANAGEMENT**

- Contracting with trash/recycling vendor.

Company \_\_\_\_\_

Drop of Day & Time \_\_\_\_\_

Pick Up Day & Time \_\_\_\_\_

- Containers to be serviced      Day & Time \_\_\_\_\_

- Contracting with portable toilet & hand washing station vendor.

Company \_\_\_\_\_

Drop of Day & Time \_\_\_\_\_

Pick Up Day & Time \_\_\_\_\_

Portable toilets to be serviced Day & Time \_\_\_\_\_

**MISCELLANEOUS**

Please list anything important about your event not already asked on this application:

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*-For Office Use Only-*

Contract #: _____	Reservation taken by: _____	Reservation Fee Paid ( )Y ( )N
Balance Paid _____	Key #: _____	Key Returned: _____
Deposit Returned: _____	Supervisor Approval: _____	Parks & Recreation Commission Month: _____