



# City of Morro Bay

Morro Bay, CA 93442

(805) 772-6200

**REQUEST CONSIDERATION FOR CITY CO-SPONSORSHIP**  
**PLEASE COMPLETE THIS FORM AND SUBMIT WITH YOUR APPLICATION**  
**(To be attached to Permit Application – Retain in City files)**

Requesting Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
(Authorized to sign all documents)

Email: \_\_\_\_\_ Organization Website: \_\_\_\_\_

\_\_\_\_\_ Non-Profit      \_\_\_\_\_ Resident      \_\_\_\_\_ Non-Resident      \_\_\_\_\_ Profit

If Non-Profit, please provide Tax Exempt #: \_\_\_\_\_

Event Dates: \_\_\_\_\_ Location: \_\_\_\_\_

Time: ( Include setup and take down ) \_\_\_\_\_

Is event scheduled between Nov. 1<sup>st</sup> and April 30<sup>th</sup>? \_\_\_\_\_ Offered more than one day? \_\_\_\_\_

Total attendance per day: (include participants, spectators, guests, exhibitors, performers, entertainers, volunteers and employees)

Day 1: \_\_\_\_\_ Day 2: \_\_\_\_\_ Day 3: \_\_\_\_\_ Day 4: \_\_\_\_\_ Day 5: \_\_\_\_\_

Detailed description of event: \_\_\_\_\_

\_\_\_\_\_

Who is the target audience for the event? \_\_\_\_\_

Will the event be advertised for participants outside of San Luis Obispo County? \_\_\_\_\_

Will the event be advertised for participants from outside the State of California? \_\_\_\_\_

How will your event be advertised? \_\_\_\_\_

Is this event an Annual Event? \_\_\_\_\_ How many previous? \_\_\_\_\_

Why is your group requesting City co-sponsorship? \_\_\_\_\_

What are your group's expectations of a City co-sponsorship? \_\_\_\_\_

How does the City benefit from co-sponsorship of your event? \_\_\_\_\_

Describe the type of Vendors / Exhibitors / Concessionaires: \_\_\_\_\_

Do you have a Recycling Program? \_\_\_\_\_ Please describe: \_\_\_\_\_

Describe any food service to be provided at event: \_\_\_\_\_

**Caterer**

**Alcoholic Beverages Served**

**Alcoholic Beverages Sold**

List entertainment activities:

On site: \_\_\_\_\_

Off site: \_\_\_\_\_

\*\*\*\*\* CITY REVIEW \*\*\*\*\*

1. Department Head Review: \_\_\_\_\_

2. RPC Review: \_\_\_\_\_

3. Department Head Approval: \_\_\_\_\_

4. City Council Approval (if required): \_\_\_\_\_