



# County of San Diego

5500 Overland Ave., Suite 170. San Diego, CA 92123  
(858) 694-3614 FAX: (858) 505-6998



## COMMUNITY EVENT PERMIT (CEP) APPLICATION INSTRUCTIONS

**Per SDCC Sec. 21.203 - An application must be submitted at least 30 days before the first day of the proposed event to allow for adequate processing time and review. Failure to provide a complete application package on time will not allow for a Community Event Permit to be issued.**

### THE FOLLOWING ITEMS ARE REQUIRED WITH YOUR APPLICATION:

1. California Non-Profit Entity Number
  2. Event site map with the following clearly depicted (hand drawn maps are accepted):
    - a. North arrow, along with all streets surrounding event
    - b. Main safety/security headquarters
    - c. All amplified speakers/generators (with arrows used to point out direction of sound) and stages
    - d. All ADA and Regular restrooms available for the event
    - e. Parking used for event
    - f. All food booth vendors
    - g. All other activities occurring at event (i.e. Carnival, Petting Zoo, Beer Garden, Craft Vendors, etc.)
  3. Copy of Certificate of Insurance with proof of general liability (no alcohol served) and/or liquor liability (alcohol served) **NOTE: If liquor is being served/consumed, you must obtain Liquor Liability.**
  4. Copy of Additional Insurance endorsement - CG 2012 or CG 2026
  5. Copy of any contracts/agreements signed for the event
- .....

### HOW TO OBTAIN A COMMUNITY EVENT PERMIT:

#### NEW EVENTS

1. Must complete Sections I – XIII of Application with as much detail as possible.
2. Email or Fax completed pages to the CEP Coordinator.
3. **The Coordinator will contact you via phone/email to schedule a time to discuss your application.**
4. If Supplemental Forms (A-E) are required, you will be informed during the scheduled interview.
5. A completed application will contain Sections I - XIII, any Supplemental Forms required, Insurance Documents, Site Map and any contracts/agreements signed for the event.

#### RENEWAL EVENTS

1. You may contact the CEP Coordinator to obtain your last Application and any Supplemental Forms to update.
2. Once updated, Email or Fax completed pages to the CEP Coordinator.
3. **The Coordinator will contact you via phone/email to schedule a time to discuss your application.**
4. If any further Supplemental Forms are required, you will be informed during the scheduled interview.
5. A completed application will contain Sections I - XIII, any Supplemental Forms required, Insurance Documents, Site Map and any contracts/agreements signed for the event.

Email [DEHCommunityEvents@sdcounty.ca.gov](mailto:DEHCommunityEvents@sdcounty.ca.gov) or Fax (858) 505-6998 completed application to CEP Coordinator. Coordinator will contact you for a Phone or In-Person meeting to discuss Supplementary Forms required. Failure to provide a complete application package at least 30 days prior to first day of proposed event may not allow for a Community Event Permit to be issued. Changes to your application after submittal may lead to delay or denial of your Permit.

**CANCELLATION OR REVISION NOTICE:** If the information on this application changes or is cancelled, notice must be given to the CEP Coordinator at (858) 694-3614. Otherwise, personnel and equipment may be needlessly dispatched.



**INSURANCE REQUIREMENTS:**

The **Sponsoring Organization** and any other **Event Principals** must provide proof of insurance, INCLUDING an additional insured endorsement form (from a generally recognized domestic insurance carrier) for the duration of the event. Insurance requirements depend upon the **risk level of the event** and are subject to approval by County Risk Management. **Vendor or service providers** may be required to provide a certificate of insurance and an additional insured endorsement naming the County as an additional insured.

COUNTY INSURANCE REQUIREMENTS FOR EVENTS (NO ALCOHOL SERVED/CONSUMED) For Community Event Permit	
1.	A Certificate of Insurance for Commercial General Liability with a \$1,000,000 per occurrence limits of liability; \$2,000,000 General Aggregate. Certificate Holder should be addressed to:  <b>County of San Diego, Risk Management Division c/o Insurance Coordinator MS O-76 5530 Overland Avenue, Suite 210 San Diego, CA 92123</b>
2.	A separate Additional Insurance endorsement - CG 2012 or CG 2026 – naming <b>the County of San Diego, its agents, officers and employees</b> as Additional Insured.
Note: An insurance policy number must be indicated on the evidence of insurance and the additional insured endorsement. Note: "Claims Made" policies are generally not acceptable.	

