

SUMMARY OF EVENT

DESCRIPTION

Event Title Elemental Experience

Description
(This should be promotional in nature and cannot exceed 300 characters)
The 2009 Stay Classy Elemental Experience is a unique experience that will raise money to battle teenage homelessness in our community. The day long music festival will be defined by its popular artists, relaxing setting, environmental friendliness, and most importantly, its creative fundraising activities.
The event is scheduled for Saturday, May 2nd, 2009 at Ski Beach in Mission Bay Park. It will feature 3 solar powered stages, multiple beer gardens, and picnic areas. Prior to the concert there will be a 5 mile run/walk around Mission Bay to raise money and awareness for local youth homelessness.

Admission
(Information cannot exceed 300 characters)
Tickets will be sold the month leading up to the event at StayClassy.org. There will be a minimum \$50 fundraising goal for each ticket.

Based on square footage guidelines from the S.D. Fire Dept. total capacity is over 20,000. We are expecting approximately 5,000

CITY OF SAN DIEGO
PARKS AND RECREATION
DEVELOPED REGIONAL
PARKS DIVISION

NOV 1 PM 1:00
PERMIT CENTER

- Event Category**
- | | | |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Athletic/Recreation | <input checked="" type="checkbox"/> Concert/Performance | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Exhibits/Misc. | <input type="checkbox"/> Farmer/Outdoor Market | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Festival/Celebration | <input type="checkbox"/> Museum Special Attraction | |
| <input type="checkbox"/> Parade/Procession/March | <input type="checkbox"/> Dance | |

Anticipated Attendance
 Total 5,000 Per Day 5,000

Anticipated Participants
 Total 200 Per Day 200

Setup	Date <u>May 1, 2009</u>	Time <u>TBD</u>	Day of Week <u>Friday</u>
Event Starts	Date <u>May 2, 2009</u>	Time <u>TBD</u>	Day of Week <u>Saturday</u>
Event Ends	Date <u>May 2, 2009</u>	Time <u>TBD</u>	Day of Week <u>Saturday</u>
Dismantle	Date <u>May 3, 2009</u>	Time <u>TBD</u>	Day of Week <u>Sunday</u>

Location
Description
 (Information cannot exceed 300 characters)
Ski Beach in Mission Bay Park. Refer to attached map for more details.

Clear Entire Form

SUMMARY OF EVENT

(Select one or more)

- Central San Diego (includes Gaslamp & Balboa Park)
- Eastern San Diego
- Mid-City San Diego
- Northern San Diego (includes Mission Bay Park)
- Southeastern San Diego
- Southern San Diego
- Western San Diego
- Northeastern San Diego

CONTACTS

Host Organization

Stay Classy Foundation, a 501(c)3

Professional Organizer

Stay Classy Productions Inc

Public Contact (Required)

Name: Patrick Walsh, Director

Telephone: (761) 856-4388

Non-Public Contact

(Required for internal use only)

Name: Pete Sternburg, CFO

Telephone: (617) 838-4622

Media Contact

(If different than Public Contact)

Name: same

Telephone: ()

Vendor Contact

(If different than Public Contact)

Name: Peter Sternburg

Telephone: (617) 838 4622

Web Address

www.stayclassy.org

Yes No

- Is this an annual event? How many years have you been holding this event? 4 (1st year at SKi Beach)
- Is your event part of a larger marketing campaign (i.e. Buds 'n Blooms, San Diego for the Holidays etc.)?

If yes, please list

Clear Entire Form

(SEA 10/00)

APPLICANT AND HOST ORGANIZATION INFORMATION

A written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted with your permit application.

Host Organization The Stay Classy Foundation

Chief Officer of Host Organization Patrick Walsh

Applicant Name Peter Sternburg

Address Street 3505 Buena Vista St

City San Diego State CA Zip 92109

Telephone Day 617 8384622 Evening _____ Fax _____ Pager/Cellular _____

Please list any professional event organizer, event service provider, or commercial fund-raiser hired by you that is authorized to work on your behalf to plan, produce and/or manage your event.

Applicant Name Stay Classy Productions

Address Street 4501 Mission Bay Dr Suite 3-C

City San Diego State CA Zip 92109

Telephone Day 617 694 7963 Evening _____ Fax _____ Pager/Cellular _____

ORGANIZATION STATUS/PROCEEDS/REPORTING

Yes No

Is the Host Organization a commercial entity?

Is the Host Organization a bona fide tax exempt, nonprofit entity? If yes, you must attach to this application a copy of your IRS 501(C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.

