



# SPECIAL EVENT PERMIT APPLICATION

(\$15 Application Fee)

## GENERAL INFORMATION

*\*for City facilities a Facility Use Agreement Application is also required*

Name of Event:

Location of Activity (Address):

Organization Name:

Applicant Name:

Telephone:

Mailing Address:

On-Site Contact Name:

Telephone:

*I declare, under penalty of perjury, that the information on this application is true and correct to the best of my knowledge. I further understand that knowingly providing any false information is cause for the immediate denial of a Special Event Permit or its suspension/revocation if one has been issued. I hereby state that I am aware that it is my responsibility to attempt to maintain order at said event, and will provide such personnel as may be required and approved by the City.*

Signature of Applicant

Date Signed

## DATE(S)/TIME(S) INFORMATION

Set-up Date(s):

Time(s):

Tear-down Date(s):

Time(s):

Date(s) of Activity. From:

To:

Hours of Operation:

## DESCRIPTION OF EVENT

Describe Planned Activities:

Expected Attendance:

Alcoholic beverage sales/on-site consumption: \_\_\_ Yes \_\_\_ No

**If yes, attach copy of ABC Permit**

Will food be prepared on site: \_\_\_ Yes \_\_\_ No

**If yes, attach copy of County Health Permit**

Structures including vendor booths/tents (provided by applicant): \_\_\_ Yes \_\_\_ No **\*must abide by 2010 CA Fire Code Title 19 Regulations**

If yes, type: \_\_\_\* Tent \_\_\_\* Canopy \_\_\_ Booth \_\_\_ Fence \_\_\_ Portable Toilets \_\_\_ Bleachers \_\_\_ Stage \_\_\_ Other:

Sound System (provided by applicant): \_\_\_ Yes \_\_\_ No

If yes, type: \_\_\_ Bull Horn \_\_\_ Siren \_\_\_ Amplified Sound System \_\_\_ Other:

Electrical (provided by applicant): \_\_\_ Yes \_\_\_ No

If yes, type: \_\_\_ Generator \_\_\_ Temp. Power Pole \_\_\_ Light String/Booth Lighting \_\_\_ Pole Lighting/Flood Lights \_\_\_ Rides/Inflatables  
Other:

## PROPERTY OWNER AUTHORIZATION (for non City facilities only)

Property Owner  Agent (A letter of authorization may be submitted in lieu of signature below)

Name (Please Print):

Title:

Mailing Address:

Phone:

Signature Authorizing this Application:

Date:

## ACTION

Approved By:

Denied By:

Comments:

Permit Number:	Application Date:	Received By:	Receipt No:	Fee(s) Paid:	Fee(s) Due:
----------------	-------------------	--------------	-------------	--------------	-------------

## SUMMARY OF REGULATIONS FOR SPECIAL EVENT PERMITS

General Information: (Ord. No. 118 Sec. 2) Except as otherwise provided by state law, no person or entity shall operate, maintain, conduct, advertise, or provide admission for any temporary special event within the City of Yucaipa without possessing a permit for each such temporary special event.

Per Ordinance No. 118 and No. 319, a Special Event in the City of Yucaipa is defined as a "Carnival", "Community Celebration", or "Outdoor Festival" which includes the use of amplified sound and/or estimates attendance will equal or exceed 250 people on City or private property. Special Event Permits can be approved administratively by City Management under specific limited criteria. Events that exceed those criteria will require the approval of City Council:

City Management – Administrative Approval

- ◆ Estimated attendance 251-499 persons
- ◆ Amplified Sound

City Council Approval

- ◆ Estimated attendance 500+ persons
- ◆ Alcohol Service (excluding Community Center banquet Room)
- ◆ Street Closure – traffic management
- ◆ Fee Waiver/Co-Sponsorship/In-Kind\*

*\*MUST COMPLETE A COMMUNITY ACTIVITY GRANT APPLICATION*

**A PLOT PLAN OF EVENT OR PARADE ROUTE, INDICATING EVENT LOCATION, INGRESS, EGRESS, FOOD BOOTHS, RESTROOMS AND PARKING SHALL ACCOMPANY THIS APPLICATION AT TIME OF REVIEW AND SIGN-OFF BY APPROPRIATE CITY OFFICIALS.**

NOTE: Information regarding the requirements of the City of Yucaipa is provided with this application, and each applicant should be prepared to comply with said requirements prior to any operation. Separate permits should be obtained from each department, when needed. For your protection and for the protection of your patrons, the Uniform Building, Fire, Plumbing and Electrical Codes are in effect and a rigid inspection of food and health facilities is made. Recommendations of City Officials shall be submitted in writing to the City Clerk. Approvals shall address event operations, dates, times and attendance levels.

