



County of San Diego

UNINCORPORATED COUNTY OF SAN DIEGO

5500 Overland Avenue, Suite 170, San Diego, CA 92123

P.O. Box 12961, San Diego, CA 92112-261

Telephone: (858) 694-3614 Fax: 858-999-8920

COMMUNITY EVENTS PERMIT APPLICATION

NEW EVENT

RENEWAL

EVENT SITE MAP attached

INSURANCE attached

EVENT RECORD ID

Date Submitted

I. APPLICANT				
EVENT INFORMATION	Event Name:			
	Event Address:		City	CA Zip Code
	Name of County Park:			
	Areas Reserved:			
Assessor's Parcel Number (APN):				
SPONSORING ORGANIZATION	Non-Profit Organization (NPO):			
	Address:		City:	State Zip Code:
	CA NPO Entity Number:			
	Federal Tax ID Number:			
	Federal /State/Local Government Agency:			
Website:				
ORGANIZATION REPRESENTATIVES	Primary:		Phone:	
	Email:		Cellphone:	
	Alternate:		Phone:	
	Email:		Cellphone:	
The County of San Diego recognizes there are many spoken languages in the region and has identified the following eight for translation services: Arabic, Chinese (Mandarin), Korean, Persian (Dari and Farsi), Somali, Spanish, Tagalog, and Vietnamese. If you need outreach materials in one or more of these languages, please indicate them here: _____				

II. EVENT DETAILS							
Event	1	2	3	4	5	6	NUMBER OF ATTENDEES PER DAY (>2,000 requires Form E)
Day 1							# of Staff/Volunteers/ Vendors
Date:	From		To				# of Visitors/Guests
Day 2							Total Number per Day
Date:	From		To				Form E attached YES NO
Day 3							FOOD VENDORS (Requires Form A)
Date:	From		To				Food Vendors
Day 4							Organizer's food booth
Date:	From		To				Total
Day 5							Form A attached. YES NO
Date:	From		To				SAFETY AND SECURITY
Set-up							Volunteers
Date:	From		To				Hired Security
Dismantle							Total
Date:	From		To				Attire: Color:
NUMBER OF RESTROOMS	Existing		Portable				Form B attached. YES NO
Regular							Security contract attached. YES NO
ADA							Notes:
TOTAL							
Secondary Containment	YES		NO				

III. EVENT ACTIVITIES Mark "Y" for YES, "N" for NO. * Types of Activities: Requires ADDITIONAL Sheriff's Permit A, B, C, D. Requires Supplemental Forms A, B, C, D Respectively

<input type="checkbox"/> Alcohol served / Beer Garden	<input type="checkbox"/> Face Painting*	<input type="checkbox"/> Parade / Road Closure/ Block Party ^D
<input type="checkbox"/> Animal Adoption	<input type="checkbox"/> Fireworks*	<input type="checkbox"/> Photo Booth*
<input type="checkbox"/> Art Show	<input type="checkbox"/> Food ^A	<input type="checkbox"/> Petting Zoo
<input type="checkbox"/> Bike Race / Bike Ride ^D	<input type="checkbox"/> Fortune Telling*	<input type="checkbox"/> Raffle*
<input type="checkbox"/> Bleachers Installation	<input type="checkbox"/> Gaming Activities*	<input type="checkbox"/> Rides
<input type="checkbox"/> Bounce House* How many units: _____	<input type="checkbox"/> Haircut and/or Beauty Services Services*	<input type="checkbox"/> Mechanical bull* <input type="checkbox"/> Animal <input type="checkbox"/> Train <input type="checkbox"/> Hayride
<input type="checkbox"/> Carnival*	<input type="checkbox"/> Kid's games*	<input type="checkbox"/> Rockwall Climbing*
<input type="checkbox"/> Casino*	List of games: _____	<input type="checkbox"/> Rodeo
<input type="checkbox"/> Craft Show	<input type="checkbox"/> Live Entertainment/Concert*	<input type="checkbox"/> Shuttle Transportation
<input type="checkbox"/> Dog Show	<input type="checkbox"/> Marathon / Walk / Run ^D	<input type="checkbox"/> Silent Auction*
<input type="checkbox"/> Drones	<input type="checkbox"/> Massage Services*	OTHERS: _____
<input type="checkbox"/> Dunk Tank*	<input type="checkbox"/> Other Inflatables (Obstacle course)*	_____

