

City of Sebastopol
Special Event Permit Application for Events to be held in/on City Owned
Facilities

Application to be filled out and returned to the Office of the City Clerk, 7120 Bodega Avenue, Sebastopol, CA 95472
for Processing

Name of Special Event: _____

Date of Application: _____ Name of Applicant: _____

Location of Facility/Park/Plaza, etc. Request: _____
(Ives Park, Downtown Plaza, Community Center Parking lot, Libby Park, Laguna Park, etc.).

Full Use: _____

Partial Use: _____

Please include a detailed description of the area of the facility to be used. If the request is the Downtown Plaza, please indicate if parking spaces are to be requested to be reserved; if so, how many and in which location. Please provide a map of the area indicating where the event is to take place in the facility requested.

Date(s) of Actual Event: _____

Inclusive Date(s) Requested for Use of Facility/Park/Plaza, etc.): _____

Set up Time for Event: _____

Start Time for Event: _____

End Time for Event: _____

End Time of Clean up of Event: _____

If event is more than one day, please list times for each day.

If Submitting on Behalf of an Organization, please list the organization's name: _____

Is the Organization a Non Profit: Yes ___ or No ___ (If yes, please provide a tax exempt letter to the City)

Contact Person for Event: _____ Contact Phone Number: _____

Contact Phone Number: _____ Email Address: _____

Mailing Address for correspondence: _____, City _____, State _____

EVENT INFORMATION

Type of Production/Activity/Event (Example: Festival, Play, Wedding, Music, etc.): (Please attach additional pages if needed): _____

Please provide a complete description of the event. (Please provide additional sheets if necessary).

Will an Amplified Sound System Be Used: Yes No

If so, please verify that you have read the City of Sebastopol's Noise Ordinance. Please initial _____.

List size and type of vehicles to be used (if applicable): _____

Exact Location(s) of streets to be blocked off (if applicable): _____

Describe sets/structures to be erected and locations (if applicable): _____

Describe any signs/controls/booths/tables/chairs/sound system/canopies, and locations, etc. (if applicable): _____

Please provide a map detailing information listed above.

Total # of crew: _____ Total # of spectators: _____ Total # of Participants: _____

FOOD/ALCOHOL:

Name of Caterer(s) or Food Vendor(s) to be used (if applicable): _____ Caterer(s) and/or Food Vendor(s) must have a Sonoma County Food Industry Health Permit, and a City of Sebastopol Business License for this Special Event.

Do you plan to serve alcoholic beverages: Yes No

Do you plan to sell alcoholic beverages: Yes No

(If a ticket is sold which includes alcohol, ABC considers this selling and full liquor liability must be obtained).

If you checked yes above, please indicate what you will be serving/selling (Please mark all that apply):
____ Beer Only ____ Beer and Wine ____ Wine Only ____ Mixed Drinks

Please contact the Department of ABC and Sonoma County Health Department to determine if permits are required for your event. Please notify the City of Sebastopol in writing the determinations from these departments.

Application will be routed to the following City Departments for their review. Once it has been reviewed, the City will forward a conditional approval letter listing conditions for event.

- City Manager
- Police Chief
- Superintendent of Public Works
- Fire Chief
- Planning Director

Please note: Thirty Days (30) Days lead time is required for all applications.

INSURANCE REQUIREMENTS:

Proof of insurance with additional insured endorsement containing primary non-contributory wording required. (See attached certificates).

Unless a greater amount is requested, coverage shall be a comprehensive general liability insurance policy in the amount of THREE million dollars combined single limit coverage for bodily injury and property damage. This liability limit amount may be increased subject to type of event. The insurance coverage afforded by the policy shall provide at a minimum the equivalent of insurance coverage provided by Insurance Services Office (ISO).

Comprehensive General Liability Insurance Coverage. The insurance policy or certificate of insurance shall name the City of Sebastopol, its officers, employees, and agents as additional insured for any bodily injury or property damage arising from the events activities. Such insurance shall contain primary non contributory language as noted in attached endorsement.

