



# PERMIT FOR TEMPORARY SALES & SPECIAL EVENT FACILITIES

PLEASE PRINT LEGIBLY IN INK. THIS FORM MUST BE ACCOMPANIED WITH A SITE PLAN AND ALL REQUIRED INFORMATION. WE CANNOT CONSIDER THIS APPLICATION UNLESS ALL INFORMATION IS PROVIDED AND ALL QUESTIONS ARE ANSWERED.

Date of Application: \_\_\_\_\_ Date Permit Issued: \_\_\_\_\_ Permit No. \_\_\_\_\_

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Contact Person at Event Site (if different than Applicant): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Owner's Name(s): \_\_\_\_\_ Telephone: \_\_\_\_\_

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

"I, \_\_\_\_\_ am the owner of the property described in this application and hereby authorize the Applicant to act on my behalf on matters pertaining to this application."

Signature of Owner (or Authorized Agent): \_\_\_\_\_ Date: \_\_\_\_\_

Note: If more than one property will be affected by the proposed temporary sales or special event, then attach a separate page providing the full name, address, telephone, and authorizing signature of all property owners having interest in this application.

## EVENT INFORMATION

Location of Event: \_\_\_\_\_

Description of Event: \_\_\_\_\_

Start Date and Time: \_\_\_\_\_ End Date and Time: \_\_\_\_\_

Date of set-up for facility/event: \_\_\_\_\_ Date of removal of facility: \_\_\_\_\_

Expected Number of Persons: daily maximum: \_\_\_\_\_ and for total event: \_\_\_\_\_

Will other permits or approvals be needed (building permit, electrical permit, traffic plan, etc.)?  Yes  No

If Yes, specify type of permit or approval: \_\_\_\_\_

Approval of this form does not eliminate the need for other permits, licenses, or certificates if required (such as a building permit, electrical permit, Certificate of Occupancy, ABC license for alcoholic beverages, County Health Dept. permit, etc.).

## APPLICANT'S CERTIFICATION

I hereby certify that I have read and understand all of the sections above, and that the information provided on this form is true and correct to the best of my knowledge. I agree to comply with the Zoning Regulations and any other applicable local, state, and federal regulations that may relate to this proposed event or business.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE TO APPLICANT: A COPY OF THE APPROVED APPLICATION AND PERMIT MUST BE POSTED AT THE LOCATION OF THE TEMPORARY SALES AND/OR SPECIAL EVENT FACILITY AT ALL TIMES. VIOLATION OF THE TERMS AND CONDITIONS OF THIS PERMIT MAY RESULT IN THE REVOCATION OF THE PERMIT, AND CLOSURE OF THE TEMPORARY SALES OR SPECIAL EVENT FACILITY.**

**REQUIRED APPLICATION INFORMATION (TO BE PROVIDED AT TIME OF APPLICATION SUBMITTAL)**

1. A completed application form including the Applicant's and the Property Owner's signature(s).
2. Payment for all applicable fees.
3. Submittal of a Site Plan (drawn to scale) with full dimensions containing the following information:
  - a. The boundaries of the entire site on which the Event/Facility is proposed, and the boundaries of the Event/Facility area.
  - b. The proposed location of the Event/Facility, including any associated fences, gates, structures, canopies or tents, and vehicles to be used as part of the operation of the Event/Facility.
  - c. Any other operational characteristics or facilities unique to the Event/Facility.
  - d. Label adjacent streets, driveways, proposed vehicle access, and pedestrian access points.
  - e. Label existing drive aisles and parking lots, and proposed emergency access routes or gates.
  - f. Label the type(s) and location(s) of any traffic control devices, directional signs or persons.
  - g. Label the location of on-site ADA-accessible parking spaces and ADA Path of Travel to entrance.
  - h. Label the location(s) of restrooms accessible to the Event/Facility, including the location and type of any portable restroom facilities (including ADA-accessible), if needed.
  - i. Label the locations and sizes of any proposed utility services (such as electrical outlets, electrical power generator, temporary electrical poles, drainage containment, etc.).
  - j. Label the location and size of any proposed containers or storage areas for any flammable, combustible, or other hazardous materials (include a copy of any MSDS sheets, if applicable).
4. *If Applicable*: If any tents or canopies are to be used, provide a copy or photograph of the fire rating certificate(s) for each flame-certified tent or canopy. Non-certified structures shall be clearly identified.
5. *If Applicable*: If your Event/Facility will require a related approval of some type (such as a traffic control plan, parking plan, etc.), provide a copy of the draft plan or document at the time of application submittal to help expedite the processing of this application.
6. *If Applicable*: If your Event/Facility will require an Alcoholic Beverage Control license or approval, provide a copy of the application you submitted to the Calif. Department of Alcoholic Beverage Control.
7. *If Applicable*: If your Event/Facility will involve other properties in addition to the subject property (such as off-site parking, etc.), then attach a separate page providing the full name, address, telephone, and signature of all other property owners affected by this application and certifying their authorization.
8. *If Applicable*: If your Event/Facility will involve other vendors, then attach a separate list providing the company name, contact person, mailing address, telephone, and e-mail for all vendors.

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STAFF USE ONLY BELOW THIS LINE

Reviewed by:

- Planning       Building & Safety       Fire Dept.       Police Dept.       Business Licensing  
 Facilities & Community Services Dept.       Municipal Utilities & Engineering Dept.       \_\_\_\_\_

PERMIT APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS/CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTOR APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_