

INSTRUCTIONS FOR THE SPECIAL EVENT PERMIT APPLICATION FOR TEMPORARY CANNABIS EVENTS

Please be sure to submit your application a *minimum* of 45 days in advance of your proposed event. Late submittals will not be accepted.

STEP 1: Your proposed site must be pre-approved by the Fire Prevention Bureau (FPB). Complete the FPB Special Event form and bring it to the FPB located on the 3rd Floor of 250 Frank H. Ogawa Plaza for pre-approval. If the location is pre-approved, the FPB will sign a Pre-Approval Form for your event and you may move forward with the application process. If the site is not pre-approved, you will need to either make corrections to the facility to become compliant or choose an alternative site.¹

STEP 2: All applicant board members, partners and managers must undergo a Live Scan² background. The Live Scan must have been done within the last 90 days. Your stamped form will be submitted with your application. A \$32 processing fee for each Live Scan form included in your application will be required when your application is submitted.

STEP 3: Complete/Attach the following Application forms:

- Special Event Questionnaire
- Special Event Application
- Supplemental Special Event Application for Temporary Cannabis Events
- Signed FPB Pre-Approval Form

STEP 4: Schedule an appointment with the OPD Special Events Unit by calling Officer Huy Nguyen or Sgt. Pedro Espinoza at (510) 777- 8525 to submit your application for review and pay any required fees.

¹ Applicants must also complete the Fire Prevention Bureau Special Events Application, which is available on the 3rd Floor of 250 Frank H. Ogawa Plaza, and comply with all fire code requirements.

² The purpose of the background check is to determine whether an individual has been convicted or plead guilty or nolo contendere to violent offenses or those involving fraud or deceit in the last seven years. Applicants with such a conviction or guilty plea will be offered an opportunity to present evidence of rehabilitation.

OAKLAND FIRE PREVENTION BUREAU
PRE-APPROVAL FORM FOR TEMPORARY CANNABIS EVENTS

The proposed temporary cannabis event site of _____(address/location) is:

- Approved as a potential event space subject to site inspection and final approval.
- Not approved as a potential event space due to the following Fire Life Safety concerns:

Fire Prevention Bureau Staff

Date



SPECIAL EVENTS

DANCES/CONCERTS/SHOWS

PERMIT PREREQUISITES

1. **NOTIFICATION REQUIRED:** A minimum of 30 days notice must be given to the Police Department prior to the event. Applications may be obtained in advance of the date of the event; however, the application process must commence no later than thirty (30) days prior to the event.

NOTE: The permit process is NOT COMPLETE until all requirements have been met.

2. **INSURANCE COVERAGE REQUIRED:** The facility where the function is to be held must have a liability insurance policy in effect at the time of the event or both. A copy of the Certificate of Insurance must be provided with the completed application. Within the certificate, "THE CITY OF OAKLAND" shall be named as additionally insured.

3. **TICKETS:** If tickets are to be sold for the event, a City of Oakland business license is required. Business licenses for the City of Oakland may be obtained at 250 Frank Ogawa Plaza, Suite 1320. Telephone: (510) 238-3704.

4. **NONPROFIT ORGANIZATION:** If the function is being sponsored by a nonprofit organization, the Internal Revenue Service or State of California Nonprofit Exemption documentation must be provided with the completed application.

5. **VENUES:** A completed contract with the venue, where the event is to be held, must be submitted with the application, although the contract may be tentative pending approval of the permit.

6. **SECURITY:** A contract with a licensed and bonded company is necessary. Depending on the size of the event, and the type of event, security is required. One security officer per fifty (50) attendees, to one security officer per one hundred (100) attendees.

7. **IDENTIFICATION:** A current and valid photo identification is required. It must be issued by a Municipal, State or Federal agency and have a photo of the person making the application for the permit. A PHYSICAL ADDRESS is required. POST OFFICE BOXES are not permitted.

