



City of Coachella
53-990 Enterprise Way, Coachella, CA 92236

SPECIAL EVENT REQUEST

\*Paperwork is to be completed and submitted no later than four weeks prior to the event\*

POINT OF CONTACT

Form with fields for APPLICANT Name, Phone #, Street Address, City, State, Zip, Property Owner Name, Phone #, Street Address, City, E-mail, Fax #.

TYPE OF REQUEST

Form with checkboxes for Individual, Car Wash, Business, Garage / Yard Sale, Non-Profit Org., Farmers Market, Cannabis, Other, and a field for Date of submittal.

SPECIAL EVENT INFORMATION

Form with fields for Business Name, Location of Event, Event Description, Staff Needed, Date(s) of Event, Event hours, Alcoholic Beverages, Music/Band, and Attendance.

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED  DENIED  BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME/ID #

FINANCE DEPARTMENT: 101-11-131-20-321-000

\$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_
FEE # OF EVENT DAYS TOTAL CHARGES

RECEIPT #

DEPARTMENT SIGNATURE

**City of Coachella**  
**53-990 Enterprise Way, Coachella, CA 92236**

**CONTACT PERSON(S)**

Name: \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

**DOCUMENT SUBMITTAL REQUIREMENTS**

**Department Required Documents**

Letter of "intent" describing the proposed event, including the following details:

- Type of event
- Date(s) event will be held and hours of operation
- Anticipated attendance
- Music and/or bands
- Security plan (# of personnel)

Special Event Liability Insurance (minimum coverage \$1,000,000)

Alcoholic Beverage Control Letter ( Food Handler Certification )

*It is the responsibility of the applicant to obtain appropriate ABC release if alcoholic beverage is offered at event.*

LIST of merchandise/food vendors, food trucks (MFF's) & any other sales.

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Traffic Control Plan

**Customer Note:**

- o Cost estimates are provided by accounting staff. If they are not immediately available, you will be contacted as soon as practical with an estimate and payment guidelines.
- o Extra Duty requests must be submitted **TWO WEEKS** before the event date to allow for staffing and planning considerations, as well as supervisory review.

**APPLICANT'S SIGNATURE**

I certify under penalty of perjury that all information in this application is true and correct. Any false or misleading information shall be grounds for denial. I agree to comply with any and all Conditions of Approval.

**I HAVE READ AND AGREE TO THE GUIDELINES FOR SPECIAL EVENTS**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_