



Carnival Application

Type of Application

New Reoccurring

Event Information

Name of Event:
Location of Event:
Sponsor:
Non-Profit Status: <input type="checkbox"/> Charitable <input type="checkbox"/> Educational <input type="checkbox"/> Religious <input type="checkbox"/> Fraternal
Non-Profit Organization #:

Director/Organizer Information

Last Name:	First Name:	MI:
Address (No P.O. Box):		

Director/Organizer Contact Information

Home Phone #:	Work Phone #:
Cell Phone #:	Email Address:

Description of the Nature and Purpose of Event

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Dates, Days and Hours of Event

Date:	Day:	Start time:	End time:
Date:	Day:	Start time:	End time:
Date:	Day:	Start time:	End time:
Date:	Day:	Start time:	End time:

Estimated Number of Participants

Date:	Day:	Estimated Number:

Proposed Sanitary Facilities

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Procedures for Handling, Preparation and Distribution of Food

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Description of any Sales Activities on Public Streets

None

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Description of Live Entertainment

None

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Date:	Day:	Start time:	End time:
Date:	Day:	Start time:	End time:
Date:	Day:	Start time:	End time:
Date:	Day:	Start time:	End time:

Types and Locations of Loud Speakers

Type:	Location:

Method of Notifying Participants before the Event

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Statement of Service of Alcoholic Beverages

None

Description of Available Parking

Security Arrangements

None

Attachment Checklist

- On a separate page, provide a detailed description of the event activities, including, but not limited to, amusement rides, game concessions, food booths, beer and wine booths, auctions and entertainment.
- Event site and/or route diagram.
- Review (at the end of the application) information regarding having a Carnival.

Signature & Verification

- I affirm that the information provided in this application, including in all attachments, is true and correct.
- I understand that a material omission or misstatement of fact in this permit application is grounds for denial, suspension, or revocation of a Carnival permit.
- I certify that all information contained in this application is complete and accurate.
- I attest that there will be a final clean-up of the premises within 24 hours after cessation of the event according to Campbell Municipal Code 5.16.010.

Signature: _____ Date: _____

Turning in the Application

You may mail, e-mail or bring your application to the Campbell Police Department. The e-mail address is ccampbell@cityofcampbell.com. The address is City of Campbell Police Department, Permits Office, 70 N 1st Street, Campbell, CA 95008. If you need to see somebody from the permits office in person, Carnival Applications are accepted by **Appointment Only**: 408-866-2188.

Request for City Services and Permits	
Alcohol	Complete the ABC application (ABC 221) and obtain Police Department signature
Police Security	To be determined by Police Department Office of Administrative Services
Sales/Vendors	Obtain permit from the State Board of Equalization
Insurance	Submit certificate of insurance to Police Department Office of Administrative Services
Street Closure	Submit diagram of all streets to be closed, including location of all planned booths, games and events on public property
Food Sales/Service	Obtain permit from County Health Services
Street Banners	Submit banner locations and dimensions
Electrical Power	Submit electrical worksheets
Safety Inspection	Review Santa Clara County Fire Department requirements. (Required for food booths, cooking, generators, tents and canopies).

FOR CAMPBELL PD INTERNAL USE ONLY				
Application Received	City Council Meeting	Application Granted	Application Denied	Permit Issued
Date				
Name	Date	Date	Date	Date