

## Sierra District Special Event Permit Application

Permit Fee \$ TBD

(Non-refundable)

**Instructions:** To apply for a Special Event Permit, complete this form and submit with signatures, any supplemental documents, and a check or money order made payable to California State Parks to cover the required filing fee to the Special Event office. Additional forms, terms and conditions, and list of required fees will follow.

APPLICANT/ORGANIZATION		CONTACT P	PERSON		
ADDRESS		E-MAIL ADI	DRESS		
CITY/STATE/ZIP		PRIMARY P	HONE		CELL PHONE
LOCATION				1	
☐ Burton Creek State Park ☐ Donner M	femorial State Park	☐ Media Ro	om- Donn	ner Memoria	al State Park Visitor Center
☐ Donner Memorial Day Use Group Area ☐ Kings Beach State Recreation Area					
☐ Plaza-Kings Beach State Recreation Ar	ea 🗆 North Tahoe l	Beach Pavili	on		
☐ Plumas-Eureka State Park ☐ Histori	ic Johnsville Ski Bowl	- Plumas-Eu	ıreka State	Park	
SPECIFIC USE			DATES		
ARRIVAL/SET-UP TIME	EVENT TIME			CLEAN-UP/	TEAR-DOWN TIME
2. SPECIFIC PARK AREA/FACILITY TO BE	USED (List all areas of t	he park that n	nay be utiliz	zed for the ev	rent or outing):
3. MAXIMUM NUMBER OF PEOPLE EXPECT discretion):	CTED TO ATTEND THE	E EVENT (Th	e State may	y limit the ma	iximum attendance within its
4. PARKING: ( Circle one ) Guests pay at arrival: YES NO Pre-Pay	for Guests: YES NO	Parking	Fees Waive	ed # of Vel	nicles Pre-Pay
5. PLEASE CHECK ALL THAT APPLY:					
$\Box$ Alcohol will be used or sold during the	event				
☐ Participant fees (beyond regular facility	fees) will be charged	for the event			
☐ Merchandise/Items will be sold at the e	vent				
SPECIAL EVENT OFFICE ONLY:					

TOTAL PERMIT FEES	DATE RECEIVED	CHECK #	ICE ONLY (USE BLUE INK)
			Permit Copy Distributed to Staff
			☐ Placed on Master Calendar
REVIEWED AND RECOMN	MENDED BY		DATE
TITLE			PHONE
Special Event Co	ordinator		530-550-6165
ADDRESS			CITY, STATE, ZIP CODE
12593 Donner Pass Rd.			Truckee, CA 96161
APPROVED BY		DATE	
Michael Romin	nger		
Supervising Rang			PHONE 520, 51, 62
Supervising Rang	301		530-550-6162
SITE MAP ATTACHED			EMPLOYEE (S) ASSIGNED
☐ Yes ☐ Not Appli	icable		EMILOTEE (S) ASSIGNED
NECESSARY PERMITS ATT			EMPLOYEE (S) ASSIGNED
☐ Yes ☐ Not Appli	icable		(,)
KIOSK NOTIFIED			EMPLOYEE (S) ASSIGNED
☐ Yes ☐ Not Appli	cable		
SAMPLE OF PARKING PER	MIT ATTACHED		EMPLOYEE(S) ASSIGNED
☐ Yes ☐ Not Appli	cable		
RANGER/LAW ENFORCEM			EMPLOYEE ASSIGNED
Yes Not Appli			
LIFEGUARD STAFF NOTIFI			EMPLOYEE(S) ASSIGNED
☐ Yes ☐ Not Application	cable		
			EMPLOYEE(S) ASSIGNED
Yes Not Applie	cable AL DATE / RETRIEVAL DAT	ric.	
		I.E.	COMPANY & CONTACT INFO
Yes Not Applic DUMPSTER ARRIVAL DATE	E/RETRIEVAL DATE		GOVE
☐ Yes ☐ Not Applie			COMPANY & CONTACT INFO
ABLE AND CHAIR ARRIVA	AL DATE / RETRIEVAL DAT	TE	COMPANY & CONTACT INFO
Yes Not Applic		S23	COMPANIA CONTACT INFO
1 1			
IREWOOD DELIVERY			EMPLOYEE ASSIGNED



## Sierra District **Special Event Permit Questionnaire**

INSTRUCTIONS: Complete the following questionnaire to the best of your ability. California State Parks reserves the right to require specific amenities and services to be provided by the Applicant regardless of the answers provided below.

