



**Parks and Recreation Department**  
 323 Church Street  
 Santa Cruz, CA 95060  
 Ph: 831-420-5270 Fax 831-420-5271  
 www.santacruzparksandrec.com

**Street Performance Permit Application**

Name of Applicant: \_\_\_\_\_

Company/Organization (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work/Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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Requested Performance Location: \_\_\_\_\_

Second Choice Location: \_\_\_\_\_

Date(s): \_\_\_\_\_

Set up time: \_\_\_\_\_ Event hours: *start* \_\_\_\_\_ *end* \_\_\_\_\_

Exit time: \_\_\_\_\_

Type of music/performance: \_\_\_\_\_

Number and type of performers: \_\_\_\_\_

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Please indicate the following:

	YES	NO
Will sound amplification be used?	<input type="checkbox"/>	<input type="checkbox"/>
<i>For what?</i>	_____	
Will other equipment be brought on site?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Please explain:</i>	_____	

I declare under penalty of perjury that I am the authorized representative of the organization (activity) listed in this application and that the information I supplied here in is true and correct. I have carefully read, considered, and agreed to abide by all rules and regulations shown on the reverse.

\_\_\_\_\_  
 Applicant \_\_\_\_\_  
date