



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):			
	CA NPO Entity Number:			
	Federal Tax ID Number:			
	Federal /State/Local Government Agency:			
	Website:			
ORGANIZATION REPRESENTATIVES	Primary:		Phone:	
	Email:		Cellphone:	
	Alternate:		Phone:	
	Email:		Cellphone:	
<p>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: _____</p>				

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*	<input type="checkbox"/> Haircut and/or Beauty Services	<input type="checkbox"/> Mechanical bull* <input type="checkbox"/> Animal
How many units: _____	<input type="checkbox"/> Services*	<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	
<p>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.</p>	
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?

____ Air Supported structures
____ Cooking Facilities
____ Open Flames

____ Canopies: How Many ____ Dimensions ____
____ Tents: How Many ____ Dimensions ____
____ Enclosures: How Many ____

____ Fabric shelters
____ Fireworks/Pyrotechnics*
____ Parade Floats
____ 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

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 (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)

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) on 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 EXISTING

Will plug connected flexible cords, extensions, and portable electric panels will 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

XII. WASTE MANAGEMENT PLAN

Will your event have **over 2,000 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 submit completed supplemental [Form E](#).

[Waste Management Report](#) shall be submitted **within 30 days after event completion** to Recycle@sdcountry.ca.gov **INITIAL :** _____

Name of Waste Disposal Company contracted for cleanup effort.

Person responsible for cleaning up after animals during and after the event.

XIII. WATERSHED PROTECTION PROGRAM STATEMENT

"I have read the Guidance Document and will implement the County of San Diego Watershed Protection Program's Best Management Practices for Special Events to help prevent pollution. I am aware that failure to contain and dispose of the trash and materials generated from the event, could subject the event organizer to corrective actions and fines." **INITIAL :** _____

XIV. DEPARTMENT OF ANIMAL SERVICES STATEMENT

"All animals are to be treated in a humane manner and be provided with 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 immediate correction of any violations may result in immediate suspension of the CEP." **INITIAL** : _____
Check event activities below.

Animal Adoption	Animal Show	Animal Ride	Petting Zoo
Rodeo: Requires veterinarian			
Bareback Riding	Bull Riding	Steer Roping	Team Roping
Barrel Racing	Saddle Bronc Riding	Steer Wrestling	Tie-Down Roping
Name of Veterinarian:			
Address:		Phone:	

I, the undersigned hereby apply for a Community Event Permit 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.

I understand and hereby consent to any information I provide on this permit application to be considered a public record subject to disclosure under the California Public Records Act.

Applicant's Name (Print): _____

Applicant's Signature: _____

Date signed: _____