



## **Town of Hillsborough Application for Fundraising Event Permit Procedure/Guidelines**

A completed application must be submitted to the City Clerk's office for review at 1600 Floribunda Avenue, Hillsborough, CA 94010. The completed application must be submitted a minimum of 70 days prior to the date of the City Council meeting for events of 201 or more guests, and/or more than one day. Applications consisting of 200 guests or less, a one-day event, and not more than four locations must be submitted 45 days prior to the event. For questions, please call 650-375-7412 or email myokoyama@hillsborough.net.

### **A complete application will include the following:**

(Please check off each completed item.)

- A completed application form
- Chlorofluorocarbon-Processed Food Packaging Agreement
- Standard Hold Harmless Agreement
- Insurance Certificate
- Sign Advertising Fee \$175
- Parking/transportation and traffic plan indicating the location of parking and the proposed shuttle transportation route (if applicable), and written permission from the property owner for proposed parking on private property
- \$500 Application Fee: Category I – 200 Guests (or less), a 1 day event/not more than 4 locations, or
- \$580 Application Fee: Category II – 201+ Guests, and/or more than one day (City Council meeting required)

If applicable, the fundraising event permit application will be scheduled for the City Council to consider approval of the application. City Council meetings are held on the second Monday of every month. Notices are mailed to property owners located within a 500' radius of the property where the event is to be held.

The number of events permitted in Town is limited due to the inconvenience imposed on the neighborhood and safety concerns of the Police, Fire and Building Officials.

The length of an event is limited based on the location, traffic, neighborhood concerns and staff recommendations. Day parking is discouraged along Skyline Boulevard, and night parking (after sundown) is prohibited.

It is the applicants' obligation to control the occupant load in the home during the event, based on the maximum allowable per day as determined by the Fire and Building Department, or the event may be shut down.

**Town of Hillsborough**  
**Application for Fundraising Event Permit**

*Soliciting contributions for charitable purposes pursuant to the provisions of  
Chapter 5.16 of the Municipal Code*

Date Received: \_\_\_\_\_ Application No. \_\_\_\_\_ Category I or II: \_\_\_\_\_

City Council Approval Not Required

City Council Approval Required

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Please Type or Print Clearly

Organization's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Description of Event: \_\_\_\_\_  
\_\_\_\_\_

Location(s) of Event: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Total Number of Operating Days: \_\_\_\_\_

Fill in Operating Days and Hours of Event (include evening hours):

Monday \_\_\_\_\_

Saturday \_\_\_\_\_

Tuesday \_\_\_\_\_

Sunday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

## Information about the Event

Please complete this form (if not applicable, mark N/A)

Total number of guests expected (during the entire event): \_\_\_\_\_

Average number of guests expected per day: \_\_\_\_\_

Projected busiest time of day: \_\_\_\_\_

Projected busiest day of week: \_\_\_\_\_

Will invitations be sent? \_\_\_\_\_ Is the event by invitation only? \_\_\_\_\_

Number of invitations to be sent: \_\_\_\_\_

Will tickets be issued? \_\_\_\_\_ Sold at the door? \_\_\_\_\_

Advance sales? \_\_\_\_\_ Both? \_\_\_\_\_

Will tickets be date and/or time stamped? (explain) \_\_\_\_\_

Number of staff personnel on duty daily: \_\_\_\_\_

Will this number increase at busy times/days? \_\_\_\_\_

Do you have a plan to control the number of people in the home? \_\_\_\_\_  
(please attach plan)

Transportation provided by: Mini Bus ( ) Shuttle Bus ( ) Private Car ( )

Event will be held: Indoors ( ) Outdoors ( ) Both ( )

Will food be served? \_\_\_\_\_ Sold? \_\_\_\_\_ Catered? \_\_\_\_\_

If catered, by whom? \_\_\_\_\_

Will music be played and/or loudspeakers used? \_\_\_\_\_ Inside \_\_\_\_\_ Outside \_\_\_\_\_  
(California. Penal Code Section 415-Disturbance of the Peace enforced by the Hillsborough PD)

Will tents be used? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Why type? (open/enclosed) \_\_\_\_\_  
(If tent(s) are to be used, contact the Fire Department to obtain a permit)

Officers of the Organization: I.R.S. Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_

President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Other: \_\_\_\_\_

## Information about the Event

Please complete this form (if not applicable, mark N/A)

- In case of an emergency, the Police and Fire Department require a 24 hour phone number where a responsible person for the event can be reached

### Key contact person for the Event:

Name	24 Hour Phone		
Address	City	State	Zip

### Back-up contact person for the Event:

Name	Phone		
Address	City	State	Zip

Will there be time required to ready the location for the event, or restore the location after the event? \_\_\_\_\_ If yes, please indicate the dates, times and description:

\_\_\_\_\_  
\_\_\_\_\_

Solicitation to be made by:

- Television       Newspaper       Radio       Direct Mail       Telephone  
 Personal Contact       Other: \_\_\_\_\_

Area(s) of solicitation:

\_\_\_\_\_

What is the purpose / object of the event?

