



STAFF REPORT

SAUSALITO PARK AND RECREATION COMMISSION

AGENDA TITLE: Proposal by the Marin General Hospital to hold their 2014 Gala in the Sausalito Yacht Harbor Parking Lot.

RECOMMENDED MOTION:

Approve the application from Deborah Mann Productions/Marin General Hospital Foundation to hold their Gala on May 17, 2014 in the Sausalito Yacht Harbor lot with the following conditions:

- Parking Plan as submitted must be followed
 - Event associated vehicles will only be allowed in Parking Lot 2 (next to B of A). Event parking is not permitted in lots 1, 3, 4, 5
 - “NO MGH EVENT PARKING” signs are to be posted at entrances to Lot 1 and 3 and entrance to Spinnaker Drive
 - Security personnel are to be stationed at entrance to Spinnaker Drive to prevent event vehicles from entering
 - Valet operations are not to disrupt traffic flow
 - ADA Parking will be provided for patrons who do not wish to valet their vehicle
- Plans as specified in the Special Event Application are to be followed
- All ADA rules and regulations must be followed
- Facility must pass inspection by Building and Fire Departments
- ADA Restrooms are to be of the same quality as standard restrooms
- Must have proper ABC License
- Amplified music cannot start until 6 p.m. and must end no later than 11 p.m.
- Sausalito Police reserve the right to have the music turned down or off
- Proper insurance must be submitted
- There is to be no work done Saturday night after the event or on Sunday that would involve fork lifts, loud trucks, back up beepers, blowers or other loud noises
- Facility is to be left clean with no debris blow into the Bay or surrounding properties

SUMMARY

Deborah Mann with Deborah Mann Productions is applying on behalf of the Marin General Hospital Foundation to hold The 2014 Marin General Hospital Foundation Gala

Item #: _____

Meeting Date: _____

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in the Sausalito Yacht Harbor parking lot on May 17th, 2014. It is expected that there will be approximately 500 attendees and will entail the use of two large tents and live music. It is a private event.

BACKGROUND

The Marin General Hospital Foundation Gala is a yearly event for the hospital employees. Two years ago the event was held at Marinship Park. Last year the event was held in the Sausalito Yacht Harbor parking lot.

ISSUES

The event has the potential to have the following issues:

- Noise
- ADA accessibility
- Parking

Staff believes these issues can be mitigated by having the applicant follow the Staff Recommendations as listed in the proposed motion.

FISCAL IMPACT

In addition to the High Impact Event application of \$120, the applicant has paid \$??? To the Community Development Department on behalf of the property owner for a Conditional Use Permit which was approved by the Planning Director. The applicant is also paying a rent fee of \$\$\$\$ for use of City Owned parking Lot 2 (next to B of A. attached to it. Staff does not see any other fiscal impact to the City or to the local merchants.

STAFF RECOMMENDATIONS

Staff recommends that the Parks and Recreation Approve the application from Deborah Mann Productions/Marin General Hospital Foundation to hold their Gala on May 17, 2014 in the Sausalito Yacht Harbor lot with the following conditions:

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ATTACHMENTS

High Impact Special Event Application
Location Plan
Floor Plan
Parking Plan

PREPARED & SUBMITTED BY:

Mike Langford
Parks and Recreation Director
City of Sausalito

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City of Sausalito
 Parks and Recreation Department
 420 Litho Street - Sausalito CA 94965
 TEL: 415.289.4152 FAX: 415.289.4189

OFFICE USE ONLY	
Date received:	_____
Date to review:	_____
Fees paid:	_____
Approved by:	_____ Date: _____

SPECIAL EVENT APPLICATION – HIGH IMPACT SPECIAL EVENT

EVENT INFORMATION

Type of event:

- Run/Walk
 Bi or Triathlon
 Bike Tour/Race
 Street Festival
 Motion Picture
 Parade
 Still Photography
 TV Ad. Shoot
 Other (specify) non-profit annual gala

Event Title: Marin General Hospital foundation

Event Location: 100 Spinnaker Drive, Sausalito, CA

Event Dates: 5/17/14 Total Anticipated Attendance: 500-550
 Month - Date(s) - Year

Participants: (as above)