8. **BUILDING AND FIRE SERVICES' PLAN REVIEW AND INSPECTION REQUIREMENTS:** Non-conforming Buildings (warehouses, factories, etc.) and other event locations used as public assemblies are subject to plan review by the Building Department and/or Fire Department. Please submit plans (three copies) for review to the Fire Department at 250 Frank H. Ogawa Plaza, Suite 3341.

9. **ALCOHOL (ABC License):** If you will be serving and/or selling alcoholic beverages, then you need to obtain an Alcoholic Beverage Control license or provide documentation that the establishment hosting your event has a valid ABC license.

The California Department of Alcoholic Beverage Control's website (<http://www.abc.ca.gov/>) has more information.

10. **ALAMEDA COUNTY HEALTH DEPARTMENT:** Any event where food or drink will be either sold or given away will need a valid Alameda County Health Permit. Please contact @ (510) 567-6700.

11. **SOUND:** If you will be using any form of sound amplification outside (including but not limited to a microphone, amplifier or bull horn), you will need to obtain a sound permit from the City Manager's Office.

12. **ADVERTISEMENTS:** Copies of any and all promotional literature and announcement for an event must be provided with the completed application. Originals or a photocopy of the advertisement may be submitted for approval.

13. **STATE BOARD OF EQUALIZATION:** If tangible personal property will be sold at the event, each vendor must get a temporary **Seller's Permit** from the State Board of Equalization. If the vendor already has a Seller's Permit they must add the special event location as a sub location on their existing Seller's Permit. They vendor may visit boe.ca.gov, call (510) 622-4102, or come to the nearest BOE office to obtain assistance with registration.

PLEASE BE SURE THAT YOU HAVE READ COMPLETELY ALL INFORMATION IN THIS PACKET AND THAT YOU UNDERSTAND YOUR RESPONSIBILITIES FOR OBTAINING THIS PERMIT.

If you have any questions, contact our office @ (510) 777-8525.



**SPECIAL EVENTS PERMIT
QUESTIONNAIRE**

Instructions:

You are required by Oakland Municipal Code 9-52.030 to obtain a special event or dance permit before holding or assisting in the conducting or carrying on of a special event or dance in any public place in the City of Oakland.

Upon approval, your application will serve as your permit. Unless you can provide documentation confirming that you are a charitable institution, you must have a business license to conduct a special event and if you intend to sell or furnish alcoholic beverages, you must obtain a one-day liquor license from the California Alcohol Beverage Control Board.

Please complete this form and return it with copies of any required documents for further processing.

NOTE: UNTRUTHFULNESS IN COMPLETING THIS FORM WILL RESULT IN DENIAL OF THE APPLICATION.

OAKLAND PARKS & RECREATION DEPARTMENT MAY REQUIRE SOME EVENTS TO HAVE SECURITY AND/OR POLICE SERVICES.

DANCING IS NOT PERMITTED BETWEEN 1:00 AM and 9:00 AM.

PLEASE PRINT – ILLEGIBLE INFORMATION WILL DELAY APPROVAL

Applicant's Name			Date of Birth
Address	City <input type="checkbox"/> Oakland	State/Zip	Home Phone () Bus. Phone ()
Person in Charge/Present and Available for Police Contact on the Date/Time of Event			Date of Birth
Business, Organization or Club Hosting/Sponsoring Event			
Address	City <input type="checkbox"/> Oakland	State/Zip	Phone No. ()
Date of Event	Day of Week	Starting Time	Ending Time
Name of Facility or Club			
Address	City <input type="checkbox"/> Oakland	State/Zip	Maximum Occupancy of Facility
Does Facility Have Off-Street Parking? <input type="checkbox"/> No <input type="checkbox"/> Yes – How Many Spaces			
Contract with the Owner/Manager/Agent of the Event Facility <input type="checkbox"/> Yes – Attach Copy			
No – Explain _____ .			

