



City of Redlands  
35 Cajon Street, Ste. 222  
Redlands, CA 92373  
(909) 798-7655 ext 3

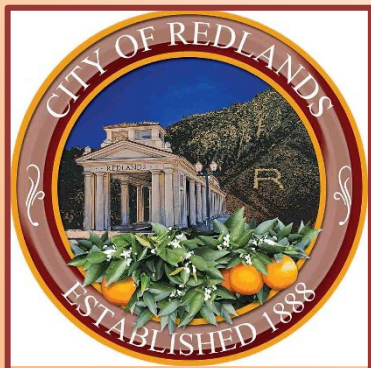
## SPECIAL EVENTS PERMIT APPLICATION

EVENT: \_\_\_\_\_

ORGANIZER: \_\_\_\_\_

Date of Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_



### NOTICE TO PERMIT APPLICANT

- Completed Special Event Permit Applications **must** be submitted to the Facilities & Community Services Department a **minimum of four (4) months prior** to the date the event is scheduled to begin.
- All forms in this application package that are relevant to your event must be complete and submitted together in order to be considered.
- Applicants must conform to all requirements for maintaining liability insurance.
- Incomplete applications or applications submitted past the deadline are subject to denial of request to hold event.

# APPLICATION PROCESS

## **STEP 1 – Review Application Packet**

The Special Events Application Packet has been designed to assist event organizers and will help with the development of event plans that comply with local codes, laws, policies and regulations governing activities associated with the production and management of special events. By applying to schedule a special event, you and your representatives agree you have the sole responsibility at all times to be knowledgeable about, fully understand, and to meet or exceed all local and state codes, laws, policies, and regulations associated with the proposed event and its related activities.

## **STEP 2 – Assess Venue**

As an event organizer it is your responsibility to assess the venue, anticipated attendees, and event components of your proposed event prior to submitting the applications for the various permits. It is important to develop management strategies that ensure the safety of your guests, citizens, and the surrounding environment affected by your event.

## **STEP 3 – Submit Application**

The City of Redlands requires permit applications to be submitted no later than ninety (90) days prior to the actual date of your event and allows applications to be submitted as early as six (6) months before the event date. At the sole discretion of the City of Redlands, you may be authorized to submit written amendments to your initial permit application due to unique or changing circumstances related to the event. Amendments to your permit application must be submitted to the One Stop Permit Center no later than 14 days prior to your event.

All Applications Must Be Complete. The City of Redlands is not required to act upon an incomplete permit application. A permit application will not be approved or denied and you will not have requested venues reserved or held if you have not provided the required information. It is therefore important to provide all required information and documentation in a timely and complete manner. For an application to be considered complete, applicants must submit the following minimum information required in sufficient detail that the material can be understood and assessed: (there is a checklist form on page 13 to aid in the process).

- Special Events Permit Application with Site Plan
- Street Closure Permit with Route Map – if applicable
- Barricade Rental Form – if Street Closures requested
- Request to Serve Alcohol Permit form with Site Plan – if applicable
- Submit all required Certificates of Liability Insurance

## **STEP 4 – Review Process**

After submitting your complete application and forms, your application will be reviewed by those departments involved with your requests in which fees and deposits will be determined. Departments may place conditions on your event, for example, solid waste requirements or specific parking plans.

## **STEP 5 – Submit Fees and Finalize Details**

Once a Special Event Packet has been reviewed and approved; fees are due. A Coordination Meeting will be scheduled approximately two weeks prior to the event consisting of the Event Organizer(s) and representatives from supporting departments to settle/confirm final details.

# SUMMARY OF EVENT

**Event Title** \_\_\_\_\_

**Description** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date/Time**

Setup	Date _____	Time _____	Location(s) _____
Event Starts	Date _____	Time _____	Location(s) _____
Event Ends	Date _____	Time _____	Location(s) _____
Dismantle	Date _____	Time _____	Location(s) _____

\*Submit a Site Plan for each venue listed

**Anticipated Attendance:** Total \_\_\_\_\_ Per Day \_\_\_\_\_

**Anticipated Participants:** Total \_\_\_\_\_ Per Day \_\_\_\_\_

**CONTACTS Person(s) or Agent(s) responsible for and authorized to represent this event on all matters:**

	<u>Primary Contact:</u>		<u>Secondary Contact</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
City, State, Zip	_____	_____	_____
Phone:	_____	_____	_____
Email:	_____	_____	_____

Name of Organization: \_\_\_\_\_ Is it Non-Profit? \_\_\_\_\_  
 Tax I.D. #: \_\_\_\_\_

- | <b>Yes</b>            | <b>No</b>             |  |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | Is this an annual event? How many years have you been holding this event? _____  |
| <input type="radio"/> | <input type="radio"/> | Street Closure(s) requested? If yes, please complete Street Closure Permit Application and Barricade Rental Form in Appendix A |
| <input type="radio"/> | <input type="radio"/> | Does this event involve a parade? Please complete Parade/Public Assemblies Permit Application form in Appendix A               |
| <input type="radio"/> | <input type="radio"/> | Will you be serving alcohol? If yes, please complete <u>both</u> Alcohol Permit forms in Appendix A                            |
| <input type="radio"/> | <input type="radio"/> | Are you requesting use of the Prospect Park Sign? If yes, please complete the Sign Request form in Appendix A                  |
| <input type="radio"/> | <input type="radio"/> | Are you requesting use of the City Stage? If yes, please complete the Show Mobile Rental form in Appendix A                    |
| <input type="radio"/> | <input type="radio"/> | Vendor(s)? If yes please complete the Vendor List in Appendix A.   |

# APPENDIX A



# SECURITY PLAN

YES NO

- Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California.

