

## **CITY OF HUGHSON**

Community Development Department, Building Division

7018 Pine Street • Hughson, California 95326 • Office 209.883.4054 • Fax 209.883.2638

Date

|  | SPECIAL EVENT A  | APPLICATION                            |                        |
|--|--|--|------------------------|
|  | Applicant/Organization   | on Information                         |                        |
| Applicant Name:  |  | Phone:                                 |                        |
| Name of Business / Organization:   |  | Dhana                                  |                        |
| Address:   | City:  |  | Zip Code:              |
| Mailing Address:   | City:  | <b>0</b>                               | Zip Code:              |
|  | Event Inform   | nation                                 |                        |
| Event Name:  |  | Event Hours:                           |                        |
| B 14 45 4  |  |  |                        |
| Fundraiser: Yes No Event   | Durnosa:   |  |                        |
|  |  |  | Hours:                 |
| event Date:  |  | Estimated Attendees:                   |                        |
| Street Closure: Yes No If YES, Please Complete Street Closure Permit Application |  |  |                        |
| Age Group(s) (Youth, Adult, Family, etc):  | Lo, r lease complete offeet of                                       | Sure i emini Application               |                        |
| Alcohol at Event: Yes No   | If Yes: Served   | ☐ Sold ☐                               | Guest bringing Alcohol |
| Food Vendors: Yes No Liquor License Number:                                      |  |  |                        |
| Product Vendors: Yes No  |  | Liquoi Licelise i                      |                        |
| If Yes, Product/Food Description:  |  |  |                        |
| Tes, Froducti ood Bescription.   |  |  |                        |
| Will your Event include: Live Music  | Amplified Music  | DJ Music                               | Genre:                 |
| Check all included items:  |  |  |                        |
| ☐ Vendors and Booths   |  | ☐ Electrical Generators                |                        |
| Extra Parking  |  | Comfort Stations (water and first aid) |                        |
| Sound System   |  | Portable toilets                       |                        |
| ☐ Electrical Power Service   |  | Other:                                 |                        |
| Set-up Hours:  |  | Clean-up Hours:                        |                        |
| The following must be submitted with applica                                     | tion:  |  |                        |
| A. Map indicating location of activity.  |  |  |                        |
| B. Flyers describing the event. (If applicable)                                  |  |  |                        |
| C. Insurance Coverage Documentation  |  |  |                        |
| D. If private property is to be used for the event, ap                           | plicant will provide written authorize                               | zation from the property owner         | r.                     |
| By submitting this Application, the Appl<br>Hughson Municipal Cod                | icant understands that the City<br>e. If the City approves the appli |  |                        |

Applicant Signature