

TOWN OF WOODSIDE

2955 Woodside Road
P.O. Box 620005 Woodside, CA 94062
650.851.6790 townhall@woodsideca.gov

APPLICATION FOR ENCROACHMENT PERMIT TO CONDUCT A PUBLIC EVENT

APPLICATION INFORMATION:

Name of Organization: _____ Phone: _____

Address: _____

Name of Applicant: _____ Phone: _____

Insurance Carrier: _____ Limit: _____

EVENT INFORMATION:

Type of Event: _____

Location/Proposed Route: _____

Date of Event: _____ Start Time: _____ End Time: _____

Period of Street Closure: _____ Total Participants/Guests: _____

Profit__ Non-Profit__ Purpose of Contributions: _____

Assembly and Dispersal Points and Parking Facilities: _____

Supervision: Private Patrol: _____ Sheriff's Office: _____ Other: _____

Lavatory Facilities: _____ Food Served: _____ Sold: _____ Catered: _____

Clean-up Services Provided: _____ Music and/or Loudspeakers: _____

Description of Similar Events Held in Last Two Years: _____

I agree to indemnify, hold harmless, and defend the Town of Woodside and each and all of its officers, employees, and agents from any and all liability actions, claims, damages, costs, and expenses of legal actions, which may be asserted by any person or entity, including the permittee, arising out of or in connection with the willful act or negligence of the permittee. Further, I understand that prior to the issuance of any permit, I shall file a certificate of insurance with the Town Clerk naming the Town of Woodside as additional insured, and I must pay all Town costs and deposits prior to the issuance of this permit.

Date: _____ Applicant's Signature: _____

Application Fee: \$200.00 Make check payable to "Town of Woodside"

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For Office Use Only:

Date Paid: _____ Receipt No.: _____ Date Permit Granted: _____

By: _____, Town Manager

SUPPLEMENTAL INFORMATION FOR BICYCLE EVENTS

(For Application for Encroachment Permit to Conduct a Public Event)

Please answer these questions if you wish to hold a bicycle event in the Town of Woodside. Answer as fully and in as much detail as possible. You may answer on a separate sheet if necessary.

1. Please attach a map of the route/routes with the following details:
 - a) intersections where volunteer monitors will be stationed and the number of monitors
 - b) intersections or portions where Sheriff assistance will be necessary
 - c) any rest/refreshment areas

2. Indicate for each route:
 - a) number of riders (approximate & maximum)
 - b) start/finish times

3. How many volunteers will be assisting during the event and in what capacities?

4. What safety procedures will be instituted (i.e. helmets required)?

5. What provisions have been made for notifying residents of your event (i.e. sign posting, letters)?

6. What directions will you give to participants on proper road use responsibilities? How will they be given?

7. Is this a timed event (i.e. race)?

8. Please detail temporary road signs or pavement markings you plan to use for directions and traffic control.

9. What percentage of your profit, if any, will go to a charitable organization?

10. Please provide references from cities and sheriff's departments involved in previous events you have held. (Letters of reference would be helpful.)