MAILED 6/1/2010

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MILES SIGNED 12A AND 6/1 LETTER AUTHORIZES ME

THE CITY OF SAN DIEGO

OFFICE OF

# SPECIAL EVENTS

# SPECIAL EVENT PERMIT APPLICATION

## THE CITY OF SAN DIEGO OFFICE OF SPECIAL EVENTS

## SUMMARY OF EVENT

NEIGHBORHOOD REGION
*(Select one or more)*

- ☐ Central San Diego (includes Gaslamp & Balboa Park)
- ☐ Eastern San Diego
- ☐ Mid-City San Diego
- ☐ Northern San Diego (includes Mission Bay Park)
- ☐ Southeastern San Diego
- ☐ Southern San Diego
- ☑ Western San Diego
- ☐ Northeastern San Diego

### CONTACTS

**Host Organization** The Rock Church

**Professional Organizer** N/A

**Public Contact** *(Required)*
Name: Brad Purvis brad.purvis@therocksandiego.org
Telephone: (619) 226-7625

**Non-Public Contact**
*(Required for internal use only)*
Name: Brad Purvis
Telephone: (619) 226-7625

**Media Contact**
*(If different than Public Contact)*
Name: Mei-Ling Starkey
Telephone: (619) 226-7625

**Vendor Contact**
*(If different than Public Contact)*
Name: N/A
Telephone: ( )

**Web Address** www.therocksandiego.org

| Yes | No | |
|---|---|---|
| ☑ | ☐ | Is this an annual event? How many years have you been holding this event? 3+ |
| ☐ | ☑ | Is your event part of a larger marketing campaign (i.e. *Buds 'n Blooms, San Diego for the Holidays*, etc.)? |

If yes, please list

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## APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization The Rock Church

Chief Officer of Host Organization Miles McPherson, Senior Pastor

Applicant Name Brad Purvis

Address Street 2277 Rosecrans Street

City San Diego State CA Zip 92106

Telephone Day 619.764.5163 Evening _____ Fax _____ Pager/Cellular _____

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name N/A

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

## ORGANIZATION STATUS/PROCEEDS/REPORTING

| Yes | No | |
|---|---|---|
| ☐ | ☑ | Is the Host Organization a commercial entity? |
| ☑ | ☐ | Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status. |
| ☐ | ☑ | Are patron admission, entry or participant fees required? If yes please provide amounts: _____ |
| ☐ | ☑ | Are vendor or other fees required? If yes please provide amounts: _____ |

$ N/A Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event.
Please explain how this amount was computed: _____

$ N/A Estimated expenses for this event.

$ N/A What is the projected distribution or net dollar amount the Host Organization will receive from this event?



Clear Entire Form

## SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted in blueprint or CAD format and include but not be limited to:

- [x] An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- [x] The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- [x] The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.
- [x] The location of first aid facilities and ambulances.
- [x] The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- [ ] A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills
- [x] Generator locations and/or source of electricity.
- [ ] Placement of vehicles and/or trailers.
- [ ] Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- [ ] Identification of all event components that meet accessibility standards.
- [ ] Other related event components not listed above.

## NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

~~The Ministry Fair proposes to close off Truxton Road between Womble Road and Farragut Road to set up a row of approx 20 "pop-up" canopies with tables to exhibit the various outreach and volunteer activities offered at the Rock Church to church goers attending Sunday Services. Each exhibit may include hosts, artwork, music (provided by CD player, amplifier and/or speaker) with sound levels restricted to <85db.~~

"A"frame barricades will be set up to close Truxton Road at Womble Road extending south approx 100 yards (see attached special event site map) on October ~~XX~~ 3 starting at 6:00 am to 9:30 pm.

Ample room will be allowed for emergency vehicle if needed, and a 10KW generator will be utilized to light evening use. All wiring and grounding will comply with local code.



Clear Entire Form

## SECURITY PLAN

Yes No

☐ ☑ Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California.

Security Organization _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Private Patrol Operator License # _____

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application. _____

## MEDICAL PLAN

Yes No

☐ ☑ Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

If yes, please list: _____

Medical Services Provider _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary. _____



Clear Entire Form

## ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information if necessary.

| Yes | No | |
|---|---|---|
| ☑ | ☐ | Will there be a Clear Path of Travel throughout your event venue? Please describe<br>Please see attached special event map |
| ☑ | ☐ | Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe<br>we have over 50 disabled parking spaces adjacent to the RocK Church |
| ☐ | ☑ | Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe<br>None required |
| ☐ | ☑ | Will all food, beverage and vending areas be accessible? Please describe<br>None required |
| ☑ | ☐ | Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe<br>Overall traffic and pedestrian plan is on file with SDPD |
| ☐ | ☑ | If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe |
| ☐ | ☑ | If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe |
| ☐ | ☑ | If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, phones (if any), drinking fountains, and first aid stations? Please describe |

## PARKING AND SHUTTLE PLAN

| Yes | No | |
|---|---|---|
| ☑ | ☐ | Will your event involve the use of a parking and/or shuttle plan? |

If yes, please describe or provide an attachment of your plan
Traffic Plan is on file with SDPD



Clear Entire Form

## SAFETY EQUIPMENT

Yes No

☑ ☐ Will your event involve the use of traffic safety equipment?

