



# Yuba City Downtown Business District Event Application for Plumas/Center Streets Yuba City, CA

Date of Application: \_\_\_\_\_, 20\_\_

Event Name: \_\_\_\_\_ Date(s): \_\_\_\_\_, 20\_\_

Organizer's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Website: \_\_\_\_\_

Non-profit/IRS# (if applicable): \_\_\_\_\_

Insurance Coverage Provider: \_\_\_\_\_

A minimum of 2M is required for most events and 4M for some.

Type of Event:

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Event Times – Start time: \_\_\_\_\_ End Time: \_\_\_\_\_

Expected Number of Audience: \_\_\_\_\_

Additional restrooms required? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Location of event:

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Purpose of the event:

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Is Food going to be served? Yes \_\_\_ No \_\_\_ If so, Caterer's Name: \_\_\_\_\_

Is Alcohol going to be served? \_\_\_\_\_

Is there going to be music? \_\_\_\_\_ Stage? \_\_\_\_\_ Where: \_\_\_\_\_

If a fundraiser, what is the contribution per person: \_\_\_\_\_

Are you a Downtown Yuba City business? If yes, please name and how long have you been on Plumas Street:

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

If not, list why you are choosing Plumas Street for this event:

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

Is Street Closure(s) required? Yes \_\_\_ No \_\_\_ (If yes, depending on event type, this must be requested 90 to 180 days prior to the event).

Media Coverage planned? Yes \_\_\_ No \_\_\_\_\_

If yes, what type of advertising will be contracted: \_\_\_\_\_

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

Please list any other details of the event not listed in this application: \_\_\_\_\_

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

**Mail to - Yuba City Downtown Business Association – PO Box 146, Yuba City, CA 95992**  
**Email - [info@yubacitydowntown.com](mailto:info@yubacitydowntown.com) Call – (530) 755-1620**

\*\*\*\*\* For DBA Use ONLY \*\*\*\*\*

Date received: \_\_\_\_\_

Approved by Events Committee: Yes \_\_\_ No:\_\_\_ Date: \_\_\_\_\_

Approved by DBA Board: Yes \_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_

Communication Date: \_\_\_\_\_ Whom Contacted: \_\_\_\_\_