



APPLICATION FOR SACRT PROPERTY OR FACILITY SPECIAL USE PERMIT

Date: _____

Name of Group, Organization or Business: _____

Address: _____ City: _____ State: ____ Zip: _____

Application Contact Person: _____ Phone: _____

Title: _____ Email: _____

Onsite Contact Person: _____ Phone: _____

Title: _____ Email: _____

Emergency Contact Person: _____ Phone: _____

Name of Event or Project: _____

Location Requested: _____

Address or Assessor Parcel Numbers (if known): _____

Event/Use Date(s): _____ Arrival Time: _____ Departure Time: _____
 _____ Arrival Time: _____ Departure Time: _____
 _____ Arrival Time: _____ Departure Time: _____

Description of Event or Activities: _____

Submit an exhibit showing the area you want to use and site layout of your event. Include parking spaces you expect to use for attendees, internal circulation and in/out of site, fenced areas, portable restrooms locations, vendors and other attraction locations. Please provide dimensions in the layout. Note that ADA laws must be followed for your event and access to transit services cannot be blocked. SacRT may have additional requirements after reviewing your application.

Expected number of people to attend: _____ Will there be a fee to attend? Yes No

If yes, what is the fee and what does it include? _____

Will your organization's employees or volunteers be working at the event?

Will they be driving to the event? Yes No

Will vendors or others be invited? Yes No How many do you anticipate? _____

What types of services will they provide? Will they be selling items and if so, what type of items?



Is there a fee to be a vendor or participant? Yes No
 If yes, what is the fee to be at the event? _____

Will food be served? Yes No Will food be sold? Yes No

Will alcohol be served? Yes No *(Please submit your ABC license to the State at least two weeks prior to your event. Note that alcohol use will need to be within a fenced in area. In addition, with use of alcohol, the applicant will be required to provide on-site security.)*

Will amplification be used? Yes No

Will a generator be used? Yes No *(Please note that electricity is not available on site.)*

Will there be attractions? Yes No If yes, company used: _____

If security is to be provided, which company will be used? _____

How many guards do you plan to hire? _____

List the types of marketing you plan for the event: _____

Do you plan on having signs/banners to promote before or during the event? Yes No

Is this an annual event? Yes No

Where has this event previously been held? _____

Signatories for designated entity responsible for contract (two required):

1) Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____

2) Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____



SACRAMENTO
REGIONAL TRANSIT
EST. 1973

Please designate if contracted responsible party is:

- An individual
- An individual doing business as _____
- A California corporation
- Incorporated in the State of _____ and authorized to do business in California
- A partnership
 - A limited partnership
 - A limited liability company; in the State of _____
- A trust; vested party(ies)
- Non-Profit

Signed: _____ **Date:** _____

Print Name: _____

THIS APPLICATION DOES NOT AUTHORIZE ANY ACTIVITIES ON SACRT'S PROPERTY. SacRT will review the application and if approved by Management, will determine the appropriate form of agreement necessary to perform the approved activities. Please be advised that either a processing fee or use fee might be applied depending on the requested activity. In addition, please see the attached insurance requirements to use SacRT's property (additional requirements may be determined after reviewing the application.) **Please email the completed form and exhibits to: permits@sacrt.com.**



INTERNAL USE:

Site Plan Received	Yes	No	N/A
Insurance Received	Yes	No	N/A
CA ABC License	Yes	No	N/A
Fire Permit	Yes	No	N/A
SacCounty Environmental Health Permit Fee?	Yes	No	N/A
	No	Yes, Amount: _____	

Facility Dept Review/Comments:

RTPS Dept Review/Comments:

Safety Dept Review/Comments:

Bus Ops Dept Review/Comments:

LR/Wayside Dept Review/Comments:

EMT approval: _____

Board Approval: No Yes, Date: _____

FTA approval: Yes No