If yes, please list: Traffic Plan is on file with SDPD

Equipment Company N/A

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

## ENTERTAINMENT AND RELATED ACTIVITIES

Yes No

☑ ☐ Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages _____

Number of Performers/Bands _____

Performer/Band name and music type CD players and amplifiers

☐ ☑ Will sound checks be conducted prior to the event?
If yes, Start time _____ Finish time _____

☑ ☐ Will sound amplification be used?
If yes, Start time 10:00 am Finish time 9:30 pm

☐ ☑ Do you plan to have a patron dance component to either live or recorded music at your event?
If yes, please describe _____

☑ ☐ Please describe the sound equipment that will be used for your event _____
Small DJ speakers

☐ ☑ Will inflatables, hot air balloons or similar devices be used at your event?
If yes, please describe _____

☐ ☑ Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?
If yes, please describe _____

☑ ☐ Will your event include the use of any signs, banners, decorations, or special lighting?
If yes, please describe banners and signs along with stranded lighting will be used

☐ ☑ Will there be massage activities at your event?
If yes, please describe _____

☐ ☑ Do your event plans include any casino games, bingo games, drawings or lottery opportunities?
If yes, please describe _____



Clear Entire Form

## ALCOHOL

Yes No

☐ ☑ Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

- ☐ Free/Host Alcohol
- ☐ Alcohol Sales
- ☐ Host and Sale Alcohol
- ☐ Beer
- ☐ Beer and Wine
- ☐ Beer, Wine and Distilled Spirits

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. _____

## FOOD CONCESSIONS OR PREPARATION

Yes No

☐ ☑ Does your event include food concession and/or preparation areas?

If yes, please describe how food will be served and/or prepared _____

☐ ☑ Do you intend to cook food in the event area?

If yes, please specify method:

- ☐ Gas
- ☐ Electric
- ☐ Charcoal
- ☐ Other (specify) _____

Clear Entire Form

## CONCESSIONAIRES

Yes No

☐ ☑ Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used. _____

☐ ☑ Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?

If yes, please describe or attach a complete list of vendors. _____

## PORTABLE REST ROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event.

Yes No

☐ ☑ Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets _____

Number of ADA accessible portable toilets _____

If no: Please explain: _____

Rest Room Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____



Clear Entire Form

## SANITATION AND RECYCLING

Number of Trash Cans _____

Number of Trash Cans with Lids _____

Number of Dumpsters with Lids _____
*(One for every increment of 400 people)*

Number of Recycling Containers _____

Sanitation Company _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

_____

_____

_____

## MITIGATION OF IMPACT

| Yes | No | |
|---|---|---|
| ☑ | ☐ | Have you presented your event concept to the officially recognized community groups that represent the venue area? If yes, please attach letters of endorsement or support from each of these groups. |

If no, please explain _____
Yes, letters and emial announcements will be circulated locally to residents and merchants
_____

| | | |
|---|---|---|
| ☐ | ☐ | Have you meet with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities. |

If no, please explain _____
List will be provided seperately
_____

| | | |
|---|---|---|
| ☐ | ☑ | Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach. |

If no, please explain _____
_____
_____

*(SEA 10/00)*

Clear Entire Form

## MARKETING AND PUBLIC RELATIONS

Yes No

☑ ☐ Will this event be marketed, promoted, or advertised in any manner?

If yes, please describe normal church announcements and webiste

☐ ☑ Will there by live media coverage during the event?

If yes, please describe

☐ ☑ Will media vehicles be parked within the event venue?

If yes, please describe safety plan

☑ ☐ Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?

If yes, please describe limited to church disseminated information

## INSURANCE REQUIREMENTS

Name of Insurance Agency: Double Honor Insurance

Address: Street P.O. Box 2274

City Escondido State CA Zip 92033

Telephone: Day 888.288.9953 Evening _____ Fax _____ Pager/Cellular _____

Contact Name: Jim Kreting

Policy Type: Commercial

Policy Amount: $3,000,000

Policy Number: PHPK283947



Clear Entire Form

# AFFIDAVIT OF APPLICANT

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 proposed Special Event under the San Diego Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply will all other requirements of the City, County, State, Unified Port District, MTDB, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host 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 San Diego.