Attach evidence of coverage to this application, or submit as soon as possible to the City Manager/City Clerk's Office. Insurance coverage must be maintained for the duration of the events activity. Evidence of coverage must be submitted to the City Manager/City Clerk's office within ten (10) business days prior to the event or the permit shall be cancelled and any approval to that point will be considered null and void.

Insurance Company: _____ Insurance Expiration Date: _____

Insurance Policy Number #: _____

ORIGINAL CERTIFICATE OF INSURANCE AND ADDITIONAL ENSURED ENDORSEMENTS NEED TO BE SUBMITTED TO CITY OF SEBASTOPOL NO LATER THAN 10 DAYS PRIOR TO EVENT START DATE.

DISCLAIMER

I, the undersigned, as applicant or on behalf of the applicant, signify that the information provided on this

application is true and correct and hereby accept full responsibility for any breakage or damage to property and/ or building, and for conduct of those attending the function for which the facility is requested. The undersigned, who is to be in charge of the event, is twenty-one years of age or older. The applicant agrees that he/she will be responsible for the use and care of City property. Applicant further agrees that the character of entertainment at the above named place will conform to that stated in the application. Applicant agrees to indemnify, defend, and hold/save harmless the City of Sebastopol, its officers, employees, and agents, against any and all loss, damage, and/or liability that may be suffered or incurred by the City of Sebastopol, its officers, employees, agents and against any and all claims, demands and causes of action that may be brought against the City of Sebastopol, its officers, agents and employees, caused by, arising out of or in any way connected with the use by the undersigned of the City of Sebastopol facility or the exercise of the privilege herein granted, except that arising out of the sole negligence of the City. If permission is granted, I, or my representative, agree to be present during the entire use of the facility. My signature below signifies that I agree to abide by the conditions of this application, the Special Event Use Policy and of any contract issued based on this application. I agree to pay to the City of Sebastopol all costs the City may incur as a result of any failure to comply with all of these conditions including damages due to failure to leave the premises in rentable condition.

I understand that all conditions of approval for this permit must be complied with no later than 10 days prior to the event. Failure to meet all conditions may result in permit being deemed null and void.

I HAVE READ AND AGREE TO THIS CONTRACT AND WILL CONFORM WITH THE RULES ATTACHED TO THIS AGREEMENT.

I agree that I will be responsible for reimbursing the City of Sebastopol for any costs incurred to repair or replace City property which is damaged as a result of the activity.

Signature of Applicant: _____

Dated: _____

Printed Name of Applicant: _____

*City of Sebastopol Application
Use of Alcohol in/on City Owned Facility
This Application is to be submitted to the Chief of Police for Review and/or Approval*

To be filled out by Applicant:

Date of Application: _____

Location/City Owned Facility Request: _____

Date of Event: _____

Contact Person (Must be 21 years of age or older): _____

Contact Phone Number: _____

Contact Email: _____

Cell Phone Number for Person at Activity/Event (Emergency Contact): _____

Address for Correspondence: _____, City _____ State, _____

Fully Describe Activity: (Types of Beverages being consumed; type of event (birthday party, wedding, pot luck, etc.)

Anticipated Number of Participants: _____

DISCLAIMER

The undersigned applicant, who is to be in charge of the event, is twenty-one years of age or over. The applicant agrees that he/she will be responsible for the use and care of City property. Applicant further agrees that the character of the activity of the above named place will c o n f o r m to that stated in the application.

Applicant agrees to indemnify, defend, and hold/save harmless the City of Sebastopol, its officers, employees, and agents, against any and all loss, damage, and/or liability that may be suffered or incurred by the City of Sebastopol, its officers, employees, agents and against any and all claims, demands and causes of action that may be brought against the City of Sebastopol, its officers, agents and employees, caused by, arising out of or in any way connected with the use by the undersigned of the City of Sebastopol facility or the exercise of the privilege herein granted, except that arising out of the sole negligence of the City. IF permission is granted, I, or my representative, agree to be present during the entire use of the facility.

