



STAFF USE ONLY

Pending Park Use Permit No. _____

Over Capacity ☐ Special Event ☐

New Special Event ☐

PARKS AND RECREATION DEPARTMENT RESERVATION OF SPACE

**Reservation of Space application will not be accepted without site plan and/or route maps.
All Reservation of Space applications will require an initial CEQA review and NORA posting.
Changes made after original submittal will require a submission of a new application.**

Event Name _____

Applicant Name _____ Mobile _____

On-site/Event Contact _____ Mobile _____

Host Organization/Company _____ Phone _____

Host Organization/Applicant Address _____

Email Address _____

Additional authorized representatives may be requested, in writing, by the original authorized representative or organization.

Is the Host Organization (company) a bona fide tax exempt nonprofit entity? ☐ Yes ☐ No

A copy of the non-profit (501 tax exemption) letter is required and must be attached to the application.

Fundraiser/Commercial/Promotional Activity: ☐ Yes ☐ No

The Opportunity Fund Fee (effective July 1, 2022) will apply to all permitted events/activities and on-going recreation-based business operations by commercial and non-profit entities. These fees will be in addition to applicable park use and facility rental fees. The fees will fund the Parks and Recreation Department's equity-based recreation programs. This fee will not be applicable when the Recreation Center Fund Fees are assessed for commercial, fundraising, and promotional activities within a specific community recreation area.

Outdoor events <50 people and on-going business/non-profit activities: Non-profit/Non-Commercial \$1 per hour/per location and Commercial/Government/Adult Non-Profits \$5 per hour/per location.

Outdoor events >50 people: Non-profit/Non-Commercial \$10 per hour/per location and Commercial/Government/Adult Non-Profits \$15 per hour/per location.

Commercial, fundraising, and promotional activities must pay to the Recreation Center Fund an additional \$10.00 per hour/per location (for youth activities) or \$15.00 per hour/per location (for adult activities).

For more information on fees, please refer to the Parks and Recreation Fee Schedule:

<https://www.sandiego.gov/sites/default/files/prfeeschedule20220701.pdf>

Copy of Insurance Provided: ☐ Yes ☐ No

\$1 million per occurrence/\$2 million general aggregate for events under 9,999 attendees

\$2 million per occurrence/\$4 million general aggregate for events over 10,000 attendees

In addition to the certificates of insurance, the City of San Diego requires proof of the following policy endorsements: The policy must be endorsed to name "The City of San Diego, its elected officials, representatives, employees and agents" as additionally insured. A copy of the endorsement must be provided.

#1 Venue/Park/Field**IF EVENT WILL HAVE MULTIPLE VENUES PLEASE PROVIDE INFORMATION FOR EACH VENUE AS AN ATTACHMENT**

Set-up Date		Set-up time from		to		Total hrs.
Event Date(s)		Time of use from		to		Total hrs.
Clean-up Date		Clean-up time from		to		Total hrs.

If this event is a race or walk, please include the start time: _____

Estimated Total Attendance: _____

Estimated Attendance at any given time: _____

Do you plan on having vendor sales?☐ Yes☐ No

List items that the vendor(s) are selling: _____

Do you plan on having alcoholic beverage service?☐ Yes☐ No

If yes, please check all that apply:

☐ Free/Host Alcohol☐ Alcohol Sales☐ Host and Sales Alcohol☐ Beer, Wine and/or Distilled Spirits

Beer Garden Venue(s): _____

Beer Garden Hours: _____

Glass containers of any kind are prohibited on all beaches and park areas (SDMC 56.54)

Are there any proposed road or parking lot closures?

☐ Yes☐ No

Event organizer is responsible for **posting road closure signage no less than two (2) weeks prior to the event date**. Event organizer is responsible for parking lot closures associated with this event. **Signage must be posted no less than 72 hours in advance of the parking lot closure**. Event organizer must **remove all signage immediately after event**.

Road/Parking Lot	Date	Start Time	End Time	Total Hours

Equipment: Please provide the number equipment to be used at this site and the company providing equipment: (i.e. tables, chairs, canopies, stages, inflatables, etc.)

Name of Agency providing equipment: _____

Delivery Date & Time: _____

Pick-up Date & Time: _____

Air Jump Company Name (where permitted) _____

Carnival/Animal Rides (where permitted) _____

Tables _____ Chairs _____

Canopy – up to 10' x 10' _____

Canopy – up to 10' x 20' _____

Canopy – up to 20' x 20' _____

Vendors _____

Stage _____

Lighting _____

Other _____

(Any shade structure with two or more sides, larger than 20' x 20' requires a fire permit)

Music/voice amplification (restrictions may apply)

☐ Yes☐ No

Purpose: _____

Hours of Amplification: _____

*No amplification during set-up or dismantle times.

Time of Sound Check: _____

Please provide a detailed narrative of the event: Feel free to add attachment if more space is needed.

Portable Toilets**List Locations**

No. of Portable Toilets (if required) _____

(One Portable Toilet for every 250 persons is required; 10% ADA accessible).

Delivery/Pick-up Date & Time _____

Recycling and Trash Containers

(One recycling container is required per each trash container provided).

Container Type**Number of Containers****Delivery/Pick up Date & Time**

Recycling Single Container _____

Trash Single Container _____

Recycling and Trash Dumpsters

(One recycling dumpster is required for events over 300 persons).

Container Type**Number of Dumpsters****Delivery/Pick up Date**

Recycling 3-Yard Dumpster (lid) _____

Trash 3-Yard Dumpster (lid) _____

Recycling 40-Yard Roll Off _____

Trash 40-Yard Roll Off _____

Electrical

No. of Generators (if needed) _____

Generators are based on your event needs. All locations must be approved by the park supervisor. All cables must be ramped and a drip pan placed underneath the unit. **Please note: Parks and Recreation does not provide power, water, or any equipment for outdoor events.**

New Special Events**Approved****Not Approved**

Name of Advisory Group _____

Meeting Date _____

Appointing Authority Name _____

Application must be completed and received at least 120 Calendar Days in advance for a permit. **This application may be cancelled by Parks & Recreation if all requirements are not met a minimum of 30 days before your event. ANY FAILURE TO FULLY DISCLOSE COMPLETE DETAILS OF YOUR EVENT MAY WARRANT YOUR APPLICATION TO BE RESUBMITTED WHICH INCLUDES THE REMITTANCE OF ADDITIONAL APPLICATION FEES. Please notify staff in writing if your event is cancelled.**

I have read and understand all the rules and regulations governing the use of City parkland and/or facilities that are attached to and a part of this application and agree to abide by same. By (print name) _____ who hereby certifies that he/she is the duly qualified and authorized representative of PERMITTEE as set forth in this Reservation of Space application. I further understand that only the authorized representative may cancel or make changes to the Reservation of Space.

Park use fees will be determined upon approval of this application. Fees will be calculated based on the City Council approved Parks and Recreation Fee Schedule in effect at the time of application approval (not submittal date).

Authorized Signature _____

Date ____/____/____

Parks & Recreation Staff (print name) _____

Phone _____

Staff Signature _____

Date ____/____/____

SITE PLAN/DIAGRAM☐ Yes☐ No**ROUTE MAP**☐ Yes☐ No

Does the proposed ROS require a fully dimensioned close-up of an enclosed area (s)?

☐ Yes☐ No