Print Name of Applicant/Host Organization _____

Title _____

Signature _____

Date _____

Print Name of Professional Event Organizer _____

Title _____

Signature _____

Date _____



Clear Entire Form

*Thank you for completing your Special Event Permit Application. Before you submit your application to the City of San Diego, please make sure that the following steps have been completed:*

*Have you?*

- ☐ Signed and dated your application?
- ☐ Attached your event site plan?
- ☐ Attached your event security plan?
- ☐ Provided a copy of your security company's Private Patrol Operator's License?
- ☐ Attached your event medical plan?
- ☐ Attached a copy of your accessibility plan?
- ☐ Attached your event parking and shuttle plan?
- ☐ Attached a complete entertainment list and schedule?
- ☐ Included letters of support or endorsement from impacted entities and community groups within your venue area?
- ☐ Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities?
- ☐ Attached your Certificate of Insurance?
- ☐ Attached a copy of your IRS 501(C) tax exemption letter?
- ☐ Included any County, State, Federal or Port of San Diego permits that may be required to hold your event in the selected venue?
- ☐ Applied for a Police Vice Permit, if applicable?

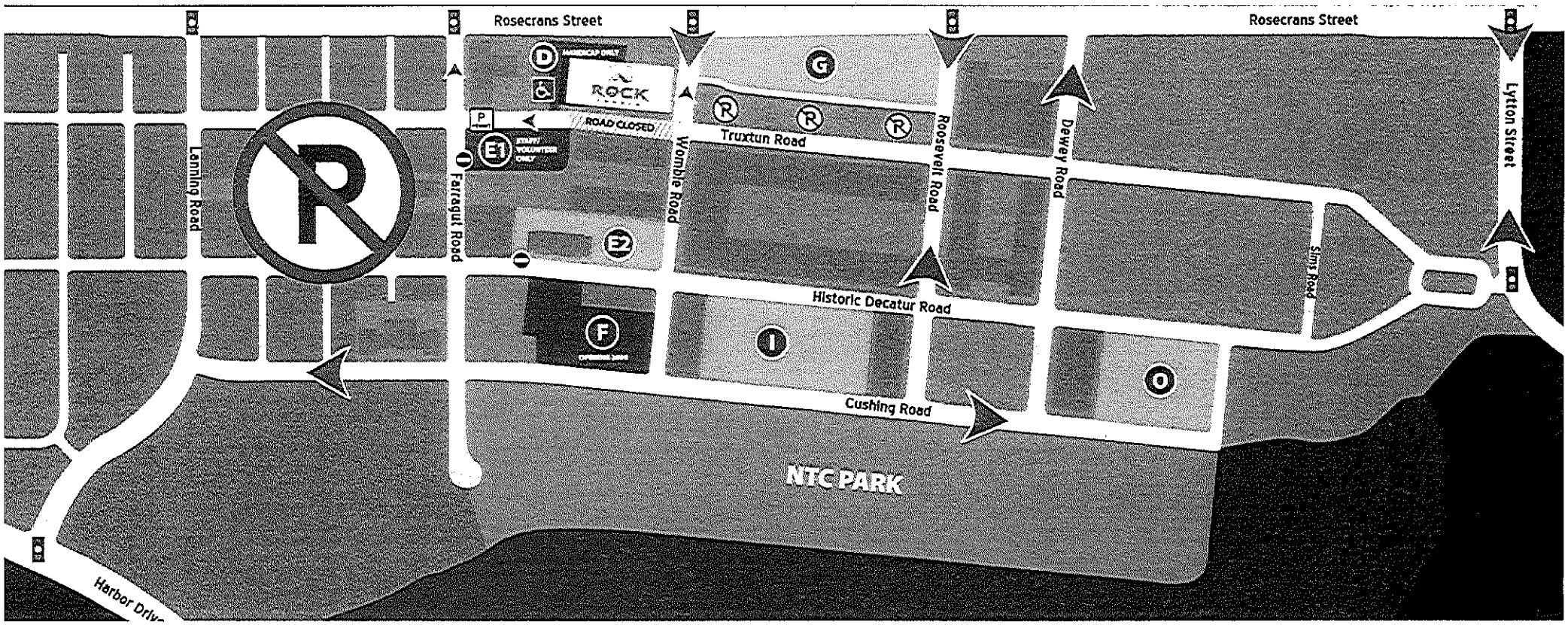
**Submit your completed permit application to:**