COUNTY INSURANCE REQUIREMENTS FOR EVENTS WITH ALCOHOLIC BEVERAGES (SERVED/CONSUMED) For Community Event Permit	
1.	A Certificate of Insurance for Commercial General Liability with a \$1,000,000 per occurrence limits of liability; \$2,000,000 General Aggregate. Certificate Holder should be addressed to:  <b>County of San Diego, Risk Management Division c/o Insurance Coordinator MS O-76 5530 Overland Avenue, Suite 210 San Diego, CA 92123</b>
2.	Evidence of <b>Liquor Liability</b> Insurance with a \$1,000,000 per occurrence limit of liability is required from the Organization pulling the ABC permit. ( <b>Host Liquor Liability is not adequate when an Alcoholic Beverage permit is purchased.</b> )
3.	A separate Additional Insurance endorsement - CG 2012 or CG 2026 – naming <b>the County of San Diego, its agents, officers and employees</b> as Additional Insured.
Note: An insurance policy number must be indicated on the evidence of insurance and the additional insured endorsement. Note: "Claims Made" policies are generally not acceptable.	

FOR CEP COORDINATOR USE ONLY	
<input type="checkbox"/> Phone Interview	Date Scheduled: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> In-Person Interview	Name of Interviewed Representative: _____
<input type="checkbox"/> Reviewed via E-mail	



## COMMUNITY EVENT PERMIT (CEP) APPLICATION

**I. APPLICANT**       **New Event**       **Renewal of/or Change in previous Application**

<b>Event Information</b>	<b>Name:</b>	<b>Assessor's Parcel Number:</b>
	<b>Event Address:</b>	<b>City: CA Zip:</b>
<b>Sponsoring Organization</b>	<b>Name:</b>	<b>Website:</b>
	<b>Org. Address:</b>	<b>City: Zip:</b>
	<b>CA Non-Profit Entity #: C</b>	<b>Federal Tax ID #:</b>
<b>Organization Representatives and Contact Information</b>	<b>Primary Contact:</b>	<b>E-mail Address:</b>
	<b>☎Day: ☎Eve:</b>	<b>☎Cell:</b>
	<b>Alternate Contact:</b>	<b>E-mail Address:</b>
	<b>☎Day: ☎Eve:</b>	<b>☎Cell:</b>

**II. REQUESTED EVENT DETAILS**

<b>Event Name:</b>		<b>INDICATE NUMBERS PER DAY</b>
<b>Day #1 Date:</b> From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Until: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		# of Staff/Volunteers/Vendors: _____
<b>EVENT ACTIVITIES WILL INCLUDE (check all that apply) :</b>		# of Visitors & Guests: + _____
<b>Day #2 Date:</b> From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Until: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Parade <sup>D</sup> <input type="checkbox"/> Fireworks <sup>B</sup> <input type="checkbox"/> Dancing <input type="checkbox"/> Marathon <sup>D</sup> <input type="checkbox"/> Carnival* <input type="checkbox"/> Live Entertainment	Total Number: = _____ <b>(Over 2,000 requires Supplemental Form E)</b>
<b>Day #3 Date:</b> From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Until: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Bike Race <sup>C</sup> <input type="checkbox"/> Bounce Houses* <input type="checkbox"/> Casino* <input type="checkbox"/> Rodeos <input type="checkbox"/> Other Inflatables* <input type="checkbox"/> Gaming Activities*	<b>NUMBER OF RESTROOMS</b>
<b>Day #4 Date:</b> From: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Until: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Gymkhana <input type="checkbox"/> Food <sup>A</sup> <input type="checkbox"/> Art Show <input type="checkbox"/> Petting Zoo <input type="checkbox"/> Alcohol Served <input type="checkbox"/> Craft Show <input type="checkbox"/> Beer Garden <input type="checkbox"/> Rides*	Regular: _____ ADA: _____
<b>Start date</b> <b>Start time</b>	* Types of Activities: <b>Requires ADDITIONAL Sheriff's Permit</b>	# of Food Vendors: _____ <b>If organizer providing food, mark 1 (Requires Form A)</b>
<b>Set-Up</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	A, B, C, D: Requires Supplemental Forms A, B, C, D Respectively	# Safety/Security Volunteers: _____
<b>Dismantle</b> _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Other:	They will wear? (vests, jackets, tshirt) <b>(Hired security requires Form B – Section I)</b>