Are patron admission, entry or participant fees required?
If yes please provide amounts: \$ 50

Are vendor or other fees required?
If yes please provide amounts: _____

\$ TBD Estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event.
Please explain how this amount was computed: _____

\$ TBD Estimated expenses for this event.

\$ TBD What is the projected distribution or net dollar amount the Host Organization will receive from this event?

(SEA 10/00)

Clear Entire Form

SITE PLAN/ROUTE MAP

Your event site plan/route map should be submitted in blueprint or CAD format and include but not be limited to:

- An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures.
- The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency access.
- The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.
- The location of first aid facilities and ambulances.
- The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.
- A detail or close-up of the food booth and cooking area configuration including booth identification of all vendors cooking with flammable gases or barbecue grills
- Generator locations and/or source of electricity.
- Placement of vehicles and/or trailers.
- Exit locations for outdoor events that are fenced and/or locations within tents and tent structures.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

NARRATIVE

Please provide a narrative and timeline of your event. You may provide this information as an attachment if necessary.

Exact timing of the event is still being determined. We anticipated the run/walk to begin between 10-11 AM and the concert venue will open to the public at noon, with the first band going on around 4 pm. The last band will finish at approximately 9:30 PM.

(SEA 10/00)

Clear Entire Form

SECURITY PLAN

Yes No

- Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California.

Security Organization TBD - Have used Elite in the past - continuing to shop around

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Private Patrol Operator License # _____

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application. _____

MEDICAL PLAN

Yes No

- Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

If yes, please list: TBD - Have used SD Medical Services Enterprise, LLC in the past

Medical Services Provider _____

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary. _____
TBD

(SEA 10/00)

Clear Entire Form

ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information if necessary.

Yes No

- Will there be a Clear Path of Travel throughout your event venue? Please describe The normal roads and sidewalk areas will be accessible
- Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe TBD
- Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe We plan to have at least 2 of the 20 restrooms be ADA
- Will all food, beverage and vending areas be accessible? Please describe Regular roads/sidewalks
- Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe _____
- If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe No phones to be provided
- If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe Volunteers will assist disabled
- If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, phones (if any), drinking fountains, and first aid stations? Please describe _____

PARKING AND SHUTTLE PLAN

Yes No

- Will your event involve the use of a parking and/or shuttle plan?

If yes, please describe or provide an attachment of your plan

TBD - Studying the San Diego Bay Fair in considering options. Will also request advice from the city.

(SEA 1000)

Clear Entire Form

SAFETY EQUIPMENT

Yes No

- Will your event involve the use of traffic safety equipment?

If yes, please list: Traffic signs posted around the venue a week before

Equipment Company TBD

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

ENTERTAINMENT AND RELATED ACTIVITIES

Yes No

- Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages 3

Number of Performers/Bands 10-12

Performer/Band name and music type local/national indie / rock bands, some DJ's

- Will sound checks be conducted prior to the event?
If yes, Start time TBD Finish time TBD

- Will sound amplification be used?
If yes, Start time TBD Finish time TBD

- Do you plan to have a patron dance component to either live or recorded music at your event?
If yes, please describe _____

- Please describe the sound equipment that will be used for your event TBD

- Will inflatables, hot air balloons or similar devices be used at your event?
If yes, please describe 10' inflatable plastic sphere

- Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?
If yes, please describe _____

- Will your event include the use of any signs, banners, decorations, or special lighting?
If yes, please describe Signs + banners will be used for sponsors + promotions

- Will there be massage activities at your event?
If yes, please describe Massages in the VIP section - Run/walk participants only

- Do your event plans include any casino games, bingo games, drawings or lottery opportunities?
If yes, please describe _____

(SEA 10/00)

Clear Entire Form

ALCOHOL

Yes No

Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

- Free/Host Alcohol
- Alcohol Sales
- Host and Sale Alcohol
- Beer
- Beer and Wine
- Beer, Wine and Distilled Spirits

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event.

Stacy Classy will hire a professional security service to man the
event (1 staff for every 25 people) and door personnel to ensure
no entry to minors in the beer gardens. A maximum order
of 2 drinks per person and no containers over 16 oz.

FOOD CONCESSIONS OR PREPARATION

Yes No

Does your event include food concession and/or preparation areas?

If yes, please describe how food will be served and/or prepared On premise food vendors,
managed by Stacy Classy Productions

Do you intend to cook food in the event area?