Two (2) References from Previous Events Starting with the Most Recent

Date	Location	City <input type="checkbox"/> Oakland	State/Zip
Contact Person			Phone No. ()
Date	Location	City <input type="checkbox"/> Oakland	State/Zip
Contact Person			Phone No. ()
How Many Tickets will be Sold		Ticket Price	
Ticket Sale <input type="checkbox"/> Door <input type="checkbox"/> In Advance <input type="checkbox"/> None		How Many are Expected to Attend	
Target Age Group	Under 18 Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No	General Public Allowed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advertisement <input type="checkbox"/> None <input type="checkbox"/> Flyers <input type="checkbox"/> Radio/TV <input type="checkbox"/> Other (explain) _____ .			
Music/Entertainment Live/Recorded? <input type="checkbox"/> No <input type="checkbox"/> Yes – Name of Group/Organization/Individual			
Security Officers <input type="checkbox"/> No <input type="checkbox"/> Yes – Name of Company			Security Officer(s) <input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
In Addition to Security Officers, How Many Adult Chaperons for Events Under 18 Years of Age			

ATTACH COPY OF SECURITY CONTRACT/AGREEMENT WITH SECURITY COMPANY SHOWING THE NUMBER OF GUARDS WITH THEIR ARRIVAL AND DEPARTURE TIMES. It must be at least 30 minutes before and after the event. A ratio of 1 security person per 50 anticipated attendee will be required. The contract should provide a contingency plan for additional security in the event the expected attendance exceeds the expectations.

NOTE: THE SECURITY COMPANY MUST BE LICENSED TO DO BUSINESS IN OAKLAND.

Alcoholic Beverages Furnished or Sold Yes No

Have You Ever Applied /Received a Special Events Permit in the City of Oakland Yes No

Have You Ever Been Denied a Special Events Permit in the City of Oakland No Yes –

Explain _____ .

I have read all requirements and information on this form and have completed the form as accurately as possible. I understand that this is NOT a permit, but an application pending approval of the Oakland Police Department. Incomplete, illegible or missing documentation may delay the permit process. I also understand untruthfulness will result in denial of my permit.

_____ Date _____
Applicant's Signature



OAKLAND POLICE DEPARTMENT
Special Events Permit Application
 TF-807-3 (Jul 10)

APPLICANT INFORMATION

Applicant Name	Date of Birth	Contact No.	Alternate Contact No.
Applicant's Address	City <input type="checkbox"/> Oakland	Zip Code	

EVENT INFORMATION

Date of Application	Type of Event Select one	Other Event (Describe)
Location/ Address of Event	Date of Event	Time/ Start-End
No. Persons Expected	Persons Allowed Select one	Ticket Sales Select One
No. of Monitors/ Security	Security Company	Telephone No.
Type of Music Select one	Other Music (Describe)	Will food/drink be sold <input type="checkbox"/> Yes <input type="checkbox"/> No

PERMIT INFORMATION

HAVE YOU EVER BEEN DENIED A PERMIT? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Applicant agrees to abide by Oakland Municipal Code Dance Hall Regulations, Section 5-4.03		
HOLD HARMLESS AGREEMENT		
<p>The Special Event applicant or president of designee of the sponsoring organization(s) (hereafter called "permittee") agrees to reimburse the City of Oakland (hereafter called "City") for all losses incurred by it in repairing or replacing damage to City Property proximately caused by the permittee, its officers, employees, agents, monitors, or any other persons or forming the special event, who were, or should have been, under the permittee's control. Persons who merely attend or join in a special event are not considered by that reason alone to be "under the control" of the permittee.</p> <p>The permittee further agrees to defend without costs, indemnify, and hold harmless the City, its officers, agents, and employees from any liability to any persons, damages, losses, or injuries arising out of or alleged to arise out of the permitted special events, which was proximately caused by the actions of the permittee, its officers, employees, agents, including monitors, or any other persons attending or joining in the special event who were, or reasonably should have been under the control of the permittee. Persons who merely attend or join in a special event are not considered by that reason alone to be "under the control" of the permittee.</p> <p>I have read and I understand the Hold Harmless Agreement and I declare under penalty of perjury that the information provided in this application is true and correct.</p>		
<i>Permittee's Signature</i> _____ <i>Date</i> _____		
Police Overtime cost Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Fees Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No	
ABC Endorsement: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Verified By: _____ <div style="display: flex; justify-content: space-between;"> Special Events Personnel Serial No. </div>	
Pursuant to OMC §9.52.080, a Special Events Permit is conditionally approved in order for the applicant to obtain additional required documentation.		
_____	_____	_____
Signature of Special Events Coordinator	Serial No.	Date Signed
A Permit is Hereby <input type="checkbox"/> Approved <input type="checkbox"/> Denied – Pursuant to OMC Section 9.52.090 Subsection (Select Appropriate Subsection)		
_____	_____	_____
Signature of Chief of Police Designee	Serial No.	Date Signed

