

Name of organization: Roseville Coalition of Neighbors Associations FEIN: 911827145

Website address: www.rcona.org If you do not have a website, attach brochure and detailed description of daily activities of organization.

- Total number of events: \_\_\_\_\_
- Complete chart below for each event. If additional space is required, provide information on an attachment.

Provide the following information:	EVENT 1	EVENT 2	EVENT 3
Name of event:	Movies in the Park	Santa in the Park	Fire works
Date, time and location of event:			Sales Roseville
Total estimated attendance:			
Gross sales from admissions:	\$	\$	\$
Gross sales from food or non-alcoholic beverages:	\$	\$	\$
Gross sales from alcohol:	\$	\$	\$
Other gross sales:	\$	\$	\$
Annual event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has any claim or incident ever arisen out of this event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Emergency medical personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Security personnel present?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Golf carts or trams at event?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Activities at event (use all applicable activity codes from list below):			

**Activity Codes (for use above)**

- |                           |                                                              |                                                   |
|---------------------------|--------------------------------------------------------------|---------------------------------------------------|
| A. Golf outing            | H. Aircraft (motorized or not)                               | O. Parade (only entry of float into a parade)     |
| B. Wine tasting           | I. Animals                                                   | P. Parade – participation in a parade (no floats) |
| C. Dinner, gala or picnic | J. Athletic participation                                    | Q. Parade – sponsorship of a parade               |
| D. Auction                | K. Fireworks sales or show                                   | R. Use of any motorized vehicle(s)                |
| E. House tour             | L. Haunted house or trail                                    | S. Concert – describe type of music               |
| F. Fashion or Art Show    | M. Mechanical rides                                          | T. Other – describe in space above                |
| G. Bingo                  | N. Non-mechanical entertainment devices (e.g. bounce houses) |                                                   |

- Do you sponsor or co-sponsor any parades? YES ☐ NO ☐  
 If yes, a. Number of: floats \_\_\_\_\_ horses \_\_\_\_\_ participants \_\_\_\_\_  
 b. Do you require certificates of insurance, with \$1,000,000 liability limits from all participants? YES ☐ NO ☐
- a. Describe all mechanical or non-mechanical devices used at special events: \_\_\_\_\_  
 \_\_\_\_\_  
 b. Are devices indicated provided and operated by a contractor? YES ☐ NO ☐  
 If yes, do you obtain or require a certificate of insurance from the contractor? YES ☐ NO ☐
- If alcohol sales are indicated above, provide the following information:
  - Is any employee or volunteer of your organization responsible for serving alcohol? YES ☐ NO ☐
  - What alcohol dispensing controls are in place? \_\_\_\_\_
  - Type of license you have for sale of alcohol: ☐ Permit for event only ☐ Annual liquor license ☐ Alcohol served by caterer

Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_