

Cannabis Special Event at Cal Expo Request for Local Authorization

Applicant (Event Organizer): _____

Proposed Event Date(s)/Time(s): _____

State Temporary Event Organizer License No.: _____

Date Issued: _____ Expiration Date: _____

City of Sacramento Business Operating Tax Certificate No. _____

A. About the Event

1. Type of Event

____ Entertainment (Including Concerts) ____ Educational ____ Business Conference/Expo
____ Other (Please describe) _____

2. Number of Anticipated Attendees: _____

3. Number of Anticipated Vendors with Onsite Cannabis Sales: _____

4. Event Security Plan Approved by Cal Expo: ____ Y ____ N (Please attach a copy)

5. Tent Structures Permit Approved by State Fire Marshal: ____ Y ____ N (Please attach a copy)

6. Onsite Medical Staffing Plan Approved by Cal Expo: ____ Y ____ N (Please attach a copy)

B. About the Applicant/Event Organizer

1. Has the organizer ever received a citation or notice of violation by BCC or any other state agency or law enforcement group? ____ Y ____ N If yes, please provide details below:

2. List previous cannabis special events organized by applicant in the last 12 months:

3. Describe experience organizing events similar in size, cannabis related or otherwise:

4. Police incidents related to any previous events: ___ Y ___ N If yes, please provide details:

5. Media/other methods to be utilized by organizer to promote the event? (Please note that organizers cannot advertise the event prior to receiving local approval)

___ Print ___ TV ___ Radio ___ Social Media ___ Others (Describe):

6. I understand that if my request is approved, I will ensure that (please initial):

___ No less than 48 hours prior to the event, I shall provide a list of all vendors including permit numbers.

___ No less than 48 hours prior to event, I shall coordinate with the City of Sacramento and CalExpo staff an event briefing to review security plan, run of show, ingress/egress plan, and other standard operating procedures.

___ I shall ensure that all vendors adhere to the 1 oz daily limit by providing wristbands for customers' who have reached the daily limit

___ No advertising of any kind shall occur prior to the approval of this application.

7. I certify that the information provided above is correct.

Signature

Date

Required Submissions:

1. Copy of State Temporary Event Organizer License
2. Copy of Business Operating Tax Certificate
3. Copy of Security Plan Approved by Cal Expo
4. Copy of Tent Structures Permit Approved by State Fire Marshal
5. Copy of Onsite Medical Staffing Plan Approved by Cal Expo