

TO: James L. App, City Manager
FROM: Joseph M. Deakin, Public Works Director
SUBJECT: Airport Special Events Request – Model Aircraft Show
DATE: July 15, 2003

NEEDS: For the City Council to consider a Special Events request to utilize a portion of the Municipal Airport for a Radio-Controlled Model Aircraft Show.

FACTS:

1. The Airport hosts a number of aviation fly-ins and special events each year as part of an on-going effort to promote the airport, the community and aviation, in general.
2. The North County Cloud Clippers, a local Radio Controlled model aircraft club, requests the use of a portion of the airport (Terminal Apron area) to host an air meet/display of model aircraft.
3. The Airport Advisory Committee reviewed the request at their June 26, 2003, meeting and gave it their unanimous support.

**ANALYSIS
AND**

CONCLUSION: The Radio-Controlled Model Aircraft Show will contain many of the same elements as a regular Airshow. It is a cooperative effort that will include displays of full-size aircraft from local organizations and agencies such as the Experimental Aircraft Association, the CDF and the CHP. All of the flying demonstrations will be radio-controlled models, only. With the exception of the main terminal apron area, the remainder of the airport will be open to normal aircraft operations.

No admission is being charged. Basic expenses are met through sponsorships. A Facilities Use Fee will be determined based upon actual cost of City personnel support for the event and any peripheral expenses incurred.

POLICY

REFERENCE: Airport Rules & Regulations; City Policy

FISCAL

IMPACT: Minimal. A minor commitment of staff support during the event will be required. The fee is estimated not-to-exceed \$500.

OPTIONS:

- a. Approve the Special Events Request as submitted.
- b. Amend, modify or reject the above option.

Attachments: (1)

1) Application Form



City of Paso Robles Department of Library and Recreation Services
600 Nickerson Drive - Paso Robles, CA 93446 - (805)237-3991

Application for Use of Facilities

Please read the policies and procedures on the reverse side before filling out application. Please print clearly. (Type or use black ink.) Please allow 7 - 10 working days for approval or denial of the Use of Facility Application. The Facility Coordinator will contact the applicant named on the application for any questions and/or concerns regarding this application. If you have questions please call the Facility Coordinator at 237-3991.

Date(s) Requested: September 13th 2003 Day(s) [circle]: Mon Tues Wed Thu Fri **Sat** Sun
Set-up Time: 7am Start Time: 9am End Time: 3pm Clean-up Time: _____

Type of Facility Requested [circle]:			Preferred Location [circle]:		
Meeting Room	Banquet Room	Kitchen	Centennial Park	City Park	Sherwood Park
Conference Room	Tennis Courts	Group BBQ	Indoor Pool	Municipal Pool	Centennial Pool
Swimming Pool	Gazebo	Ball Field	Library	Pioneer Park	Robbin's Field
Pavilion	Other: Paso Robles Airport Terminal Aprn Area		Barney Schwartz Park	Senior Center	Other: Airport

Purpose for which facility will be used: WALKER DISTRICT EXPO Estimated Attendance: _____

Comments and/or request: _____

Admission Charge (circle): **No** Yes, amount: \$ _____

Will alcohol be consumed (circle): **No** Yes, please fill out a "City Alcohol Use Permit"

Organization Name: North County Cloud Clippers
 Non-Profit - Tax ID # _____ Profit Private Group

Applicant and/or responsible person: JOE MAE BRADY

Address: 5575 MATTHEW DR. CITY OF SAN MIGUEL Zip: 93451

Home Phone: 237-9321 Work Phone: 441-3633 Alternate Phone: _____

Applicant, for himself and the above organization (if applicable) and all members thereof, have read, fully understand and agree to abide by the "Policies and Procedures" stated on the reverse side of this application and the information contained on the "Application for Use of Facilities".

Signature of Applicant: [Signature] Date: 9/24/03

PLEASE DO NOT WRITE BELOW - OFFICE USE ONLY

Facility Location Reserved: _____ Rental Fee \$ _____ Amount Paid \$ _____

Name of Room: _____ Deposit \$ _____ Amount Paid \$ _____

Pay Method: Check # _____ CS _____ CC _____ MO _____

Application (circle): **Approved** Denied, reason: _____

Signed by: _____ Date: _____ Reservation # _____