Spectators: (N/A)

Actual "open to the public" or "advertised" event hours: 6³⁰ ^{private ticketed event} AM/PM to 11 AM/PM

Will a staging/setup/assembly/construction location be required? Yes No

If yes, begin date: 5/13/14 Start time: 8 AM/PM

Location: same

Description of the scope of the setup/assembly work: tent construction; self-contained restrooms delivered

Will dismantling be required? Yes No

If yes, dismantle completion date: 5/19/14 Completion time: 6 AM/PM



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List any street(s) requiring closure as a result of this event. Include street name(s), day, date and time of closing and time of reopening:

SPONSORING ORGANIZATION AND APPLICANT INFORMATION

- Commercial (For Profit Organization)
 Non-commercial (Non-Profit Organization)

Sponsoring Organization: Marin General Hospital foundation

Chief Officer of Organization (Name): _____

Sponsoring Organizations Address: _____

Sponsoring Organizations Business Phone Number: (____) _____

Applicant (Name): Deborah Mann, Deborah Mann Productions

Applicant Address: 3255 Jackson Street, SF, CA 94118

Email Address: deborah@dmpsf.com

Business Phone Number: (415) 563.6451 Evening Phone Number: (____) _____

Cellular Phone Number: (415) 713.8398 FAX Number: (415) 563.4820

List any professional event organizer or event service provider that is authorized to work on behalf of the Sponsoring Organization to produce this event.

Name: Deborah Mann

Address: same as above Phone Number: (____) _____



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Contact Person "ON SITE" day of event: Rebecca Mann
 (Note: This person must be in attendance for the duration of the event and immediately available to City Officials.)

Cellular Phone Number: (415) 713.8398 Pager Number: () _____

Alternate Contact Person "ON SITE" day of event: TBD

Cellular Phone Number: () _____ Pager Number: () _____

REQUIRED: Obtain a written communication from the Chief Officer of the organization, which authorizes the applicant or professional event organizer to apply for the Special Event Permit on their behalf.

FEES · PROCEEDS · REPORTING

Yes No

Is the organization a "Tax Exempt, non-profit" organization? If yes, obtain a copy of the IRS 501 C tax exemption letter providing proof and certifying the current tax exempt, non-profit status.

IRS 501 C Letter obtained?

Are admissions, entry, and vendor participant fees required? If yes, explain:

Admission fees: \$ _____ per person
 Vendor fees: \$ _____ per booth
 Participant fees: \$ _____ per person

Individual ticket price = \$500

\$750K Estimated gross receipts including tickets, product and sponsorship sales from this event?

OVERALL EVENT DESCRIPTION

Yes No

Does the event involve the sale of alcoholic beverages? _____

Does the event involve the use of alcoholic beverages? bars & trays - passed

Will items or services be sold at the event? If yes, please describe: _____



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- Does this event involve a moving route of any kind along streets, sidewalks or highways? If **yes**, attach a detailed map of your proposed route, indicate the direction of travel, and provide a written narrative to explain your route and its impact.
- Does this event involve a **fixed venue** site? If **yes**, attach a detailed site map showing all streets impacted by the event.

In addition to the route map required above, attach a diagram showing the **overall layout** and **setup** locations for the following items:

- Alcoholic and Nonalcoholic Concession and/or Beer Garden Areas.
- Food Concession and/or Food Preparation Area(s).

Please describe how food will be served at the event: served by waitstaff

Will food be cooked in the event area? Please specify method:

- Gas Electric Charcoal Other (specify): _____

OVERALL EVENT DESCRIPTION (continued)

- Portable and/or Permanent Toilet Facilities:

- Number of portable toilets: 8 **REQUIRED** → One for every increment of 250 peoples thereof.
- Number of ADA Accessible toilets: 1 **REQUIRED** → 10% of total portable toilets.
- **Note:** Unless the applicant can substantiate the availability of both accessible and non-accessible toilet facilities in the immediate area of the event site, the above is required.

