

Temporary Use Permit



City of Sierra Madre

232 W. Sierra Madre Blvd.
Sierra Madre, CA 91024
626.355.7135 Fax 626.355.2251
www.cityofsierramadre.com

APPLICANT'S NAME				
IF ORGANIZED, PROVIDE CONTACT NAME				
ADDRESS	CITY	STATE	ZIP CODE	PHONE
LOCATION OF EVENT				
DESCRIPTION OF EVENT				
DATE OF EVENTS		OPENING AND CLOSING HOURS		
WHAT IS YOUR PAST INVOLVEMENT WITH THIS TYPE OF EVENT?				
ESTIMATED ATTENDANCE	IS THERE SEATING? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TYPE (ASSIGNED/FESTIVAL)		
CHECK THOSE THAT APPLY. <input type="checkbox"/> Recorded Music <input type="checkbox"/> Live Music <input type="checkbox"/> Selling/Serving Food <input type="checkbox"/> Alcohol <input type="checkbox"/> Other (Booths, dunk tanks, rides, moon bounce, fences, catering trucks, ponies, etc.) <i>Specify:</i>				
BUSINESS LICENSE	WILL ALCOHOL BEVERAGES BE SERVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please remember that the Sierra Madre Municipal Code does not allow the serving or selling of alcohol in public.		
NAME(S) OF ADDITIONAL INSURED(S) REQUIRED		RELATIONSHIP TO INSURED		
PRESENT OR PREVIOUS INSURANCE CARRER				
LIMITS OF COVERAGE				
HAS ANY INSURANCE CARRIER CANCELLED OR REFUSED COVERAGE?				
IF SO, EXPLAIN				
PREVIOUS LOSSES				
SECURITY AVAILABLE Events involving alcohol must have security present.	TYPE		NUMBER	
DOES SECURITY FORCE HAVE POWER TO ARREST OR DETAIN?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Enclose a copy of security directions as separate attachment.

MEDICAL FACILITIES BEING UTILIZED (First aid stations, ambulance on premises)	
AMBULANCE RESPONSE TIME	HOSPITAL DISTANCE

EMERGENCY EVACUATION PLAN
 In case of catastrophic emergency, i.e., fire, earthquake, bomb threat, etc.
Plan must be attached to application for consideration of approval.

How are you notified of the emergency? How will the crowd be warned? How are exits marked and directions posted? How will the crowd be dispersed from facility, park, parking area, etc.? (Attach separate sheet)

STREETS TO BE CLOSED (PLEASE ATTACH A MAP)

ARE YOU ADDITIONALLY APPLYING FOR SPECIAL EVENT INSURANCE?

SPECIAL REQUESTS (Port-a-potties, trash cans, barricades, sprinklers off in the park, etc.)

ATTACHMENTS

- Fee (or fee waiver request for eligible events)
- Insurance Certificate
- Security Plan
- Emergency Evacuation Plan
- Street Map (for street closures)
- Site/Event Map
- List of Specific Special Requests

I hereby certify that I have read and will abide by all rules and regulations of the City of Sierra Madre. As a duly authorized representative of the sponsoring organization, and on behalf of sponsoring organization, I agree to defend and to hold harmless the City of Sierra Madre, together with its officers and employees, against any and all liability or claim thereof, for any injury, death or property damage allegedly suffered by any person, including sponsoring organization, its agents or employees, due to, caused by, or arising out of, the acts or omissions of the sponsoring organization, its agents or employees, or the negligent acts or omission of the City of Sierra Madre, its officers or employees, and occurring during and as a result of the exercise of the privileges, and the permission hereby being granted to sponsoring organization, its agents and employees.

SIGNATURE _____ DATE _____

TITLE _____ PHONE NUMBER _____