Name of event as advertised:				
Name of event manager:				
No				
0	Is the event open to the public?			
_	If yes, the Applicant must attach a list of expected total attendance numbe	r per dav		
0	will the event be marketed, promoted, or advertised in any manner?		store o	to.
0	Will the Applicant be notifying local businesses or property owners of the event?	or myers, po	sters, e	ic.
0	Are patron admission, entry or participant fees required to enter or participate in If yes, please provide the amount of each fee collected from spectators or participants:	the event?		
0	If yes, please list other fees:			
0	Will items or services be sold at the event?  If yes, please list items or services to be sold:			
0	Will alcohol be available on event premises?			
	If yes, has an ABC Permit been obtained for the event?	Circle One	Yes	No
	If yes, will the alcohol be sold or be free to those participants or Spectators over the age of 21 years?	Circle One	Sold	Free
0	Will the event include food concession and/or preparation areas?  If yes, please describe how the food will be prepared:  Circle all that apply: Pre-packaged Gas Charcoal Electric Others.	ner		
0	Will there be amplified sound associated with the event?			
0	Will there be live music, amplified or otherwise associated with the event?			
	If yes, please provide the number of bands or performers expected:			
		duled to play	at the	ovent
0	Does the event provide an established area for dancing to either live or recorded m	nusic?	at the	Vent
	No   O   O   O   O   O   O   O   O   O	No	No   Step	No

Will the event have any temporary structures including canopies, tents, fencing, etc. erected during the

Will inflatable(s), hot air balloons, unmanned aircraft (drones)\* or similar devices be used during the event?

Will the event include any type of games or athletic activities?

Will the event erect any arches, platforms, stages, or scaffolding?

If yes, please describe all details:

If yes, please list including sizes:

If yes, please list type and dates to be used:

0

0

0

event?

0

0

0

res	NO	
0	0	Does the event include the use of fireworks, rockets, lasers, or other forms of pyrotechnics?  If yes, please list type and amount:
0	0	Will the event include any self-contained fires; including bonfires, BBQs, or open flame cooking?  If yes, please list type and amount:
0	0	Will the event include any heating devices?  If yes, please list size and amount:
0	0	Will the Applicant hire a licensed and professional security company to develop and manage the security needs of the event? (Note: State Parks maintains the right to require security for any event) **
0	0	will the Applicant hire an emergency medical services provider to develop and manage the medical needs of the event? (Note: State Parks maintains the right to require medical services for any event) **
0	0	Will the event involve any type of aquatic activity?  If yes, the Applicant is required to attach an aquatic safety plan and appropriate contact information.
0	0	Will attendance or the event area impact parking or normal visitor use in a manner not usually permitted?
0	0	Will attendance or the event area impact any State Park owned roadways, walkways or accesses?
0	0	Will attendance or the event area impact any private, municipal, or state streets or roadways adjacent to the park utilized for the event?
		If yes, it is the responsibility of the Applicant to contact and secure permits from the affected agencies. A copy of each permit shall be attached to the final signed permit.
0	0	Will the event require traffic control or traffic safety equipment?  If yes, please provide traffic control plan including safety equipment.
0	0	Will the event require special parking and/or shuttle plan?  If yes, please list special parking needs and/or provide shuttle plan.
0	0	Will the event require signage or banners to be used?  If yes, please provide copy of signage/banner and demonstrate where signage will be placed on site map.
0	0	Will the event provide additional restroom facilities for event spectators, participants, and vendors?  (Note: State Parks maintains the right to require additional services for any event)
0	0	Will the event provide additional dumpsters or refuse collections containers during the event?  (Note: State Parks maintains the right to require additional services for any event)
0	0	Will the event necessitate the need for additional disabled parking?
0	0	If all areas of the event venue cannot be made accessible, will maps or programs be made available to show the location of accessible restrooms, parking, access routes and the like?
0	0	Will the event require exclusive use of an area?
Please	list g	uaranteed fees to be paid to the California State Parks. (permit fee, facility-use fee, etc.)
Metho	d of g	arbage collection and disposal.

List all organizations/third parties involved. (ex: sponsors, party rentals, caterers, promotional firms, etc.) Please attach copies of estimates and invoices.
actuen copies of estimates and invoices.
Detailed description of event and site plan. If site plan will not fit, please attach separately:
results, please attach separatery.
*Please note, if requesting the use of an unmanned aircraft at your event, additional
applications and permits will be required.
** If Security and/or Medical Services are required for your event, please provide detailed
contact information.
I have read and accept the Special Event Terms and Conditions attached. I understand that the District Superintendent or authorized representative may terminate, without prior notice, any special event activity when it is
conditions of this permit. I also understand that any Special Event Permit may be cancelled without notice in the event of disaster or unforeseen emergency.
Signature
Signature Date

## For questions or additional information:

Special Events Phone: (530) 550-6165 North Tahoe. Special Events@parks.ca.gov

Please mail all forms, documents, checks and/or money orders to:

California State Parks 12593 Donner Pass Road Truckee CA 96161 ATTN: Special Events Office Revised 9/27/2016

Yes