**III. INSURANCE (see page 2)**

If **Alcoholic Beverages** will be consumed at your event, proof of **Liquor Liability** is required from the Organization applying for the ABC permit.

**Host Liquor Liability** is not adequate.

A separate **Additional Insurance Endorsement CG 2012 or CG 2026** – naming the County of San Diego, its Agents, Officers and Employees as Additional Insured is required.

For questions or assistance, please contact Samuel Rivera, HR Analyst, Phone: (858) 694-3861 Fax: (858) 694-3834.

Insurance Agency Name:	Agency Representative Name:
<b>Address:</b>	<b>City: State: Zip:</b>
Agency Phone:	Agency Fax:

**IV. EVENT ACTIVITIES**

A. **List all activities** occurring during your event. If there is a private contractor or promoter for any activities, provide their name and contact information.  
(Example: Electric Groove Band – John Doe – 858.867.5309; Laser Tag – Jane Doe – 619.867.5309)



## V. AVAILABILITY OF ALCOHOLIC BEVERAGES

A. Alcoholic Beverages will be served?  Yes  No If yes, **Liquor Liability must be obtained** by the Organization applying for the ABC License. I understand

Organization applying for ABC License:

Contact Name:

Phone:

Fax:

Address:

City:

CA Zip:

**NOTE: Alcohol shall not be served or sold without a valid Alcoholic Beverage Control (ABC) Permit. Approval from the Sheriff's Licensing Division will be provided to ABC once Risk Management receives confirmation of acceptable proof of insurance. .**

B. Describe how, where, when and by whom the alcoholic beverages will be served. (Example: Only people 21 and older will be served in the Beer Garden during the event by organization volunteers)

C. Explain how you will ensure only persons 21 years or older will be served/consume alcoholic beverages. (Example: Security volunteers will check IDs and provide wristbands for those 21 and older. Beer Garden security will check for wristbands)

## VI. SECURITY AND SAFETY PROCEDURES:

A. Explain set up, operation, internal security and crowd control. If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators. (NOTE: If events will be hiring licensed security officers, you will need to complete **Form B – Section I. Do not** list local Sheriff's Department as they do not provide internal security for events. Additional hired security may be required at the discretion of the local station.)

B. If your event includes vehicles or animals on parade, describe the minimum and maximum speeds of the event and the minimum and maximum intervals of space to be maintained between units.

C. Which of the following items will be used at your event? (Check all that apply)  
If you check any of the items, you must attach a copy of your local fire department permit or letter of authorization.  
(NOTE: \*If you checked Fireworks/Pyrotechnics, you will need to complete **Form B – Section III**)

- Parade Floats  Cooking Facilities  Enclosures  Canopies  Open Flame  Vehicle Fuel  
 Tents  Any fabric shelter  Fireworks/Pyrotechnics\*  Air supported structures

D. Will the events use the State Highways or thoroughfares?  Yes  No  
If YES, it may be necessary for you to contact the California Highway Patrol and secure an encroachment permit from the State of California Department of Transportation (Caltrans). Attach a copy of your permit.