Other Areas of Consideration:

- First Aid Facilities and Ambulance Locations
- Tables and Chairs
- Fencing, Barriers and/or Barricades
- Generator Locations and/or Source of Electricity
- Canopies or Tent Locations



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- Booths, Exhibits, Displays or Enclosures
- Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures
small stage for band inside tent 16x28'
- Vehicles and/or Trailers
- Other Related Event Components Not Covered Above
- Trash Containers and Dumpsters *All trash removed post event*
 - Number of Trash Cans: TBD (Higher number placed near food, beverage and entertainment areas)

- Number of Dumpsters w/lids: 2 **REQUIRED** → One for every increment of 400 people)
- Recycling Containers: _____ (Voluntary)

Describe the plan for clean-up and removal of waste and garbage during and after the event:

trash in containers during event & removed by caterer & tent company post-event. Site will be returned to condition prior to event

Note: It is the Event Organizers' responsibility to dispose of waste and garbage throughout the term of the event. Immediately upon conclusion of the event, the venue must be returned to a clean condition. The City does not provide street sweeping services for special events unless prior arrangements have been made.

SAFETY · SECURITY · ACCESSIBILITY

Private Security:

Yes No

Is there a **Professional Security** organization hired to handle security arrangements for this event? If yes, please list:

Security Company: HighCom Security Services



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Security Organization Address (City, State, Zip): 1440 Broadway, Suite #405
Oakland, CA 94612

Security Director (Name): contact Chris Morris

Phone: (510) 893-7600

Interior Venue (Private Security):

On site contact person (Security Supervisor): Rebecca Mann
Any searches prior to entering? Yes No
Bottle and can check: Yes No
Metal Detectors? Yes No
How many guards at each entrance? _____
Number of identifiable security guards inside the venue: 1

Parking Lot Patrol (Private Security):

Security Company: Same as above
Contact person (Security Supervisor): _____
Number of security guards patrolling the parking lot: _____
Security's main function in the lot: no disruptions from public

Persons with Disabilities:

What is the Accessibility Plan for access to the event by individuals with disabilities: tent is fully

ADA-accessible

REQUIRED → It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.

SAFETY · SECURITY · ACCESSIBILITY (continued)



Lighting:

If this is a night event, state how the event and surrounding areas will be illuminated to ensure the safety of the participants and spectators. (If required, show a separate site map detailing streetlights, portable lights, and other illuminating devices.)

T.B.O

Medical:

Indicate what arrangements have been made for providing **First Aid Staffing and Equipment:**

- # 1 Ambulance(s) How provided? Sandy Verheath, Inc PUC License # waiting to hear by from vendor
- # Doctors (Names and Specialties): _____
- # Nurses (Names and Specialties): _____
- # Paramedics (How provided)? _____
- # Emergency Medical Technicians (How provided)? _____

VEHICLE/BICYCLE PARKING PLAN • SHUTTLE PLAN • MITIGATION OF IMPACT

Note: Parking, traffic congestion, and environment pollution are all factors for concern with events. Consider and encourage the use of car pools, public transportation, and alternate modes of non-polluting transportation when in the planning stage of the event.

Parking and Shuttle plans (provide a detailed description, for events with over 1000 participants include bicycle parking plan): To work w/ Sausalito police dept & City of Sausalito for used parking lots. We will have 25-30 valet parking attendants for the event.



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Disabled Parking (Describe the plan): valet parking

PARKING PLAN · SHUTTLE PLAN · MITIGATION OF IMPACT (continued)

Impact to residents, businesses, churches, etc. (Describe plan to notify those impacted):

ENTERTAINMENT · ATTRACTIONS · RELATED EVENT ACTIVITIES

Yes No

Are there any musical entertainment features related to your event? **If yes**, state the number of stages, number of bands, and type of music. (Consider use of the "Concert Information Sheet")

Number of Stages: 1 Number of Bands: 1

Type of Music: covers

Will sound amplification be used? 30
 Start time: 6 AM/PM PM - Finish time: 11 AM/PM PM

Will sound checks be conducted prior to the event?
 Start time: 4³⁰ AM/PM PM - Finish time: 6³⁰ AM/PM PM

Describe sound equipment that will be used? _____



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- Yes No Will any inflatable, hot air balloons or similar devices be used? _____

- Will fireworks, rockets, or other pyrotechnics be used? _____

- Will any signs, banners, decorations, or special lighting be used? _____
Only signage to direct guests for path of valet

PROMOTION · ADVERTISING · RELATED EVENT ACTIVITIES

- Yes No Will this event be promoted, advertised or marketed in any manner? If yes, describe:
private invitation; paying guests only
- Will there be any live media coverage during your event? If yes, describe:
no

INSURANCE REQUIREMENTS

Insurance for the event is required before final permit approval.