SUPPLEMENTAL SPECIAL EVENT PERMIT APPLICATION FOR TEMPORARY CANNABIS EVENTS

A. Applicant Information

- 1. Applicant Name: _____
- 2. DBA of the Applicant (If Applicable): _____
- 3. Mailing Address: _____
City/Zip: _____
- 4. Email: _____
- 5. Phone: _____
- 6. (If Applicable) Website for Applicant: _____
- 7. State Event Organizer License Number _____
State Event Organizer License Expiration Date: _____
- 8. Federal Employer Identification Number: _____
- 9. State Employer Identification Number: _____
- 10. All applicant board members, partners and managers must undergo a live scan background. Please attach a copy of the stamped completed live scan form.¹
- 11. Please attach a copy of Applicant’s current City of Oakland business tax certificate.

B. Event Information

- 1. Name of Temporary Cannabis Event: _____
- 2. Date(s) of Proposed Event: _____
- 3. Hours of Proposed Event: _____
- 4. Address of Proposed Event²: _____
 - a. If the proposed event will take place on private property, please attach authorization from the property owner for this event to be held at the identified address.
- 5. Estimated Total of Event Attendees: _____
- 6. Please attach a copy of a completed Fire Prevention Bureau’s Pre-Approval Form for Temporary Cannabis Events.
- 7. Please attach an itinerary of the proposed event that includes set up, event activities, and break down of event.
- 8. Please attach a diagram of the physical layout of the event. The diagram must indicate where the event will take place on the location grounds, all entrances and exits to be used by participants at the event, all cannabis consumption areas, all retail areas where cannabis goods will be sold, where cannabis goods and waste will be stored, and the specific location of each cannabis licensee participating in the event.
- 9. Is there a license for the sale of alcohol or tobacco at the proposed location of the event?
 Yes No Not Sure

10. Applicant Primary Point of Contact During the Event

¹ The purpose of the live scan is to identify if an operator has been convicted or plead nolo contender or guilty to a violent offense or crime of fraud in the last seven years. Applicants with recent relevant convictions may still petition the City Administrator for reconsideration if they can demonstrate evidence of rehabilitation.
² Please note pursuant to OMC 5.80.030 no more than twelve permits for a special event involving the sale of cannabis may be issued for the same location or the same individual or entity per calendar year.

Same Contact Information as Applicant

Name: _____

Email: _____

Phone: _____

Mailing Address: _____

City/Zip: _____

C. Cannabis Licensee Information

1. Please list below all cannabis licensees that will be selling cannabis products at the event. Attach additional pages as necessary. Per Bureau of Cannabis Control Regulations Section 5602(c), please note only state licensed retailers and microbusinesses authorized to conduct retail can sell cannabis products at temporary cannabis events.

	LICENSEE NAME	LICENSE TYPE	STATE LICENSE NUMBER	LICENSE EXPIRATION DATE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

2. For each licensee, please attach a copy of their current City of Oakland business tax certificate.
3. For each licensee, please attach a list of all employees that will be providing cannabis products at the event.
4. Any changes to the list of licensees or employees after submission of the Supplemental Special Event Permit Application must be made via an updated Supplemental Application and Event Diagram submitted to the Oakland Police Department Special Events Unit at least one week in advance of the event.