## VII. TRAFFIC CONTROL

Will County road closures/usage occur?  Yes  No

If any activities require public road closure (Example: a parade, street fair, block party, festival, fundraising activity or other similar action); **includes use of the road for event support, such as parking or equipment staging, even if the event is not conducted within the right-of-way**; or the public road is used to conduct an organized athletic event such as a bicycle ride/race, running event, march/procession or a similar event where the activity is conducted within the right of way, you will need to complete **Form D.**

## VIII. MITIGATION OF THE IMPACT ON OTHERS:

IX. Fully describe your plans to notify, two weeks in advance, affected businesses and citizens about the event including notices through local publications and other media, direct mail announcements, neighborhood postings or door-to-door notices. Such notices should reflect the type of event and activities, as well as the day(s), dates(s), time(s) and site(s) affected. Detours and alternate routes for transportation system should also be included.



**IX. VENDORS OR CONCESSIONAIRES:**

The organizer of a community event shall make available to the Sheriffs' Licensing Division a list of all entertainers, vendors and solicitors participating in the event. Review Form B – Section II.

A. Describe what vendors/concessionaires you will allow in conjunction with the event. What is their purpose? (Example: Craft vendors will sell homemade wares)

**X. AVAILABILITY OF FOOD:**

Will prepackaged or other food and/or non-alcoholic beverages be served? If YES, you will need to complete **Form A**.

Yes  No  Sold  Served free of charge  Tasting  Catered event (if catered, fill out Caterer's information below)

Caterer Name:

Health Permit #:

Phone:

**XI. BUILDING AND NOISE ABATEMENT:**

A. Temporary Structures: Will a temporary structure be installed?

Yes  No

a. Will any temporary stage, bridge or other platform exceed 30" in height above adjacent grade?

Yes  No

b. Will any temporary single bleacher, grandstand or reviewing stand support 50 or more people?

Yes  No

B. Electricity: Will this event require the use of electricity?

Yes  No

a. Will fixed wiring methods be installed? (If YES, contact County Building Division)

Yes  No

(Other than plug connected flexible cords, extensions and portable electric panels)

C. Will there be music and/or noise generating components?

Yes  No

If there is noise generating components, provide a **site map** showing the location of the stage, speakers or any other major sound production devices.

D. Will there be off-site or on-site noise generation related to the setting up or installation of equipment?

Yes  No

E. Will there be temporary measures to reduce sound impact to adjacent properties?

Yes  No

**XII. WASTE MANAGEMENT PLAN** (Free recycling assistance – call 858-694-2458):

A. Will your event have over 2000 attendees per day?

Yes  No

If any events have over 2,000 attendees per day (including those attending your event, working the event and volunteers), you will need to complete **Form E** and the follow-up Waste Management Report within 30 days after event completion.

B. Name of Waste Disposal Company contracted for cleanup effort: \_\_\_\_\_

C. Person responsible for cleaning up after animals during and after the event: \_\_\_\_\_

**XIII. DEPARTMENT OF ANIMAL SERVICES STATEMENT:**

"All animals are to be treated in a humane manner and provided proper care and attention at all times. Animal Control Officers are, at all reasonable times, to be permitted full access to examine any/all animals to be used in and/or kept on the premises of the event. Failure to provide access and/or immediately correct any violations may result in immediate suspension of the CEP."

I, the undersigned hereby apply for a Community Event Permit (CEP) under the provisions of the SAN DIEGO COUNTY CODE OF REGULATORY ORDINANCES relating to COMMUNITY EVENTS, SECTION 1, Chapter 2.9, Division 1 of Title 2, and applicable state laws.

I hereby state that I am aware 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 Sheriff.

I certify under penalty of perjury that the information I have given is true and correct and to the best of my knowledge and belief. I understand and agree to having all required notices unless otherwise specified, sent by US Mail to the address given on this application. I have read and/or understand the sections of the San Diego County Code of Regulatory Ordinances pertaining to the CEP.

I understand that it is my responsibility to obtain any additional permits/licenses that may pertain to my event activities.

I am aware that if my application is not received complete within 30 days prior to my proposed event date, a Community Event Permit may not have enough time to be thoroughly processed, and therefore may not be issued.