Name of Insurance Agency: Edward Jacobs & CO Ins. Brokers

Agent's Name: Marc Nelson Business Phone: 650.340.1919

Policy Number: CBP 8393949 Policy Type: Liability Insurance

Address (City, State, Zip): One Bay Plaza 1350 Old Bayshore Hwy, Suite 50
 Burlingame, CA 94010

For final permit approval, the event organizers will need commercial general liability insurance that names "The City of Sausalito, its officers, employees, representatives, volunteers and agents" and any



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other public entities impacted by this event, as **additional insured**. Insurance must be maintained for the duration of the event.

CONCERT INFORMATION SHEET

Information for this event obtained from:

Name: _____
Position: _____
Organization: _____
Date: _____

CONCERT INFORMATION SHEET (continued)

General Information:

Day/Date: _____
Name of event: _____
Location of event: _____
Expected attendance: _____ as of (date) _____
Concert fees range from \$ _____ to \$ _____

Timeline:

Parking lot opens: _____
Ticket office on-site opens: _____
Doors to venue opens: _____
Opening band #1: _____ Time: _____ to _____
Opening band #2: _____ Time: _____ to _____
Opening band #3: _____ Time: _____ to _____



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Opening band #4: _____ Time: _____ to _____
Main attraction: _____ Time: _____ to _____
Parking lot closes at: _____

Parking Lot:

Parking fee: \$ _____
Parking location(s): _____
Any organized parties in the lot before or after the event? Yes No

Organization: _____

Where: _____

Organization: _____

Where: _____

Has permission been obtained from management for these parties? Yes No
Are keg permits required and/or are any issued? Yes No
Any portable toilets in the lot? Yes No
Has management allowed distribution of handbills in lot or on cars? Yes No
Are any radio stations broadcasting in the lot? Yes No
If yes, which radio stations and where? _____

Are any TV stations doing a remote broadcast at the venue? Yes No
If yes, which TV stations and where? _____

Alcohol:

What types of alcohol served (i.e. beer, wine): spirits, wine, champagne
Where served: tent
Time alcohol service begins: 6:30 pm



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Time alcohol service ends: 11 pm

Is the alcohol served in pre-existing licensed locations? Yes No

If not, and is outdoors, is the area fenced? Yes No

Has ABC issued a permit/license? Yes No
catering permit covers

Seating (obtain an interior map):

Festival seating (no seating in front of stage)? Yes No

General Admission (no assigned seating)? Yes No

Reserved? Yes No

Special Event Traffic Controllers:

Are traffic controllers needed for this event? Yes No

Is a traffic plan already in place? Yes No

Billing Information:

Company/Organization: _____

Contact Person: _____

Address: _____

Phone number: _____ Fax phone number: _____

Letter of agreement on file? Yes No

NOTES:



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AFTER ACTION REPORT - To be completed by the Special Events Coordinator within 10 days of event and reviewed with SERP.

Name of event: _____

Date/Day of event: _____

Number of attendees: _____

Types of people attending and their age range: _____

Number of officers deployed: _____



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Number of security deployed: _____

What was the philosophy towards criminal acts/rowdy behavior: _____

Number and types of arrests: _____

Number and types of ejections: _____

What was the type of behavior demonstrated by the crowd: _____

Were there tailgate parties before or after the event? _____

Was there an orderly departure after the event? _____

Any other significant incidents? _____

(Attach additional pages, if necessary)



CITY OF SAUSALITO INDEMNIFICATION AGREEMENT

1. _____ (“Permittee”) has applied for a Special Event Permit from the City of Sausalito. In consideration of the City of Sausalito (“City”) granting the Special Event Permit I/We agree to all the terms and conditions set forth in this Agreement.

