



225 Park Street  
Lakeport, CA 95453

# CITY OF LAKEPORT

**Please Note:**  
**Bounce Houses and Waterslides are prohibited**

Phone: (707) 263-5615, Ext. 102  
Fax: (707) 263-8584

## APPLICATION FOR USE OF PUBLIC AREAS

**Please note:** City Council meetings are held the **FIRST** and **THIRD TUESDAY** of the month. Application forms require City Council approval and must be completed and submitted to the City Clerk **at least one month** prior to the Council meeting at which they will be considered.

This section to be completed by City:

Application Received (Date):	Application No.
<input type="checkbox"/> \$15.00 Application Fee Paid	For Council Meeting of (Date):

This section to be completed by Applicant (please answer all questions with as much detail as possible):

Applicant Name:		Organization Name:	
Address:		Address:	
Home Phone:	Work Phone:	Mobile Phone:	
Email Address:		Website/Facebook Page:	
Other Contact:		Phone for Other Contact:	
Organization is: <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> For Profit Organization			

Name of Event:		
Description of Event:		
Specific Location of Event (Map Must be Attached):		
Does this use involve public right of way, streets, or sidewalk? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate specific location:		
If requesting closure of streets, sidewalk, etc., please describe notification procedure for affected businesses and/or residences:		
Date(s) of Event:	Total Number of Days:	Set Up Time: Time of Event: - Tear Down Time:

Specify anticipated number of people (both participants and the public):

Will any vendors be present? Yes  No  Will any food booths be present? Yes  No

<b>Requirements:</b> <input type="checkbox"/> Electricity (cannot be guaranteed by City) <input type="checkbox"/> Barricades <input type="checkbox"/> Street/Sidewalk Closures <input type="checkbox"/> No irrigation in park prior to event <input type="checkbox"/> Other (please specify):  Coordination of these requirements must be made through the Public Works Department: (707) 263-0751	<b>Specific City Staff Needs:</b> <input type="checkbox"/> Police <input type="checkbox"/> Public Works <input type="checkbox"/> Parks <input type="checkbox"/> Other (please specify):  The City reserves the right to bill applicant for related City costs.
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<b>Insurance Information:</b>		
Specify Insurance Company:		
Policy Number:	Expiration Date:	Limits of Coverage:

### INSURANCE CERTIFICATE REQUIRED

Note: The insurance certificate provided to the City by your organization's insurance company must name the City of Lakeport as an additional insured for the event specified in this application and must include a copy of any endorsements. The minimum coverage amount required is \$2,000,000. The certificate and endorsements must also be in a form acceptable to risk management and available for review 15 working days prior to the scheduled event.

**USE OF ALCOHOL: Is a permit for alcoholic beverages requested?**  Yes  No

*If you have checked yes, you must obtain a signed permit from the Lakeport Police Department and attach it to this application. This will allow for consumption of alcoholic beverages in connection with the event but will NOT allow for the SALE of alcoholic beverages. If alcoholic beverages are going to be sold or included with the price of any ticket or admission to the event, then the applicant is required to obtain a one-day license from the California Department of Alcoholic Beverage Control. This one-day permit would be required in addition to a permit by the Lakeport Police Department.*

**HOLD HARMLESS AGREEMENT**

In consideration of allowing the event(s) specified in this application, and to the fullest extent permitted by law, I/we agree to indemnify and hold harmless the City of Lakeport and its agents and "employees" from and against any injury, damage, claims, actions or suits arising out of the herein described Event, including those caused by negligence of the parties being indemnified and/or any dangerous condition of property of the parties being indemnified, and further agrees to defend and indemnify the City of Lakeport from and against any injury, damage, claims, actions or suits arising out of or connected with the foregoing event(s).

**COVID-19 WAIVER**

*I, the undersigned, acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that myself and others attending my event may be exposed to or infected by COVID-19. I agree to having all attendees follow CDC and Lake County Department of Public Health recommendations for enhanced health and safety measures related to COVID-19 and follow all posted instructions while using City facilities; including requirements for social distancing, wearing of face coverings, participant grouping, types of activities allowed, and potential limits on event size.*

Dated:

\_\_\_\_\_  
**Signature of Applicant**

Responsible Official of Applicant Organization

**STAFF RESPONSE**

*This section to be completed by City and Other Affected Agencies:*

<b>Staff Name:</b>		<b>Department:</b>	
<input type="checkbox"/> No Fiscal Impact	<input type="checkbox"/> Fiscal Impact (Describe/Include Estimated Costs)	<input type="checkbox"/> Police <input type="checkbox"/> Public Works <input type="checkbox"/> Parks	<input type="checkbox"/> Other (please specify):
<b>The following will be Required:</b>			
<input type="checkbox"/> Business License		<input type="checkbox"/> Health Department Permit	
<input type="checkbox"/> ABC License		<input type="checkbox"/> Other (Specify):	
<b>Staff Comments:</b>			

*This section to be completed by City Clerk following Council meeting:*

<b>Considered at Council Meeting (Date):</b>	<input type="checkbox"/> Application Approved <input type="checkbox"/> Application Denied <input type="checkbox"/> Application Approved With Conditions (See Below)
<b>Conditions of Approval:</b>	

Attachments (specify):