If yes, please specify method:

- Gas
- Electric
- Charcoal
- Other (specify) Portable grills

Clear Entire Form

CONCESSIONAIRES

Yes No

- Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors and include a sample of the vendor pass that will be used. Stay Classy will sell merchandise (i.e. clothing, stickers, etc.) that is relevant to the event theme of music. Performing artists will also be provided space to sell their own merchandise.

- Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?

If yes, please describe or attach a complete list of vendors. _____

PORTABLE REST ROOMS

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and nonaccessible facilities in the immediate area of the event site which will be available to the public during your event.

Yes No

- Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets 20

Number of ADA accessible portable toilets 2

If no: Please explain: _____

Rest Room Company TBD - Have used Waste Management in Past

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

(SEA 10/00)

Clear Entire Form

SANITATION AND RECYCLING

Number of Trash Cans TBD

Number of Trash Cans with Lids TBD

Number of Dumpsters with Lids 13
(One for every increment of 400 people)

Number of Recycling Containers TBD

Sanitation Company TBD - Have used Waste Management in past

Address Street _____

City _____ State _____ Zip _____

Telephone Day _____ Evening _____ Fax _____ Pager/Cellular _____

Equipment Setup: Date _____ Time _____

Equipment Pickup: Date _____ Time _____

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.

MITIGATION OF IMPACT

Yes No

- Have you presented your event concept to the officially recognized community groups that represent the venue area? If yes, please attach letters of endorsement or support from each of these groups.

If no, please explain in process of constructing presentation and getting on appropriate agendas

- Have you meet with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities.

If no, please explain As w/ prior events, we will send notices to adjacent businesses and residents w/ our contact info. Event will not block streets or business entrances.

- Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach.

If no, please explain TBD

(SEA 10/00)

Clear Entire Form

MARKETING AND PUBLIC RELATIONS

Yes No

Will this event be marketed, promoted, or advertised in any manner?

If yes, please describe online, radio, magazines / newspapers

Will there be live media coverage during the event?

If yes, please describe Possible live radio broadcast

Will media vehicles be parked within the event venue?

If yes, please describe safety plan We will have a parking lot blocked off for emergency vehicles, media and some participants

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?

If yes, please describe Signage limited to fencing surrounding the event. We will have an anti-flyering campaign prohibiting all sponsors vendors etc... from using flyers or stickers. Fines will be used.

INSURANCE REQUIREMENTS

Name of Insurance Agency Shoff Darby Companies

Address Street 26803 Getty Drive

City Trumbull

State CA

Zip 06611

Telephone Day (203) 445-2123 Evening _____

Fax _____

Pager/Cellular _____

Contact Name Allison Steeves

Policy Type Commercial General Liability

Policy Amount \$1,000,000

Policy Number KPG31383

(SEA 10/00)

Clear Entire Form

AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the San Diego Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply with all other requirements of the City, County, State, Unified Port District, MTDB, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of San Diego.

Print Name of Applicant/Host Organization Peter Sternburg / Stay Classy Foundation

Title LFO

Signature Pet [Signature]

Date 11/12/08

Print Name of Professional Event Organizer Stay Classy Productions - Scot Chisholm