2. (“Permittee”) shall indemnify and hold the City of Sausalito, its elected and appointed officials, officers, employees, agents, volunteers and representatives harmless against and from liability and claims of any kind including, without limitation, claims for loss or damage to property of Permittee or any other person, or for any injury to or death of any person, arising out of or in connection with the Event identified below. Permittee shall, at Permittee's sole cost and expense, defend City its elected and appointed officials, officers, employees, agents, volunteers and representatives in any action or proceeding arising from any such claim by counsel satisfactory to City and shall indemnify City its elected and appointed officials, officers, employees, agents and volunteers against all costs, attorneys’ fees, expert witness fees and any other expenses incurred in or for such action or proceeding.

3. Within thirty (30) days of notice from the City, I/We agree to pay the City for any and all costs incurred by the City to repair damage to City property proximately caused by Permittee and/or its officers, employees, volunteers, agents and/or any person who was or reasonably should have been under the Permittee’s control.

Event _____

Event Date _____

BY _____
 (Printed)

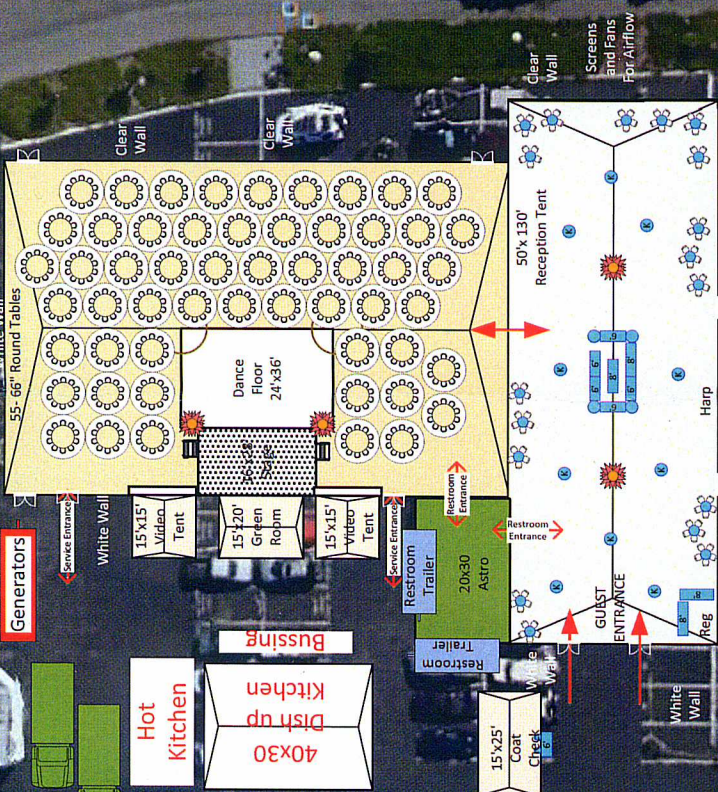
 (Signature)

IT'S _____

Marin General

Saturday, May 17, 2014

80'x 120' Dinner Tent



Generators

White Wall

Service Entrance

15'x15' Video Tent

15'x20' Gopher Roping

15'x15' Video Tent

Restroom Trailer

20x30 Astro

Restroom Entrance

Restroom Entrance

Restroom Entrance

Restroom Entrance

Restroom Entrance

Restroom Entrance

Restroom Entrance

Restroom Entrance

Restroom Entrance

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Restroom Entrance

Restroom Entrance

Restroom Entrance

Restroom Entrance

Hot Kitchen

Dish up Kitchen 40x30

Restroom Trailer

20x30 Astro

Restroom Trailer

15'x25' Coat Check

White Wall

Clear Wall

Clear Wall

Clear Wall

Clear Wall

Clear Wall

Clear Wall

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APR 1, 2014

1015

Note: Light Colored Tables get the High Arrangements
White Wall

50- 66" Round Tables

Generators

Service Entrance

White Wall

15'x15'
Video
Tent

15'x20'
Green
Room

15'x15'
Video
Tent

15'x28'
Stage

Dance
Floor
24'x36'