My signature below signifies that I agree to abide by the conditions of this application, the Special Event Use Policy and of any contract issued based on this application.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

OFFICE USE ONLY

30 Day Lead Time is required for All Applications

APPROVED: _____ YES _____ NO

Signature of Approving Authority: _____

Printed Name of Approving Authority: _____

Date Approved: _____

Department:		City Clerk					
Type	Pg.#	Acct.#	Title	Description of User Fee	Fee Amount	Effective	
Meetings	1	000-4410	City Council Meeting Agendas	Annual Fee for mailing Council agendas	\$50.00	12/1/2015	
Meetings	2	000-4410	City Council Meeting Minutes	Annual Fee for mailing Council minutes	\$50.00	12/1/2015	
Park Use	3	000-4425	City Park Full Use - Private	Full use of any City park by private group(s)	\$900 + \$25 Per day over first day	12/1/2015	
Park Use	4	000-4425	City Park Full Use - Non-Profit	Full use of any City park by non-profit group(s)	\$150+ \$25 Per day over first day	12/1/2015	
Services	5	000-4410	Motor Vehicle Certificate	Fee for legal hearing notice and staff time	\$200.00	12/1/2015	
Sales	6	000-4410	Municipal Code on CD	Copy of Municipal Code on compact disk	\$20.00	12/1/2015	
Park Use	7	000-4425	Partial Park Use - Private	Partial use of City park(s) by private groups	\$350 + \$25 Per day over first day	12/1/2015	
Park Use	8	000-4425	Partial Park Use - Non-Profit	Partial use of City park(s) by non-profit groups	\$75+ \$25 Per day over first day	12/1/2015	
Park Use	9	000-4425	Permit Fee for Use of City Owned Facility - Small Group	Fee use for City facility by small groups	\$25 Per Week	12/1/2015	
Park Use	10	000-4425	Permit Fee for Use of City Owned Facility - Medium Group	Fee use for City facility by medium groups	\$50 Per Week	12/1/2015	
Park Use	11	000-4425	Permit Fee for Use of City Owned Facility - Large Group	Fee use for City facility by large groups	\$75 Per Week	12/1/2015	
Services	12	000-4410	Photocopy Fee (per page)	Cost of duplication to produce photocopies	\$0.25	12/1/2015	
Park Use	13	000-4425	Plaza Use-Pavilion-Open Space - Private	Use of City plaza/Pavilion & open space by private groups	\$350 + \$25 Per day over first day	12/1/2015	
Park Use	14	000-4425	Plaza Use-Pavilion-Open Space - Non-Profit	Use of City plaza/Pavilion & open space by non-profit groups	\$75+ \$25 Per day over first day	12/1/2015	
Park Use	15	000-4425	Plaza Use-Pavilion-Open Space & Weeks Way - Private	Use of City plaza/ Pavilion / open space & Weeks Way by private groups	\$600 + \$25 Per day over first day	12/1/2015	
Park Use	16	000-4425	Plaza Use -Pavilion-Open Space & Weeks Way - Non-Profit	Full use of City plaza/ Pavilion / open space & Weeks Way by non-profit groups	\$100+ \$25 Per day over first day	12/1/2015	

Department: City Clerk - Continued

TYPE	Pd. #	Acct #	Title	Description of User Fee	Fee Amount	Effective
Park Use	17	000-4425	School Use of Park	Regular school use of any City Park	Set by City Manager	12/1/2015
Park Use	18	000-4425	Security Deposit Park Use - Private	Security deposit for park use by private group(s)	\$1,000.00	12/1/2015
Park Use	19	000-4425	Security Deposit Park Use - Non-Profit	Security deposit for park use by non-profit group(s)	\$500.00	12/1/2015
Services	--	000-4425	Solemnization of Marriage	Cost for City Clerk solemnization of marriage during business hours at City Hall	\$50.00	1/1/2015
Services	--	000-4425	Solemnization of Marriage	Cost for City Clerk solemnization of marriage other than normal business hours, private residence or facility	\$75 + mileage Cost	1/1/2015

CITY OF SEBASTOPOL
Guidelines for Special Event Permit

Below are listed the guidelines for proper application for special event at City Parks and Facilities.

