

Representative Name: Name of Organization:

Organization Address:

NON-PROFIT:

FOR PROFIT:

Email:

Phone Number:

County of San Diego

Community Events Permit Intake Form Events in Unincorporated Areas

5500 Overland Avenue, Suite 170 San Diego, CA 92123
P.O. Box 12961, San Diego, CA 92112-261
Department of Environmental Health and Quality Telephone: (858) 694-3614
Sheriff's Office Telephone: (858) 974-2020

NEW RENEWAL EVENT SITE MAP ATTACHED DATE SUBMITTED:

CONTACT INFORMATION

Website:

Alternate Phone Number:

California Non-Profit Organization Entity Number:

The County of San Diego recogn	nizes there are many	spoken languages in	the regio	on and has ide	ntified the				
following eight for translation ser	rvices: Arabic, Chine	se (Mandarin), Korear	n, Persian	(Dari and Fars	i), Somali,				
Spanish, Tagalog, and Vietnames	se. If you need outre	ach materials in one o	r more of	these languag	es, please				
indicate them here:									
EVENT INFORMATION									
Event Name:									
Event Address:		City:	CA	Zip Code:					
Assessor's Parcel Number (APN)):								
Event Date(s):		Event Time(s):							
EVENT SET-UP Date:	Time: to	EVENT CLEAN-UP	Date:	Time: _	to				
Number of attendees per day:		When was y	our last e	event?					
Is your event a private event?	YES NO)							
Can a member of the public atte	end your event?	YES NO							
Will the event be at a COUNTY PA	ARK OR PRESERVE?	YES NO I	f NO , pro	ceed to Zoning	question.				
Name of San Diego County Park:	•								
Has reservation been confirmed	l? YES	NO If NO , call (85)	3) 966-13	06 for reservat	ion.				
Have you confirmed with Zoning	gif the event is allowe	ed to chosen event ad	dress?	YES	NO				
If NO, contact Zoning at (858) 56	65-5981 or (888) 267	'-8770 between the h	ours of 8	and 11:45 a.m	. to verify.				
Will there ne ROAD Closure?	YES NO								
Will you place SIGNS or OBJECTS	S on the roadway?	YES NO							
Have you contacted the Departn	ment of Public Works	(DPW), Transportation	n Divisio	n, Special Ever	nts Permit				
(SEP) to confirm requirements for	or road closures and	placing signs or object	ts on the	roadway?	/ES NO				
If NO, contact DPW at (858) 699	94-3866 to learn wha	t is needed for your ev	ent and t	o follow the ne	cessary				
steps and guidelines per county	policy.								
Are you selling tickets to this eve	ent? YES	NO							

		EVENT	ACTIVITIES				
	quires <u>Form D</u>		eriff's Office will need additional requirements				
Alcohol served or	YES	NO	Marathon / Walk/ Run ^D	YES	NO		
Beer Garden							
Animal Adoption	YES	NO	Massage Services*	YES	NO		
Art Show	YES	NO	Other Inflatables	YES	NO		
			(Obstacle course)*				
Bike Race / Bike Ride D	YES	NO	Parade/Road Closure /	YES	NO		
			Block Party ^D				
Bleachers Installation	YES	NO	Photo Booth*	YES	NO		
Bounce House*	YES	NO	Petting Zoo	YES	NO		
If yes, how many?			Raffle*	YES	NO		
Carnival*	YES	NO	Rides*	YES	NO		
Casino*	YES	NO	If yes, please specify.				
				mal Train	Hayride		
Concert	YES	NO	Rockwall Climbing*	YES	NO		
Craft Show	YES	NO	Rodeo	YES	NO		
Dog Show	YES	NO	Security (HIRED)*	YES	NO		
Dunk Tank*	YES	NO	Shuttle Transportation	YES	NO		
Face Painting*	YES	NO	Silent Auction*	YES	NO		
Fireworks*	YES	NO	Stage	YES	NO		
Food ^A	YES	NO	If yes, please answer the follo	owing:			
If serving food, please clarify			Height:				
Free			Existing YES				
Sold			Installation YES				
			Provide any details: _				
Fortune Telling*	YES	NO	Tents or EZ-Ups	YES	NO		
Haircut and/or Beauty	YES	NO	If yes, please answer the following:				
Services (lashes, tanning,			How Many:				
etc.)*			Dimension/Size:				
Kid's games*	YES	NO	Others:				
If yes, please explain what ga	ames will be o	ffered.					
Live Entertainment*	YES	NO					
AMPLIFIED SOUND PA SYSTEM	YES	NO					

Please summarize how you plan to promote this event. Include all marketing channels, including print, partner, website, and social media promotions.

Signature Date