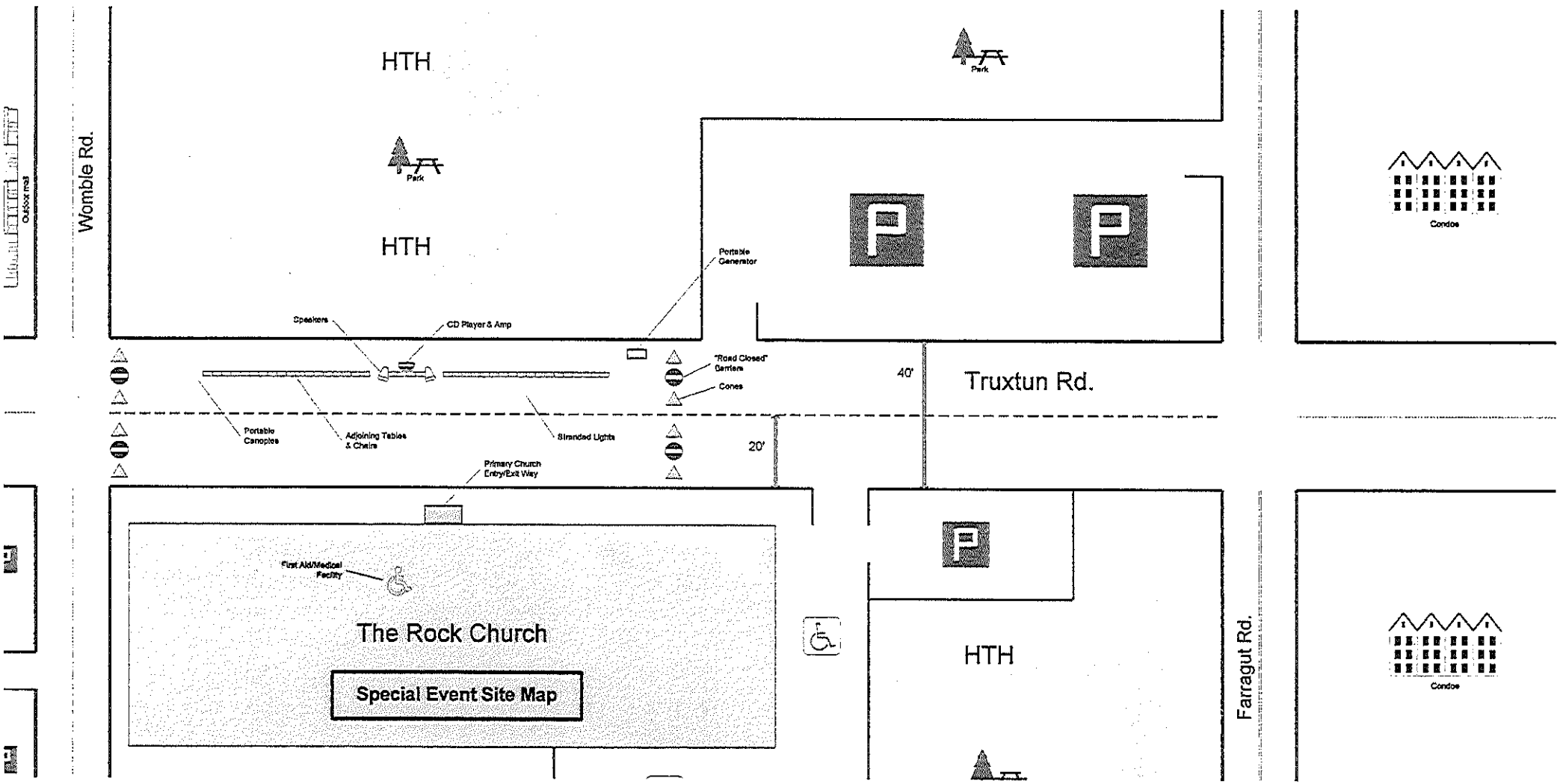
**City of San Diego**
**Office of Special Events**
**1250 Sixth Avenue, Suite 700**
**San Diego, CA 92101**

THE CITY OF SAN DIEGO

OFFICE OF
SPECIAL
EVENTS

*This information is available in alternative formats upon request.*
*Printed on Recycled Paper (SEA 10/00)*


Rosecrans Street
Rosecrans Street
Lytton Street
Lanning Road
Farragut Road
Womble Road
Roosevelt Road
Dewey Road
Truxtun Road
Sims Road
Historic Decatur Road
Cushing Road
ROCK
ROAD CLOSED
NTC PARK
Harbor Driv


HTH
Park
Womble Rd.
HTH
Park
Portable Generator
Speakers
CD Player & Amp
"Road Closed" Barriers
Cones
40'
Truxtun Rd.
Portable Canopies
Adjoining Tables & Chairs
Stranded Lights
20'
Primary Church Entry/Exit Way
First Aid/Medical Facility
The Rock Church
Special Event Site Map
HTH
Farragut Rd.
Condos
Condos