

City of Santa Ana
Parks, Recreation, and Community Services Agency
SPECIAL EVENT/FACILITY REQUEST FORM

*Please submit your completed application to:
Parks, Recreation & Community Services Agency
Special Events Office, M-23
20 Civic Center Plaza, 1st Floor, Room 1301
P.O. Box 1988 Santa Ana, CA 92702
Attn: Sonia Batres
Email: Sbatres@santa-ana.org
Office: (714) 571-4227 Fax: (714) 571-4209*

*Applications for Special Events must be received
by the Special Events Office at least 45
days prior to the event date. Incomplete/illegible
applications and verbal requests will not be
considered. A Pre-Event meeting may be required
at which time additional specific requirements
may be defined.*

Organization Name: _____ **Date:** _____

Organization Address: _____

City: _____ **Zip Code:** _____

Contact Person: _____ **Contact Number:** _____

Contact Email: _____

Facility Requested: _____

**Indicate if you reside in Santa Ana or if your
organization is located in Santa Ana.**

- Resident
 Non-Resident

Is your organization

- Profit
 *Non-Profit 501(c)(3)

*Please provide documentation from CA
Secretary of State and IRS determination letter.

EVENT LOGISTICS

Date: _____ **Location:** _____

Set-Up Time Begins: _____ **Event Start Time:** _____

Event End Time: _____ **Clean-Up Ends:** _____

Expected Number of Participants: _____ **Expected Number of Spectators:** _____

Please check each item that will be used during the event and provide a brief description:

Stage: _____

Chairs: _____

Tables: _____

Canopies: _____

Power: _____

Water: _____

Portable Potties: _____

Other: _____

PROGRAM OVERVIEW

Purpose and Description of Event: _____

Type of Event: _____

Please check each activity below that is planned for the event and provide a brief description:

___ Adults Only

___ Youth Only

___ Youth and Adults

Entertainment/Activities: _____

Food Booths

o For sale: _____

o Free: _____

Non-Food Booths

o For Sale: _____

o Free: _____

Advertisements/Banners: _____

Amplified Sound: _____

VIP Parking: _____

Street Closures : _____

Admission Fees (Adult Events Only): \$ _____

Registration or Other Fees (please indicate the amount and describe how the fees will be used:

FOR OFFICE USE ONLY

Special Event Meeting Required/Date: _____

Plot Plan Required _____ Completed

Business License Required _____ Completed

Permits Required

o OC Health Department _____ Completed

o Fire Department _____ Completed

o Police Department _____ Completed

Number of soft security required: _____

Number of Police Officers required: _____ Police Fees: _____

Extra Trash Receptacles Required

Rental Fees: _____ Security Deposit: _____

Insurance Requirements Met _____ Completed

Letter to Neighborhood Organization Required _____ Completed

Letter to Business Organizations/Public Agencies Required _____ Completed

Other: _____