APPLICATION DEADLINE - Application to conduct any special activity shall be made at least 30 days prior to the date that activity is to be commenced. Application is available from the City Manager's Office (90 days is advised for review, especially for promotional purposes).

A. The application shall be approved/denied within ten (10) business days of receipt of a completed application. The permit shall be approved by the City Manager unless he/she determines from consideration of the application or other pertinent information that the following conditions exist:

1. The activity will substantially disrupt the use of a street at a time when it is usually subject to traffic congestion, or potentially interfere with the operation of emergency vehicles in the proposed permit area.
2. The proposed activity will substantially interfere with municipal functions, or other previously authorized activities.
3. The activity creates a substantial risk or injury to persons or property.
4. The applicant failed to complete the application or the information contained in the application is found to be false in any material detail.
5. The particular activity would violate federal, state or local law including license/permit requirements.
6. The particular activity would pose a potential threat to the health, safety and welfare of the City's population.

B. When the ground(s) for permit denial can be corrected by imposing reasonable permit conditions, the City Manager may approve the permit.

PERMIT CONDITIONS - The City Manager/designee may condition the issuance of an activity permit by imposing reasonable requirements concerning the time, place and manner of activities including but not limited to the following:

The City Manager may condition the issuance of an activity permit by imposing reasonable requirements concerning the time, place and manner of activities including but not limited to the following:

- A. Requirements for the presence of Police Department, Fire Department and/or Public Works Department employees when required for the particular activity at the applicant's expense.
- B. Requirements concerning the posting of no parking signs and placement of other traffic control devices at the applicant's expense.
- C. Restrictions on the use of explosions and other noise-creating or hazardous devices.
- D. Restrictions on hours of activity.
- E. Requirements concerning notice to affected adjacent property owners of the activity.

FEES

A permit application processing fee is required.

Fees for City services and use of the requested City property shall be paid by applicant with the submittal of the application.

5. CHANGE OF ACTIVITY DATE - may be authorized upon 72 hours' notice in advance of activity by permittee without requiring a new application or fees.

INSURANCE

Applicant must possess or obtain liability insurance to protect against loss from liability imposed by law for damages on account of bodily injury and property damage arising from the activity. Such insurance shall name on the policy or by endorsement as additional insured the City of Sebastopol, its officers, employees and agents with primary non contributory wording required on the endorsement. Coverage shall be provided by a Comprehensive General Liability Insurance Policy in the amount prescribed by City Council resolution.

A copy of the policy or certificate of insurance along with all necessary endorsements must be filed with the City not less than ten (10) days prior to the activity. Additional insured endorsement with primary wording is required.

Proof of insurance coverage as specified must be verified prior to approval of permit.

INDEMNIFICATION AND LIABILITY

Applicant must sign agreement to reimburse the City for any costs incurred to repair or replace City property which is damaged as a result of the activity.

Applicant shall also defend, indemnify, and hold harmless the City, its officers, agents, or employees from all claims and liability of any kind whatsoever resulting from or arising out of the activity or issuance of the permit.

PERMIT RESPONSIBILITIES

- a. Each permittee shall comply with all terms and conditions of the permit. Failure to do so is grounds for immediate revocation.
- b. Each permittee shall clean and restore all City properties utilized during the activity to the same condition as existed prior to the activity.
- c. The person in charge of the activity shall retain a copy of the permit on location.
- d. Each permittee using Parks/Plaza shall notify all residents and businesses adjacent to the park/plaza, of the use of the event. Notice shall contain date and time of event and also contain the date and time if amplified sound system is to be used.
- f. Each permittee is responsible for notifying the City that they have read and understand the: noise control ordinance (Chapter 8.25 – Sebastopol Municipal Code); Ban on Consumption of Alcoholic Beverages and/or Possession of Alcoholic Beverages Ordinance (Chapter 9.09 – Sebastopol Municipal Code); and Conduct in City Parks (Chapter 9.24 – Sebastopol Municipal Code).
- g. Ensuring that all vendors/businesses have obtained a special event permit business license for this event.