Provide details of event activities marked above. 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)

IV. INSURANCE

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 **Jose Barrera, HR Analyst at (858) 505-6450.**

Name of Insurance Agency: _____

Name of Agency Representative: _____

Agency Phone: _____ Agency Fax: _____

Address: _____

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. INITIAL : _____

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

Organization Applying for ABC License: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ CA Zip Code: _____

B Describe how, where, when, and by whom the alcoholic beverages will be served. Example: Only people 21 years 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 years and older. Beer Garden security will check for wristbands.

VI. SAFETY AND SECURITY 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 to increase the safety of participants and spectators. If events will be hiring licensed security officers, you will need to complete FORM B – Section II. 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?

<input type="checkbox"/> Air Supported structures	<input type="checkbox"/> Canopies: How Many: _____ Dimensions: _____	<input type="checkbox"/> Fabric shelters
<input type="checkbox"/> Cooking Facilities	<input type="checkbox"/> Tents: How Many: _____ Dimensions: _____	<input type="checkbox"/> Fireworks/Pyrotechnics*
<input type="checkbox"/> Open Flames	<input type="checkbox"/> Enclosures: How Many: _____	<input type="checkbox"/> Parade Floats
		<input type="checkbox"/> Vehicle Fuel

*If you checked Fireworks/Pyrotechnics, you would need to complete [Form B – Section III. Form B](#) Attached. YES NO

Fire Department permit or letter of authorization attached. YES NO N/A

Will you need fire services at the event? YES NO N/A

Will you need ambulance services at this event? YES NO N/A

VII. TRAFFIC CONTROL

Will County Road closures/usage occur? YES NO [Form D](#) Attached. YES NO N/A

If any activities require public road closure or installation of temporary traffic control devices (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 ON THE IMPACT ON OTHERS

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. Note: Pursuant to Section 6976 of the Zoning Ordinance, no person shall cause or permit the establishment, operation, enlargement, or transfer ownership of a facility of marijuana for medical or non-medical purposes. This includes growing and/or the commercialization of marijuana on private property. Describe what vendors/concessionaires you will allow in conjunction with the event. What is their purpose? Example: Craft vendors will sell homemade wares. Complete [Form B](#) – Section I.

[Form B](#) Attached. YES NO N/A

X. AVAILABILITY OF FOOD

Will prepackaged or other food and/or non-alcoholic beverages be served? YES NO

[Form A](#) Attached. YES NO N/A

Served Free of Charge Sold Food Contest Tasting event

Tasting Event requires: Non-Profit Organization Letter and Declarations Attached YES NO

Food contest requires: Participating contestant's Temporary Food Facility Vendor's Health Permit Attached YES NO

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

STAGE: Provide: Height: _____ Dimension: _____ Material: _____ Use (performers, public, both): _____

If stage, bridge or other platform is **existing, provide:** Height: _____ Dimension: _____ Material: _____

b. Will any temporary single bleacher, grandstand or reviewing stand support 50 or more people? YES NO

BLEACHERS: Provide: Number of Rows: _____ Height in feet: _____

c. Will there be any modifications (painting, mural et.al) to the property? YES NO

If yes, provide details. _____

Who will be responsible for cleaning up and returning the property back to its original state? _____

B **ELECTRICITY :** Will this event require the use of electricity? YES NO

Will fixed wiring methods be installed? If YES, contact County PDS Building Division. YES NO

Will plug connected flexible cords, extensions, and portable electric panels be used? YES NO

C Will there be music and/or noise generating components? YES NO

If YES, attach Event Site Map showing location of the stage/s, speakers, generators, or any other major sound production including sound direction of the speakers. Event Site Map Attached. YES NO

Will there be off-site or on-site noise related to the setting up or installation of equipment? YES NO

Sound System Set Up Date _____ Start Time _____ End Time _____

Rehearsal Sound Check Date _____ Start Time _____ End Time _____

Sound System Pack Up Date _____ Start Time _____ End Time _____

D Will there be temporary measures to reduce sound impact to adjacent properties? YES NO