Applicant's Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

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



## **DEPARTMENT COMMUNITY EVENT PERMIT (CEP) REPRESENTATIVES**

### **DEH/CEP COORDINATOR - FOOD AND HOUSING DIVISION - (MAIN POINT OF CONTACT)**

Jescel Esteban - (858) 694-3614 - Fax (858) 505-6998 - MS O560

[DEHCommunityEvents@sdcounty.ca.gov](mailto:DEHCommunityEvents@sdcounty.ca.gov)

### **DEPT. OF ENVIRONMENTAL HEALTH - FOOD AND HOUSING DIVISION - (WILL YOU HAVE FOOD?)**

FHD Temporary Event Technician - (858) 505-6809 - Fax (858) 505-6998 - MS O560

[FHDtempevents@sdcounty.ca.gov](mailto:FHDtempevents@sdcounty.ca.gov)

### **DEPT. OF PLANNING AND DEVELOPMENT SERVICES – ZONING – (IMPACTING COUNTY LAND OR ROADS?)**

Dag Bunnemeyer - (858) 694-2581 - No Fax - MS O650

[Dag.Bunnemeyer@sdcounty.ca.gov](mailto:Dag.Bunnemeyer@sdcounty.ca.gov)

### **DEPT. OF PLANNING AND DEVELOPMENT SERVICES - NOISE ABATEMENT – (SPEAKER/SOUND SET UP)**

Lazaro Herrera - (858) 694-2177 - Fax (858) 694-3093 - MS O650

[Lazaro.Herrera@sdcounty.ca.gov](mailto:Lazaro.Herrera@sdcounty.ca.gov)

### **DEPT. OF HUMAN RESOURCES - RISK MANAGEMENT DIVISION – (MEET INSURANCE REQUIREMENTS?)**

Samuel Rivera - (858) 694-3761 - Fax (858) 694-3834 - MS O76

[Samuel.Rivera@sdcounty.ca.gov](mailto:Samuel.Rivera@sdcounty.ca.gov)

### **SHERIFF'S LICENSING – (ALCOHOL [ABC] APPROVER, SAFETY/SECURITY, ENTERTAINMENT, CARNIVAL)**

Marisa Ramos - (858) 974-2121 - Fax (858) 974-2093 - MS O41

[Marisa.Ramos@sdsheriffs.org](mailto:Marisa.Ramos@sdsheriffs.org)

### **DEPT. OF PARKS AND RECREATION – (IS THE EVENT IN A COUNTY PARK?)**

Andrea Bailon - (858)-966-1306- Fax (858) 495-5841 - MS O29

[Andrea.Bailon@sdcounty.ca.gov](mailto:Andrea.Bailon@sdcounty.ca.gov)

### **DEPT. OF PUBLIC WORKS - TRAFFIC CONTROL – (ANY IMPACTS TO COUNTY ROADS?)**

Robert Fuller - (858) 694-3862 - Fax (858) 694-3928 - MS O334

[Robert.Fuller@sdcounty.ca.gov](mailto:Robert.Fuller@sdcounty.ca.gov)

### **DEPT. OF PLANNING AND DEVELOPMENT SERVICES - BUILDING DIVISION – (BUILDING STRUCTURES?)**

Matt Olson - (858) 495-5374 - No Fax - MS O650

[Matt.Olson2@sdcounty.ca.gov](mailto:Matt.Olson2@sdcounty.ca.gov)

### **DEPT. OF ANIMAL SERVICES - (ANY PETTING ZOO, ANIMAL RIDES, SELLING ANIMALS?)**

Daniel DeSousa - (619) 767-2766 - Fax (619) 767-2706 - MS H39

[Dan.DeSousa@sdcounty.ca.gov](mailto:Dan.DeSousa@sdcounty.ca.gov)

### **DEPT. OF PUBLIC WORKS - RECYCLING – (OVER 2,000 PEOPLE REQUIRES WASTE/RECYCLING REPORT)**

Stephanie Ewalt - (858) 694-2458 - Fax (858) 505-6356 - MS O350

[Stephanie.Ewalt@sdcounty.ca.gov](mailto:Stephanie.Ewalt@sdcounty.ca.gov)