**Submittal Requirements:**

- ◆ Copy of County Health Permit, if applicable
- ◆ Copy of ABC License, if applicable
- ◆ Site Plan (location of structures, lighting fixtures, parking, etc.)
- ◆ Copy of security contract and potable restroom purchase order, if applicable
- ◆ Certificate of liability insurance or other information may be required

**Insurance:** Before a Special Event Permit is issued, a certificate of insurance must be submitted. Insurance certificate must be issued by insurance underwriters "admitted" by the California Insurance Commission and rated 'A' or better by AM Best. Requirements are:

- |  |  |
|--|--|
| ◆ Minimum \$1,000,000 General Liability Limit      | ◆ On an additional insured endorsement the City, its elected officials, officers, and agents are to be named as additional insured |
| ◆ Minimum \$1,000,000 General Automobile Liability | ◆ Minimum limits of coverage may change depending on event   |
| ◆ Minimum \$1,000,000 Worker's Compensation        |  |

**Insurance Certificate Attached**

**Insurance Certificate On File**

**Insurance Certificate Not Available**

Insurance Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**Filing Fee(s):** Special Event Permit Application fee - \$11.00

◆ ***Other fees may apply*** (e.g. street closures, Fire Permit/Inspections, Police/Sheriff, utilities, facility rental, etc.)

**Review Process:** Once the application is submitted to the Community Services Department, a provisional/tentative permit number will be issued. City staff will route the application with the Department Review Form to all applicable departments who will review the application and site plan. Once the Department Review Form is complete, City Management will determine if staff can approve the permit or if City Council approval is required per Ord. No. 319.

**Security and Potable Restrooms:** In the event that a carnival/street fair and/or alcohol service will be included in the event, an alcohol garden and security plan will need to be submitted as well as a security contract and/or public safety staffing plan for review by the Police/Sheriff Department. Potable restrooms are required when estimated attendance exceeds what the host facility's restrooms can accommodate. One portable restroom is required for every 50 patrons attending over the minimal site accommodations.

By signing below, I agree to indemnify, hold harmless, and defend the City and its officials, employees, and agents, against all claims, liabilities, and losses arising from activities connected with or undertaken pursuant to the Permit. The City is not liable for any business loss, property loss, or other damage that may result from the use of the Permit, or suspension or revocation of the Permit.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SPECIAL EVENT PERMIT – DEPARTMENT REVIEW FORM

**Event Name:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

Applicant: After you obtain a provisional/tentative permit number from Community Services, the completed application and this form will be routed to each Department **in the order listed for review.**

**COMMUNITY SERVICES DEPARTMENT APPROVAL**  Not Applicable

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Fee(s) Calculation: \_\_\_\_\_ = Total Fee(s):\$ \_\_\_\_\_

**PUBLIC WORKS DEPARTMENT APPROVAL**  Not Applicable

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Fee(s) Calculation: \_\_\_\_\_ = Total Fee(s):\$ \_\_\_\_\_

**COMMUNITY DEVELOPMENT/CODE ENFORCEMENT APPROVAL**  Not Applicable

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Fee(s) Calculation: \_\_\_\_\_ = Total Fee(s):\$ \_\_\_\_\_

**CAL FIRE/FIRE DEPARTMENT APPROVAL**  Not Applicable

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Fee(s) Calculation: \_\_\_\_\_ = Total Fee(s):\$ \_\_\_\_\_

**POLICE/SHERIFF'S DEPARTMENT APPROVAL**  Not Applicable

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Fee(s) Calculation: \_\_\_\_\_ = Total Fee(s):\$ \_\_\_\_\_

**RISK MANAGEMENT/ADMINISTRATIVE SERVICES DEPARTMENT APPROVAL**  Not Applicable

Approved  Denied Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Comments: \_\_\_\_\_ Fee(s) Calculation: \_\_\_\_\_ = Total Fee(s):\$ \_\_\_\_\_

**TOTAL PERMIT FEES ASSESSED**

Permit #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ 11.00

Departmental Fee(s) (from above):\$ \_\_\_\_\_

Misc/Other: \_\_\_\_\_ :\$ \_\_\_\_\_

\_\_\_\_\_ :\$ \_\_\_\_\_

**Total Due:\$** \_\_\_\_\_

**CITY COUNCIL APPROVAL**

Not Applicable  Approved  Denied Council Date: \_\_\_\_\_

Co-Sponsorship/Fee Waiver:  Approved  Denied  Partial

Community Activity Grant Recipient (Date: \_\_\_\_\_)

In-Kind: \$ \_\_\_\_\_ + Fee(s): \$ \_\_\_\_\_ = Total Waived: \$ \_\_\_\_\_

Total Due:\$ \_\_\_\_\_

City Clerk Attest Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