Certificate of Liability Insurance (Standard Form)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER, CONTRACT NAME, POLICY No., Etc., MAIL ADDRESS, INSURER(S) AFFORDING COVERAGE, NAIC #, INSURED, INSURER A, INSURER B, INSURER C, INSURER D, INSURER E, INSURER F

COVERAGES, CERTIFICATE NUMBER, REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INCURED (NAMED) ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Table with columns: INSN LTR, TYPE OF INSURANCE, ADD. SUBR. (MED / VVO), POLICY NUMBER, POLICY EFF. (MM/DD/YYYY), POLICY TERM (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, Workers Compensation, etc.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER, CANCELLATION, SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Modifications to ISO form CG 20 10 11 85:

1. The insured scheduled above includes the Insured's officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the Insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the Entity.



Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – SCHEDULED PERSON OR
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project

Reproduction of Insurance Services Office, Inc. Form

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations,
whichever is less

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

SAMPLE

Reproduction of Insurance Services Office, Inc. Form

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PRIMARY AND NONCONTRIBUTORY –
OTHER INSURANCE CONDITION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PARTThe following is added to the **Other Insurance**
Condition and supersedes any provision to the
contrary**Primary And Noncontributory Insurance**This insurance is primary to and will not seek
contribution from any other insurance available
to an additional insured under your policy
provided that(1) The additional insured is a Named Insured
under such other insurance; and(2) You have agreed in writing in a contract or
agreement that this insurance would be
primary and would not seek contribution
from any other insurance available to the
additional insured

COMMERCIAL GENERAL LIABILITY
CG 20 12 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL
AGENCY OR SUBDIVISION OR POLITICAL
SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>State Or Governmental Agency Or Subdivision Or Political Subdivision: CITY OF SEBASTOPOL, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS 7120 Bodega Avenue Sebastopol, CA 954 72</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Section II – Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".



**CITY OF SEBASTOPOL
APPLICATION FOR BUSINESS LICENSE**

P.O. Box 1776, Sebastopol, CA 95472 (7120 Bodega Av. Sebastopol., CA 95472)
Phone (707) 823-7863 Fax (707) 823-1135

Business Name: _____		Date business commenced in Sebastopol: _____	
Business Address: (Do Not use P.O. Box) _____ _____			
City,		State	Zip
Business Mailing Address: _____			
City,		State	Zip
Business Phone: () _____		Business Fax: () _____	
Email Address: _____			
Description of Business (Please be specific): _____ _____			
Business Owners Name(s): _____			
Home Address: _____			
City,		State	Zip
Home Phone: () _____		Home Fax: () _____	
Property owner of business location: <u>N/A</u>			
Address/phone number of property owner: <u>N/A</u>		Signature/Approval of Property Owner: <u>N/A</u>	
Other Governmental Requirements:		Ownership Type (Mark One)	
Social Security # (Sole Proprietor): _____		Sole Proprietor <input type="checkbox"/>	
Date Fictitious Business Name Statement Filed: _____		Partnership <input type="checkbox"/>	
Article of Incorporate #: _____ State Incorporated: _____		Limited Partnership <input type="checkbox"/>	
State Employer Identification #: _____		Corporation <input type="checkbox"/>	
State Board of Equalization Sales or Use Tax #: _____		Non-Profit * <input type="checkbox"/>	
		*Provide documentation of non-profit status 501c(3)	
CLASSIFICATION OF BUSINESS (circle one)			
Service	Home Occupation	Special Event **	Theaters
Retail	Taxi	Seasonal/Temporary	Coin Operated Machines
Wholesale	Utility	Rental (Single Family)	Liquidators
Manufacturing	Auctioneers	Rental (Hotel, Apt.,etc.)	Astrologers
Professional	Solicitor	Rental (Duplex,4-Plex,)	Kennel
Number of Employees: Full Time _____ Part Time _____ Temporary _____			

**Farmer market, Festival, Barlow Street Fair, Mobile Vendors

Has there been or will there be any tenant improvements associated with the proposed business? If so, explain:

What was the prior business in the space you plan to occupy? If unknown, please indicate.