Title CEO

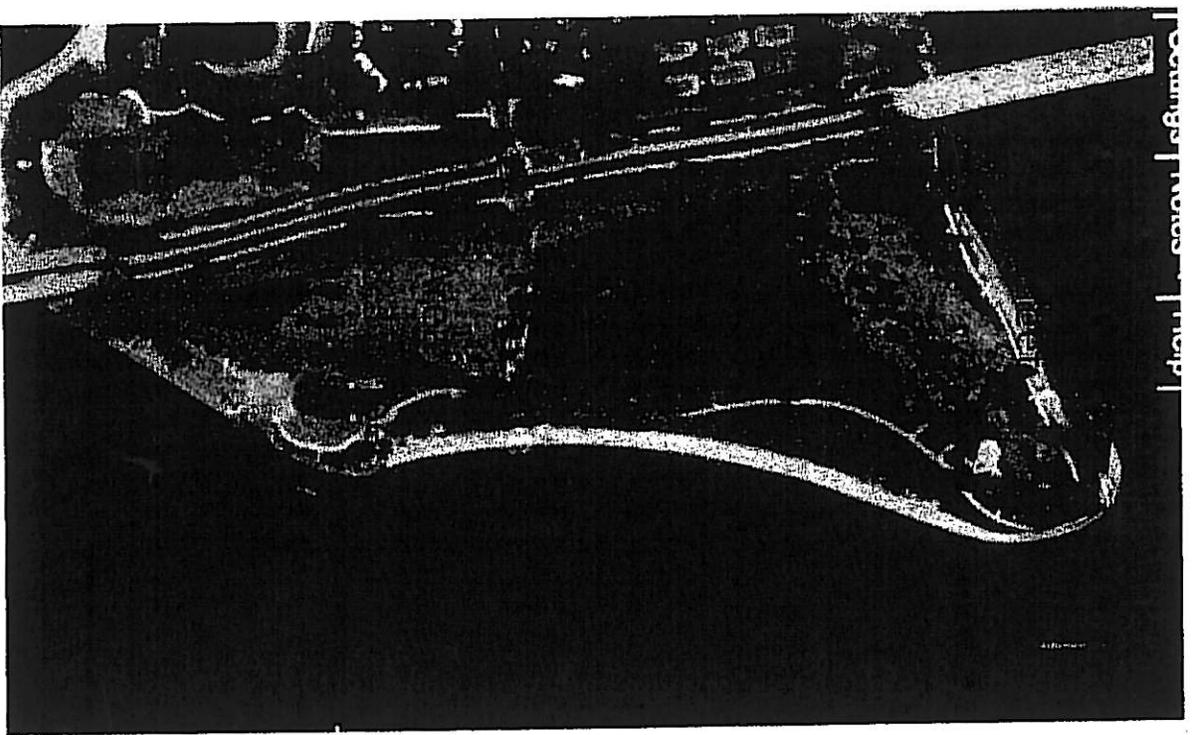
Signature Scot [Signature]

