

Special Event Permit



City of Sierra Madre

232 W. Sierra Madre Blvd.
Sierra Madre, CA 91024
(626) 355-7135
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) | |
| <p>CHECK THOSE THAT APPLY.</p> <p><input type="checkbox"/> Selling/Serving Food <input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Other (Booths, dunk tanks, rides, moon bounce, fences, catering trucks, ponies, etc.)</p> <p><i>Specify:</i></p> | | | | |
| 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 INSURANCE CARRIER | | | | |
| 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.

| | |
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| 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

| | |
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| <ul style="list-style-type: none"> • Fee (or fee waiver request for eligible events) • Insurance Certificate • CG 20 26 - Additional insured endorsement naming the City • CG 20 01 – Primary non-contributory • CG 24 04 – Waiver of subrogation • Security Plan • Emergency Evacuation Plan | <ul style="list-style-type: none"> ▪ Street Map (for street closures) ▪ Site/Event Map ▪ List of Specific Special Requests |
|--|---|

General liability insurance. Coverage must be a minimum of \$1 million per occurrence, provides a waiver of subrogation in favor of the City, and must include a separate endorsement that makes the insurance primary and non-contributory and either specifically names the City of Sierra Madre, its officials, employees, agents and volunteers as additional insureds or has appropriate blanket coverage. Insurance must be on a per occurrence basis; claims-made coverage will not be accepted. The named insured must match either the name of the "Applicant" or the "Organization" to be valid. All coverage available to the named insured shall also be available and applicable to the City.

Primary Coverage

For any claims related to this contract, the Company's insurance coverage shall be primary insurance coverage at least as broad as ISO CG 20 01 04 13 as respects the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City, its officers, officials, employees, or volunteers shall be excess of the Company's insurance and shall not contribute with it.

Waiver of Subrogation

Company hereby grants to City a waiver of any right to subrogation, which any insurer of said Company may acquire against the City by virtue of the payment of any loss under such insurance. Company agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer. However, the Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors

Additional insurance requirements: The City reserves the right to require higher general liability insurance limits and/or additional coverage (for example: automobile liability, aircraft liability, or other coverage types), based on the special event's activities, risks, and/or number in attendance.

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, unless solely caused by the gross negligence or willful misconduct of the City of

Sierra Madre, its offices, employees, or agents, 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 _____

COMMUNITY SERVICES DEPARTMENT USE ONLY

| | |
|---------------------------|-------|
| DEPARTMENT HEAD SIGNATURE | DATE: |
| PRINT NAME | |