

**COMMUNITY EVENT WORKSHEET**  
**Technical Advisory Committee (TAC)**

**GENERAL INFORMATION**

Name of organization:

Date form submitted:

Website:

Name of event:

Location: Please include all locations directly impacted by your event.

Event date(s):

recurring

new

Brief narrative describing event:

Hours of operation:

Hours/day for multi-day event:

When will you be setting up? (date/time):

When will you remove equipment from site? (date/time):

Check one:  for profit  non profit  private event free to attendees  fee-based

<b>CONTACT INFORMATION</b>
Name of event coordinator:
Phone numbers: _____ ( ___ cell ___ office ___ home)
_____ ( ___ cell ___ office ___ home)
_____ ( ___ cell ___ office ___ home)
Phone number to reach coordinator day of event:
Mailing address:
Email address:
<b>FOOD/DRINK</b>
(Check all that apply): ___ hot ___ cold ___ packaged ___ alcoholic
Open flame? ___ propane ___ BBQ
<b>PARKING</b>
Event operators (vendors, suppliers, caterers, etc.)
# of operator vehicles expected
location where operator vehicles will park
Event attendees
# of attendees expected
location where attendees will park
<b>TRAFFIC CONTROL MEASURES</b>
Street, sidewalk, or alley closure needed? Please attach map.
Full or partial closure?
Location, date, hours?
Encroachment permit application(s) submitted? ___ City ___ Caltrans
<b>STRUCTURES</b>
Tent? If so, what size?
# of port-a-let(s)
# of hand-washing station(s)
Outdoor electrical connections needed?
<b>AMPLIFIED SOUND? (Check all that apply) ___ PA system ___ live music ___ other</b>
Date/hours of amplified sound