Date 11/12/08

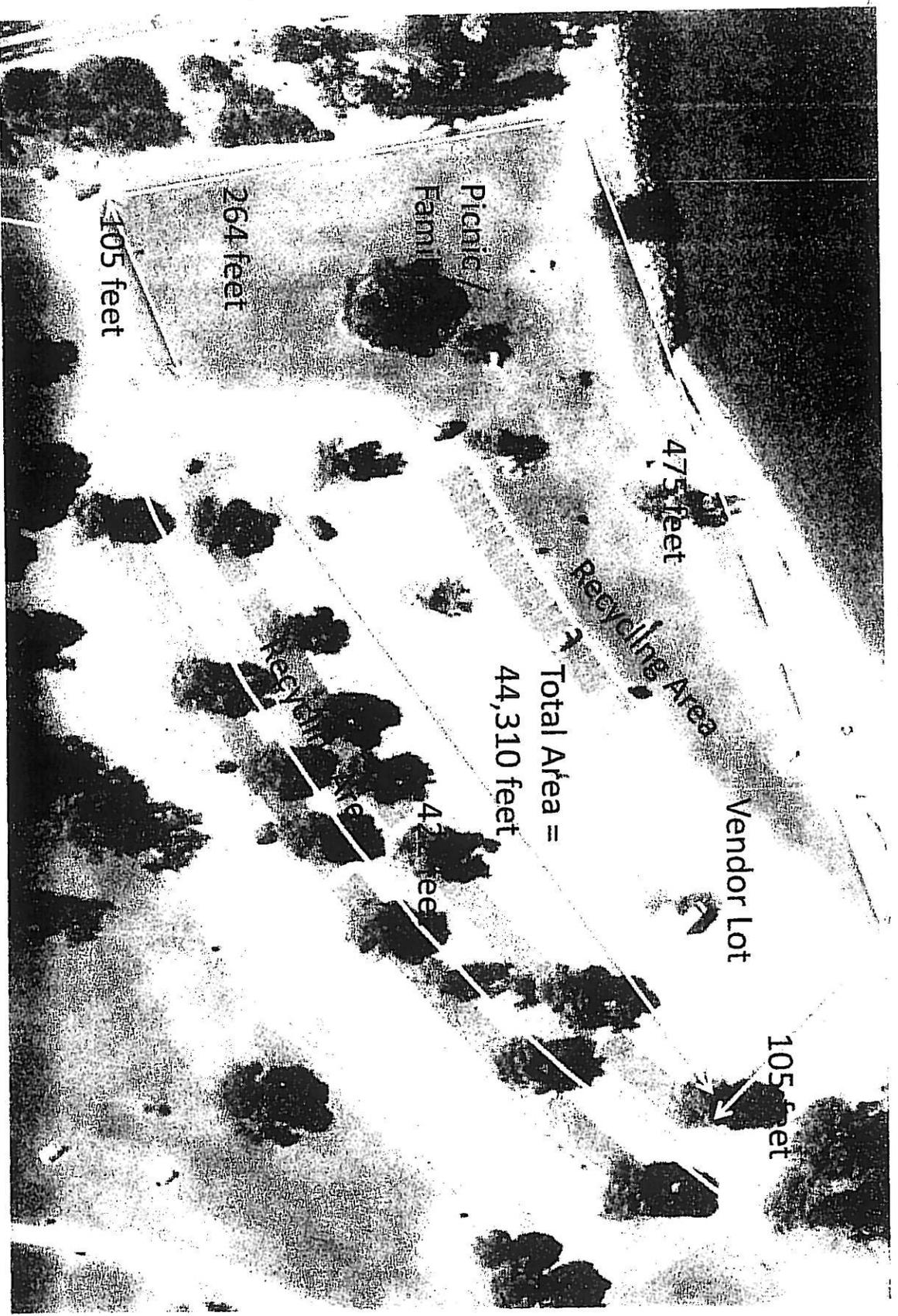
Elemental Experience

Desired Event Log

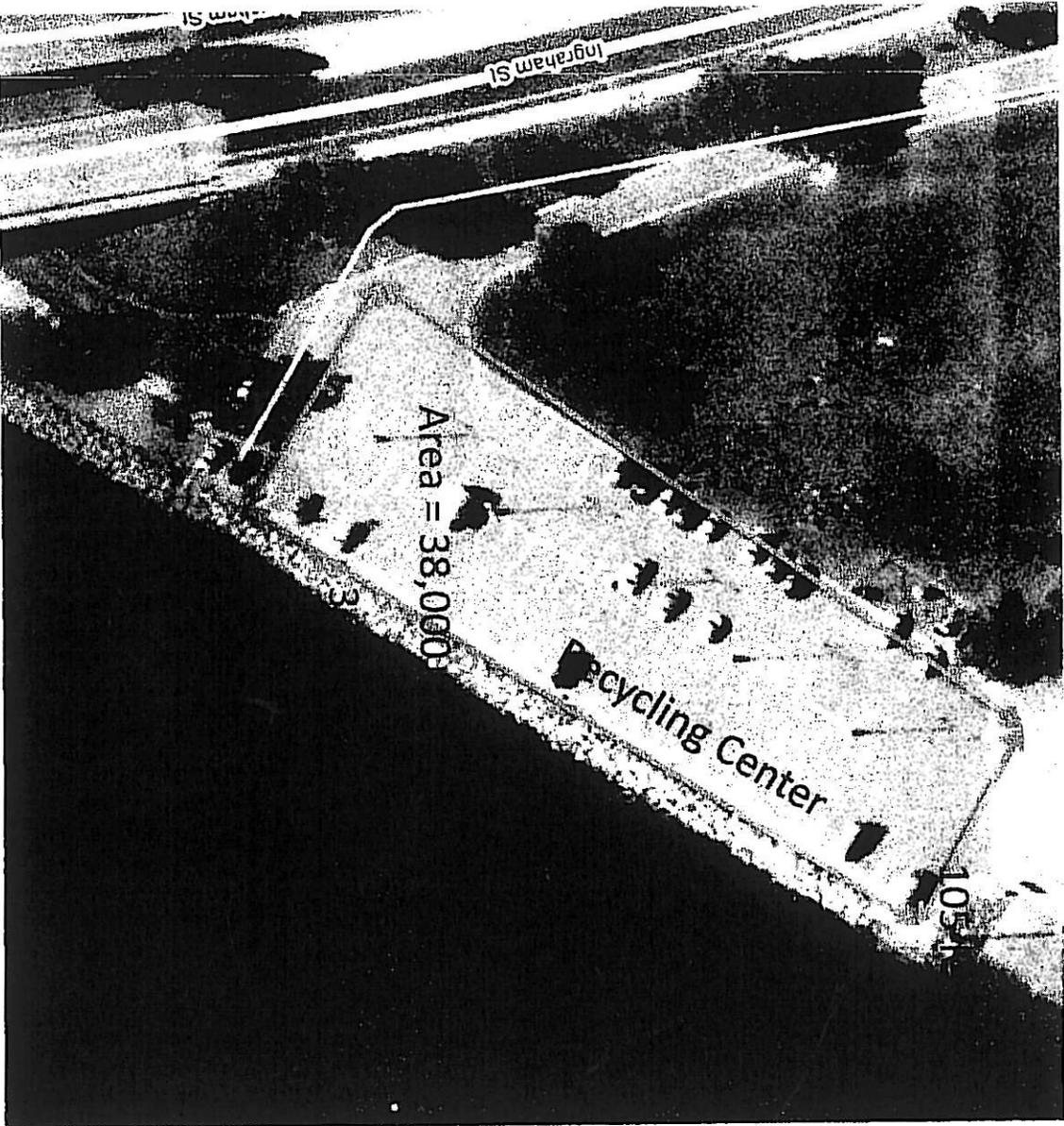
Overall View of Venue



Vendor / Sponsor Area