Does your business require permits from other agencies? Yes No

Sonoma County Health Permit #: _____
ABC (Alcohol) or BATF (Firearms) permit #: _____
Other permits and/or licenses #: _____
Sewer Use Permit (non-residential and industrial uses) _____

Does your business store or use hazardous materials or generate hazardous waste? Yes No

Out of what type of space does your business operate? Residential Commercial Not Applicable

If residential was marked, do you see clients as part of your business? Yes No

Fire alarm? Yes No N/A

Does the building have fire sprinklers? Yes No N/A

If Apartments, # of units: _____

If Restaurant, seating capacity: _____

If Restaurant, identify required permit(s)#: _____

Emergency Contact (after hours) Name & phone: _____

All businesses with employees must have valid current worker's compensation insurance or a certificate of self-insurance. I certify that in the performance of work for which this certificate is issued, I shall not employ any person without having a certificate of self-insurance or valid worker's compensation insurance. _____ Please initial.

I understand as a condition of approval for a business license in the City of Sebastopol, I must obtain Planning, Building and Fire clearance prior to the commencement of business in the City. To the best of my knowledge all information is true and correct. PAYMENT OF TAXES AND FEES DOES NOT CONSTITUTE CITY APPROVAL. _____ Please initial.

Business Licenses will not be issued until completion of the application review process and payment of the applicable fees and business license tax. _____ Please initial

License issued under the business license ordinance are not transferrable to new owners _____ Please initial

Business Licenses will be prorated as follows:

- April 1st - 75% (\$67.50 plus \$1 State Disability Access Fee)*
- July 1st - 50% (\$45 plus \$1 State Disability Access Fee)*
- October 1st - 25% (\$22.50 plus \$1 State Disability Access Fee)*

Violation of any provisions of the business license ordinance or knowingly misrepresenting any material fact in procuring a license constitutes a misdemeanor punishable by fine or imprisonment. _____ Please initial

The processing time for a business license application is approximately 30 days.

AFFIDAVIT

I declare, under penalty or perjury, that the information given in this application is correct and complete to the best of my knowledge and belief:

Signature

Date

Office Use Only

Fee Paid

BUSINESS LICENSE TAX (See Rate Classification Page)	\$ _____	<input type="checkbox"/>
FINANCE PROCESSING FEE (\$25.00 non-refundable)	\$ _____	<input type="checkbox"/>
PLANNING REVIEW FEE (\$25.00 non-refundable)	\$ _____	<input type="checkbox"/>
FIRE-INSPECTION FEE (Residential \$150.00/Commercial \$250.00 non-refundable)	\$ _____	<input type="checkbox"/>
HOME OCCUPATION PERMIT FEE (\$28.00 non-refundable)	\$ _____	<input type="checkbox"/>
SPECIAL EVENT PERMIT FEE (\$28.00 non-refundable)	\$ _____	<input type="checkbox"/>
CA DISABILITY ACCESS FEE (\$1.00 non-refundable: REQUIRED for all businesses)	\$ _____	<input type="checkbox"/>
TOTAL PAID	\$ _____	

Failure to pay license when due:

Annual renewal license is due and payable in advance on January 1st and becomes delinquent 30 days thereafter. Unpaid licenses will be assessed a 25% late penalty per month added after 1st day of each month following due date to a maximum of 100%. License will remain active until written request for cancellation is received by Finance Department.

Processed By:		Date:
Department Checked Must Approve or Deny		Authorized Signature and Date
Planning	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	/
Building	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Fire	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Engineering (Sewer Use Permit)	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Police (Massage)	Approved <input type="checkbox"/> Denied <input type="checkbox"/>	