Security Organization \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Private Patrol Operator License# \_\_\_\_\_

Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application. \_\_\_\_\_

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# MEDICAL PLAN

Any event that has physical activity or is a race and has above 50 people requires a medical plan.

YES NO

- Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan?

If yes, please list: \_\_\_\_\_

Medical Services Provider \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary.

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# ACCESSIBILITY PLAN

This checklist is intended to serve as a planning guideline and may not be inclusive of all City, County, State and Federal access requirements. You may attach more detailed information if necessary.

YES NO

- Will there be a Clear Path of Travel throughout your event venue? Please describe \_\_\_\_\_  
\_\_\_\_\_
- Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe \_\_\_\_\_  
\_\_\_\_\_
- Will a minimum of 10% of portable rest rooms at your event be accessible? Please describe \_\_\_\_\_  
\_\_\_\_\_
- Will all food, beverage and vending areas be accessible? Please describe \_\_\_\_\_  
\_\_\_\_\_
- Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe \_\_\_\_\_  
\_\_\_\_\_
- If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe \_\_\_\_\_  
\_\_\_\_\_
- If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe \_\_\_\_\_  
\_\_\_\_\_
- If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible rest rooms, parking, phones (if any), drinking fountains, and first aid stations? Please describe \_\_\_\_\_  
\_\_\_\_\_

# RESTROOM FACILITIES PLAN

You are required to provide portable rest room facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site which will be available to the public during your event. Indicate on your timeline when portable toilets will be set up.

Yes No

- Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets \_\_\_\_\_

If no: Please explain: \_\_\_\_\_

Rest Room Company \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_





# ENTERTAINMENT PLAN

YES NO

- Are there any musical entertainment features related to your event?

If yes, complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages \_\_\_\_\_

Number of Performers/Bands \_\_\_\_\_

Performer/Band name and music type \_\_\_\_\_

- Will sound checks be conducted prior to the event?

If yes, Start time \_\_\_\_\_ Finish time \_\_\_\_\_

- Will sound amplification be used?

If yes, Start time \_\_\_\_\_ Finish time \_\_\_\_\_

- Do you plan to have a patron dance component to either live or recorded music at your event?

If yes, please describe \_\_\_\_\_

- Please describe the sound equipment that will be used for your event \_\_\_\_\_

- Will inflatables, such as jumpers, or similar devices be used at your event?

If yes, please describe \_\_\_\_\_

- Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics?

If yes, please fill out a fireworks permit also located in this packet.

If yes, please describe \_\_\_\_\_

- Will your event include the use of any signs, banners, decorations, or special lighting?

If yes, please describe \_\_\_\_\_

- Will there be massage activities at your event? If yes, please describe \_\_\_\_\_

- Do your event plans include any, drawings or raffle opportunities?

If yes, please describe \_\_\_\_\_

# ALCOHOL

Please Note: You will need to have your alcohol permit approved by Redlands city council prior to your event. A copy of your Alcohol license will be needed after city council approval, before the event.

Yes No

- Does your event involve the use of alcoholic beverages?

If yes, please check all that apply:

- Free/Host Alcohol
- Alcohol Sales
- Host and Sale Alcohol
- Beer
- Beer and Wine
- Beer, Wine and Distilled Spirits

Please describe your security plan to ensure the safe sale or distribution of alcohol at your event. \_\_\_\_\_

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# MITIGATION OF IMPACT

YES NO

- Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? If yes, please attach a complete list of these entities.

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Do you have a sample of the notice that you propose to distribute two weeks prior to your event? If yes, please attach.

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MARKETING AND PUBLIC RELATIONS

Yes No

Will this event be marketed, promoted, or advertised in anymanner?

f yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will there by live media coverage during the event?

f yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will media vehicles be parked within the event venue?

f yes, please describe safety plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items?

f yes, please describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# INSURANCE REQUIREMENTS

Regardless of the event you are required to have insurance that indemnifies the city of Redlands listing the location date and time.

Name of Insurance Agency \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_ Pager/Cellular \_\_\_\_\_

Contact Name \_\_\_\_\_

Policy Type \_\_\_\_\_

Policy Amount \_\_\_\_\_

Policy Number \_\_\_\_\_

# AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event under the Redlands Municipal Code and I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. Applicant agrees to comply will all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the Event venue and the conduct of the Event. In the event that a possessory interest subject to property taxation is created by virtue of this use permit, I agree to pay all possessory interest taxes and the City shall not be liable for the payment of such taxes I further agree that the payment of any such taxes shall not reduce any consideration paid to the City pursuant to this use permit. I agree to abide by these rules, and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Redlands.

Print Name of Applicant/Host Organization \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name of Professional Event Organizer \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you for completing your Special Event Permit Application. Before you submit your application to the City of Redlands, please make sure that the following steps have been completed:**

**Have you?**

- Signed and dated your application?
- Attached your event site plan?
- Attached your event parking and shuttle plan?
- Attached your event security plan?
- Provided a copy of your security company's Private Patrol Operator's License?
- Attached your event medical plan?
- Attached a copy of your accessibility plan?
- Attached a complete entertainment list and schedule?
- Included letters of support or endorsement from impacted entities and community groups within your venue area?
- Provided samples of communications that will be distributed to impacted residents, businesses, schools, places of worship and other entities?
- Attached your Certificate of Insurance?
- Attached a copy of your IRS 501(C) tax exemption letter?
- Included any County, State, or Federal permits that may be required to hold your event in the selected venue?
- Applied for a Police Vice Permit, if applicable?

**Submit your completed permit application to:**

**Special Events  
35 Cajon St. Suite #222  
Redlands, CA 92373**