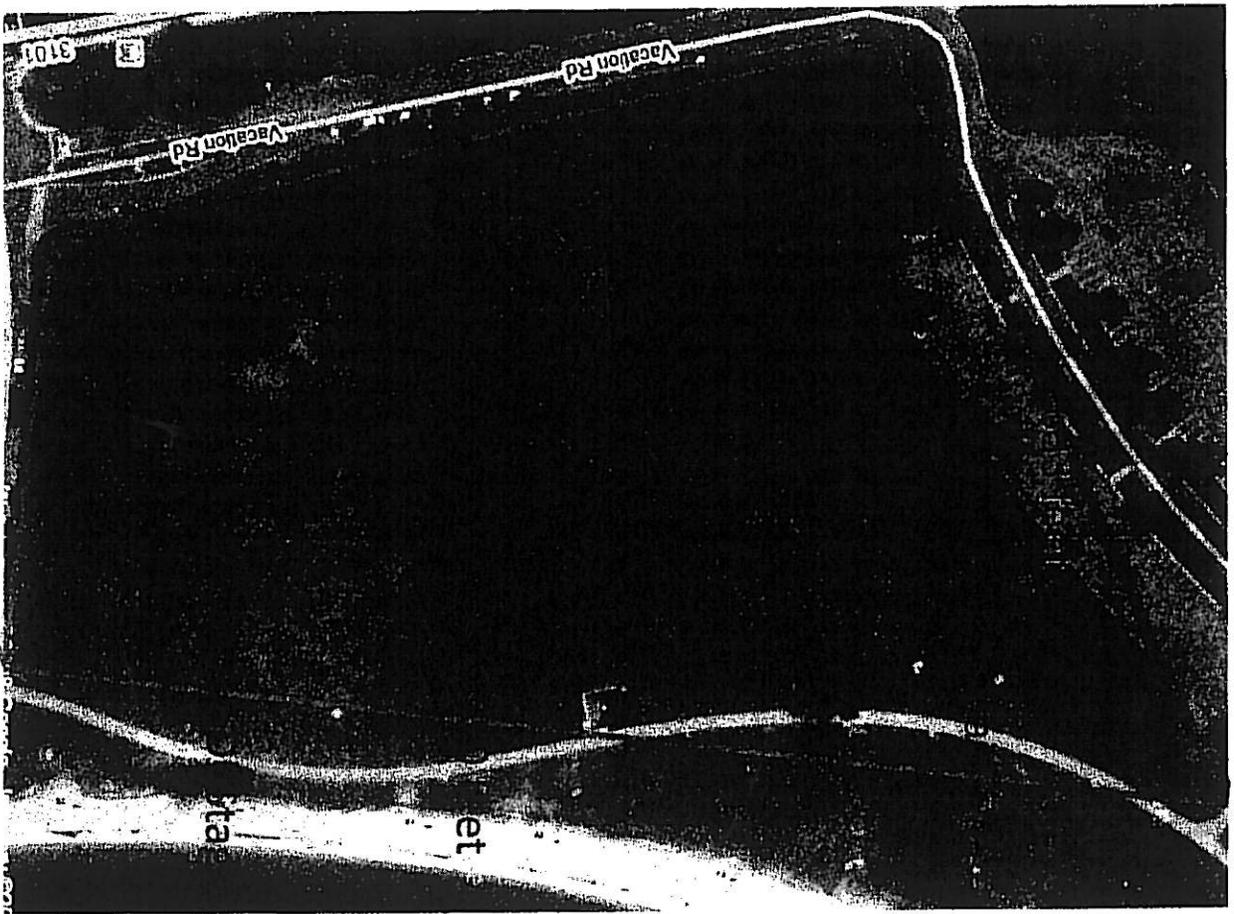


Recycling / Trash Center



Stage Layout & Beer Garden

1



Parking
Lot etc...



5 Mile Run / Walk

4.73 miles – Charity
Walk before the
Elemental Experience