\_\_\_\_\_

Will items or services be sold during the event? \_\_\_\_\_

List name(s) of any person or firms who will directly or indirectly benefit from the event, other than the applicant of the event: \_\_\_\_\_

\_\_\_\_\_

# Town of Hillsborough Sign Advertising for Fundraising Events

If an applicant wishes to place one or more signs advertising the fundraising event in Town, the following requirements shall apply:

1. The applicant shall complete the event sign portion of the fundraising event permit application and submit the event sign filing fee, where applicable, in the amount of \$175.
2. Fundraising event signs that have been previously approved by the City Council in connection with a prior holding of the same fundraising event may be used for subsequent holdings of the same event without further approval or fee payment. The applicant shall indicate on the fundraising event permit application that the sign in question is the exact same sign (either the actual sign or a virtually exact replica) that was previously approved for the event by the City Council.
3. Fundraising event signs not previously approved by the City Council shall not be posted until such approval has been granted. The applicant shall provide the following information on the fundraising event permit application with respect to the proposed sign(s):
  - a. Location(s) where sign(s) to be posted;
  - b. Dimensions, colors, and materials;
  - c. Copy of the proposed sign(s);
  - d. Where applicable, written permission from the homeowner or, if the homeowner is not the occupant, from the occupant, authorizing the placement of the fundraising event sign on such person's residential property.
4. Only two banners will be allowed at any one time at the Town designated banner locations. The locations are as follows:
  - a. Walnut Avenue parking lot on Floribunda Avenue
  - b. Golf Course Drive/Black Mountain Road
  - c. Skyline Boulevard/Summit Drive
5. Banners must be 6 feet wide by 3 feet high.
6. The City Council may approve, reject, or modify the applicant's request based on the effect on public safety and welfare.
7. Approved fundraising event signs may be put up no sooner than two weeks before the event begins and shall be taken down immediately after the event ends.



Previously Approved

New Application

Fee Required

Preferred Location(s): 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

## **Town of Hillsborough Acknowledgement of Guidelines**

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. I understand that any and all costs required for security, traffic control, and/or fire safety services related solely to this event will be at my expense. I also understand that the failure to comply with any of the guidelines and conditions set forth by the Town of Hillsborough may cause this event to be suspended or stopped at any time.

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Attach any additional information you feel may be important.
- This application will be forwarded to the Building Department, Fire Department and Police Department for review. Each department will have a list of conditions for your event that must be complied. If you have any questions, please contact the City Clerk at 650-375-7412.
- A meeting including the applicant and Hillsborough staff may be required. The meeting will be to review the details of the event, answer questions and concerns and make some preliminary recommendations.
- Contact the Police, Fire and Building Department to inquire of any special conditions and/or considerations for the proposed event.



Building Department	Tim Anderson	650/375-7420
Fire Department	Christine Reed	650/558-7617
Police Department	Nick Chinca	650/375-7456

**Town of Hillsborough**  
**Statement Regarding**  
**Chlorofluorocarbon-Processed Food Packaging**  
*(To be completed by food supplier and/or caterer)*

I, \_\_\_\_\_, hereby acknowledge that I have agreed to supply food packaging to \_\_\_\_\_ (Applicant) in connection with the charitable fundraising event proposed to be held by the Applicant within the Town of Hillsborough. I further acknowledge that under the provisions of Section 8.10.020 (f) of the Hillsborough Municipal Code, applicant's fundraising activity constitutes a "restaurant" activity and is, therefore, an activity subject to the provisions of Chapter 8.10 of the Code regarding food packaging processed with Chlorofluorocarbons (CFCs).

I hereby represent and warrant that, as a supplier of food packaging to the Applicant, I will supply only food packaging which is not manufactured with CFCs. I understand that the term "food packaging" includes all bags, sacks, wrappings boxes, containers, bowls, plates, trays, cartons, cups, straws, lids, or similar items which are not intended for reuse, on or in which any foods or beverages are placed or packaged on the Applicant's premises.

I am aware that any false statement regarding the use or non-use of CFCs in the manufacture of any food packaging supplied to the Applicant is a violation of Chapter 8.10 of the Hillsborough Municipal Code and is unlawful.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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TO BE COMPLETED BY APPLICANT

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Town of Hillsborough Hold Harmless Agreement**

(The standard Town of Hillsborough Hold Harmless Agreement is required as a matter of policy for all organizations and individuals conducting activities in the Town or involving the Town.)

The \_\_\_\_\_ hereby agrees that to the extent of the assets of the \_\_\_\_\_, it shall defend, indemnify, and hold the Town of Hillsborough free and harmless against all action, claims, losses, liabilities, or demands, and against all costs, expenses, and attorney's fees arising, directly or indirectly, or accruing on account of or in any way related to (a) the \_\_\_\_\_, to be conducted on \_\_\_\_\_, 20\_\_\_\_, (b) any services provided, directly or indirectly, by or on behalf of the Town of Hillsborough in connection therewith, (c) the use of any facilities or equipment owned or operated by or on behalf of the Town of Hillsborough in connection therewith, and (d) an actual or alleged act or omission of any employee or agent of the Town of Hillsborough or any personnel working under the Town's supervision in connection therewith. This obligation shall not be qualified or eliminated by any allegation, finding, judgment, or verdict that the Town or any of its personnel is responsible for a passively negligent act or omission.

Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**\* An insurance certificate naming the Town of Hillsborough as additionally insured for an amount of \$1,000,000.00 must accompany this agreement**