Service Entrance

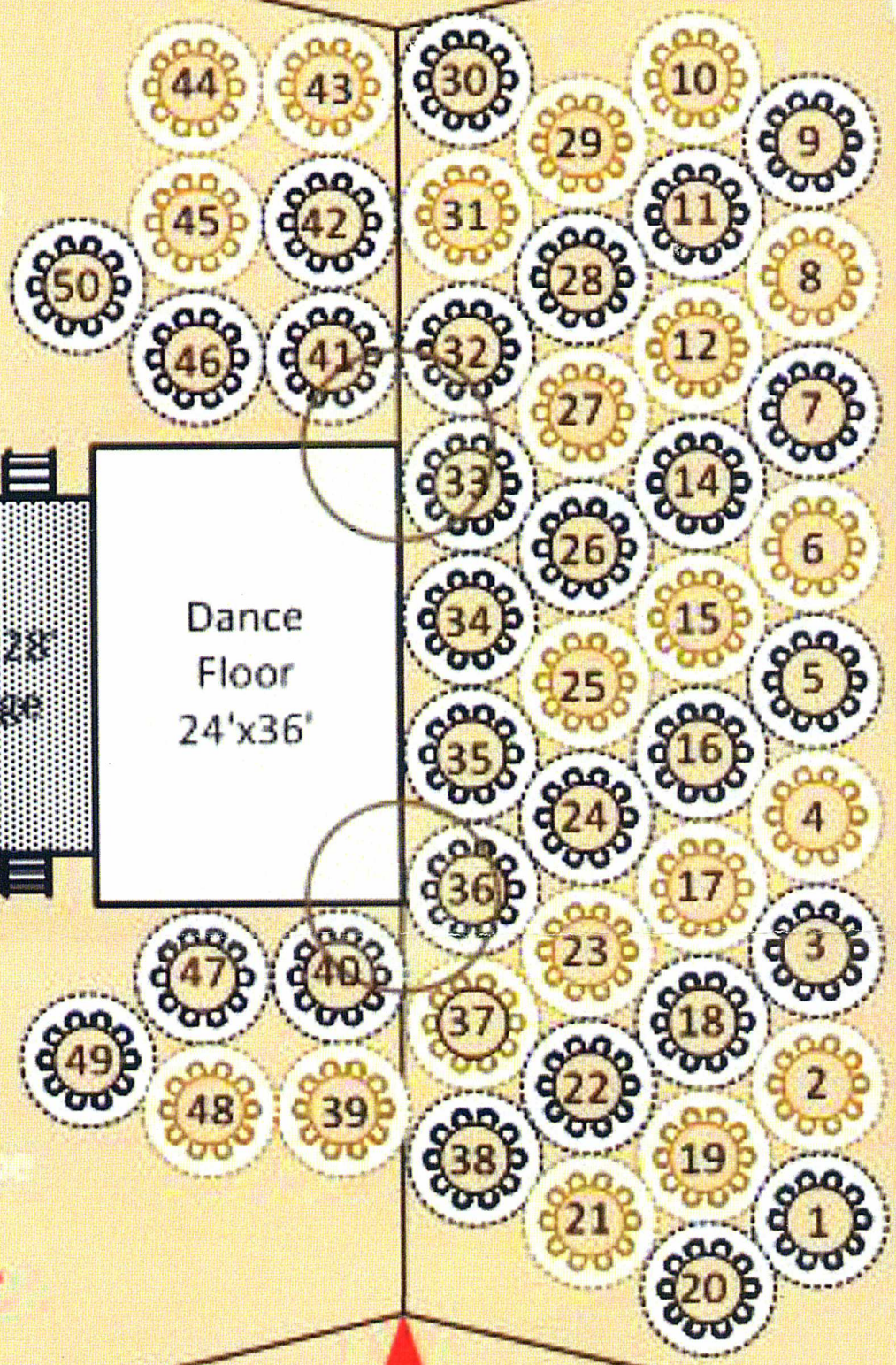
Restroom
Trailer

20x30
Astro

Restroom
Entrance

Restroom
Entrance

Drape 50'x 130'
Reception Tent



Our plan for parking for the MGH Foundation Gala on Saturday, May 17, is the following:

1. Dedicated Parking Lot #2 (behind the B of A bldg) per your email dated April 24
2. Private lot at the corner of Bridgeway and Locust (Helensea Corp)
3. ADA parking spaces – please see attached diagram