D. Onsite Consumption Information

1. Will cannabis be consumed at the event?
 Yes No

If you answered No, please skip to Section E. If you answered yes, please attach an Onsite Consumption Plan that outlines:

- The different forms of onsite consumption that will be allowed;
- Where the consumption will take place;
- How the Applicant will deter drugged driving;
- How Applicant will ensure any consumption is not visible from a public place or by people under age of 21.
- How Applicant will ensure no consumption/sale of alcohol and tobacco will take place.
- Whether any consumption will take place within 1,000 feet of a school, day care or youth center while children are present.

2. Will cannabis be smoked at the event?
 Yes³ No

If you answered No, please skip to Section E. If you answered Yes, please clarify where the smoking will take place:

- In an enclosed area In an unenclosed area

E. Security Information

Please attach a Security Plan along with a list of all Security Guards and their Guard Card license numbers. All security personnel shall be licensed per Business and Professions Code 7582.

F. Oath of Application

I declare under penalty of perjury that to the best of my knowledge, the information contained in this application and its supporting documentation is truthful, correct and complete; and, the information contained in this application and its supporting documentation discloses all facts regarding the applicant and associated individuals necessary to allow the City of Oakland to properly evaluate the applicant’s qualifications for a Cannabis Special Event Application.

I agree and recognize that I am responsible for obeying all Federal, State, County and local laws. I further agree and understand that any misrepresentations, omissions or falsifications in the application or any documents attached thereto or amendments thereto will be immediate grounds for the City of Oakland to deny this permit application.

Signed: _____

Date: _____

³ Please note OMC 8.30 restricts where smoking can take place in the City of Oakland, such as enclosed areas that are places of employment and unenclosed areas that are recreational areas. For more information, please visit: https://library.municode.com/ca/oakland/codes/code_of_ordinances?nodeId=TIT8HESA_CH8.30SM

ATTACHMENTS

Be sure your application has the following items enclosed:

A. Applicant Information

- Copy of State Event Organizer License
- Copy of Stamped Live Scan Form
- Copy of Applicant's City of Oakland Business Tax Certificate

B. Event Information

- Authorization from Private Property Owner if Applicable
- Event Diagram
- Itinerary of the Event
- Copy of Fire Prevention Bureau Pre-Approval Form for Temporary Cannabis Events

C. Cannabis Licensee Information

- Copy of Retailer, Delivery-Non-Storefront or Microbusiness license for each vendor
- Copy of City of Oakland Business Tax Certificate for each Retailer, Delivery-Non-Storefront or Microbusiness license
- List of Licensee Employees

D. Onsite Consumption Information

- Onsite Consumption Plan

E. Security Information

- Security Plan
- Security Guard list with Guard Card Numbers

REQUEST FOR LIVE SCAN
Applicant Submission

ORI: **CA0010900** TYPE OF APPLICATION: **PERMIT**
Code assigned by DOJ

Job Title or Type of License, Certificate or Permit: _____

Agency Address Set Contributing Agency:
OAKLAND POLICE DEPARTMENT 04764
Agency authorized to receive criminal history information Mail Code (five digit code assigned by DOJ)

455 7th Street **Officer John Romero**
Address or P.O. Box Contact Name (Mandatory for all submissions)

OAKLAND, CA 94607 **(510) 777-8578**
City, State, Zip Contact Number

NAME OF APPLICANT: _____
(Please Print) Last Name First Name Middle Initial

ALIAS: _____ DRIVER'S LICENSE # _____
Last Name First Name

DATE OF BIRTH: _____ SEX: Male Female Misc. No. BIL – **120181**

HEIGHT: _____ WEIGHT: _____ Misc. No: **N/A**

EYE COLOR: _____ HAIR COLOR: _____ HOME ADDRESS: _____
Street Address or P.O. Box

PLACE OF BIRTH: _____
City, State, Zip

SOCIAL SECURITY NUMBER: _____

YOUR NUMBER: _____ LEVEL OF SERVICE DOJ FBI
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI Number; _____

EMPLOYER: (Additional responses for agencies specified by statute)

Employer Name

Street Address or P.O. Box Mail Code (five digit code assigned by DOJ): **N/A**

City, State, Zip Agency Phone: _____
(optional)

LIVE SCAN TRANSMISSION COMPLETED BY: _____ Date: _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed