



CITY OF RIO VISTA

One Main Street • Rio Vista, CA 95687
(707) 374-6451 ext 1106 • FAX: (707) 374-5531

SPECIAL EVENT APPLICATION

Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. **Incomplete applications will not be processed.** Please use black ink. A non-refundable Application Fee is due upon submittal of this proposal.

Event Information

Name of Event: _____

Description of Event: _____

Set-up Date(s): _____ / _____ / _____
List each set-up date

Set-up Time(s): _____ / _____ / _____
List hours for each date indicated above (ie: 9 a.m. – 10 a.m.)

Event Date(s): _____ / _____ / _____
List each event date

Event Time(s): _____ / _____ / _____
List hours for each date indicated above (ie: 10 a.m. – 5 p.m.)

Tear-down Date(s): _____ / _____ / _____
List each tear-down date

Tear-down Time(s): _____ / _____ / _____
List hours for each date indicated above (ie: 10 a.m. – 5 p.m.)

Proposed Location of Event: Please list all facilities to be used including buildings, parking lots, streets, parks, etc.

Facility _____ Location(s) _____

Facility _____ Location(s) _____

Facility _____ Location(s) _____

Facility _____ Location(s) _____

Name of property owner where event is to be held: _____

Has this event ever been held at other location(s)? 0 Yes 0 No
If yes, where and when? _____