

City of San Fernando



Special Event Permit Application



THE CITY OF SAN FERNANDO MUST RECEIVE THIS COMPLETED APPLICATION 45 DAYS PRIOR TO THE START OF YOUR EVENT



Non Refundable Processing Fee: \$45.00 ▪ Please make checks payable to: City of San Fernando



To the Special Event Applicant:

The City of San Fernando is host to many varied special events throughout the year. These events are an important part of our community and can add significantly to the quality of life for our residents and visitors. Depending on the nature of the events, they can enhance our neighborhoods, highlight products and services, provide marketing opportunities, and add to our cultural enrichment.

This packet is intended to help you understand the special event permit process and provide helpful information as you plan your event. Submission of a packet does not automatically deem the application approved. This packet consists of a three (3) step application process:

1. Complete the application. The application must include pages 1-16.
2. Submit the application and the processing fee of \$45.00, 45 days before your scheduled event date.
3. The City will respond within 10 days regarding the approval or denial of your Special Event Permit. The City will notify you of any additional City related event costs. The City may also request additional information within the 10 day period.

The City of San Fernando is committed to supporting quality events that are safe and enjoyable. If you have questions regarding the permit process, please contact the Public Works Department at (818) 898-1222.

Application Checklist

The following pages have been submitted to the City of San Fernando:

Required	N/A		
<input type="checkbox"/>	<input type="checkbox"/>	General Information	(page 4)
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan & Route Map	(page 5)
<input type="checkbox"/>	<input type="checkbox"/>	Parking Plan	(page 6)
<input type="checkbox"/>	<input type="checkbox"/>	(ADA) Awareness	(page 7)
<input type="checkbox"/>	<input type="checkbox"/>	Security Information	(page 8)
<input type="checkbox"/>	<input type="checkbox"/>	Marketing / Advertising	(page 8)
<input type="checkbox"/>	<input type="checkbox"/>	Entertainment and Related Activities	(page 9-10) (If Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol	(page 11)
<input type="checkbox"/>	<input type="checkbox"/>	Food Concession or Preparation	(page 11)
<input type="checkbox"/>	<input type="checkbox"/>	Restrooms	(page 12)
<input type="checkbox"/>	<input type="checkbox"/>	Waste Management	(page 13)
<input type="checkbox"/>	<input type="checkbox"/>	Insurance	(page 14)
<input type="checkbox"/>	<input type="checkbox"/>	Hold Harmless Agreement	(page 15)
<input type="checkbox"/>	<input type="checkbox"/>	City Department Review & Approval	(page 16)
<input type="checkbox"/>	<input type="checkbox"/>	Business Vendor License Attachments	
<input type="checkbox"/>	<input type="checkbox"/>	Medical Evacuation Plan Attachment	

I, _____, on behalf of _____ (the organization I represent), certify that all foregoing pages in this Special Event Application have been completed. I attest that the information contained herein is accurate, to the best of my knowledge and belief. I attest that I have read all the rules, regulations, and guidelines specified herein and that which is included in this Special Event Application.

I, acting on behalf of _____, (the organization I represent), am authorized to commit that organization to agree to abide by the rules, regulations, and guidelines specified herein, and I will accept all responsibilities for any damage to City Property and/or facilities, any payments for municipal services and/or resources as they have been outlined and as they may be utilized by me and the organization whom I am representing and the patrons who will be served by this Special Event.

Event Title: _____ Event Date(s): _____ Event Time(s): _____
Please Print

Name of Applicant: _____
Please Print

Title: _____
Please Print

Organization Name: _____
Please Print

Signature: _____ Date: _____

General Information

Event Name: _____

Group or Association sponsoring event: _____

Address: _____ City: _____ State: _____ Zip: _____

Event Contact Person(s) Name: _____

Event Contact Person(s) Phone: _____ Fax: _____

Number of expected participants / attendees per day: _____

Event Date(s) / Time(s): _____

Event Arrival Set-Up Time: _____

Event Completion / Strike Time: _____

Event Location: _____

Event Category:

(Check all that apply)

Sports/Recreation

Parade/March

Fair/Festival

Race/Walk

Concert/Performance

Outdoor Market

Nonprofit Organization

Other: _____

Is this an annual event? Yes No

How many years have you been holding this event? _____

Location(s) of previous events: _____

REQUIRED: Emergency Contact: In case of an emergency during the event, a person must be available to be contacted during the hours of the event. Please identify:

Name: _____

Telephone: _____

Cell / Pager: _____

Will streets or traffic lanes need to be closed for the event? Yes No

If yes, the applicant shall notify the following:

- The San Fernando Public Works Department- City Engineer, (818) 898-1225
- Dennis Clemons, Inspector - Los Angeles County Fire Department (LAFD), (818) 374-1110

Please Provide the San Fernando Recreation and Community Services Department a Copy of your Fire Permit and Street Closure Permit.

Site Plan & Route Map

A drawing of your event site plan/route map must be submitted and include, but is not limited to:

- ❑ An overview of the event venue, including the names of all streets and moving routes of any kind. Indicate the direction of travel and all street or lane closures.
- ❑ The provisions for a minimum of twenty-foot (20') emergency access lanes throughout the event venue.
- ❑ The location of all first aid facilities.
- ❑ The location of all searchlights.
- ❑ The location of all stages, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers, and dumpsters, and other temporary structures.
- ❑ Location of generator(s) with source of grounding and/ or source of electricity.
- ❑ Identification of all handicapped accessible areas that meet standards, pedestrian access, and requested street closures.

Once the City receives an adequate site plan, if necessary, the City Engineer will provide an appropriate traffic mitigation plan for the proposed event with the following details:

- ❑ Traffic Control Plan (TCP)
 - For each sign include the Manual of Uniform Traffic Control Devices (MUTCD) sign number, sign size, sign description, and its location on the TCP.
 - Show size, height, and location of all channelizing devices, warning lights, flag trees, portable barriers, etc. on the TCP. All devices must meet standards specified by MUTCD.
 - Example: Cones no smaller than 700 mm (28 in.) and no farther apart than 12.2 m (40 ft.), include the length of channeling tapers.
 - Consult the Transportation Engineering Division at (818) 898-1222 for any TCP questions.
- ❑ Traffic Signal Operation and Equipment
 - Include location of all traffic signals.
 - If special signal timing is required in the TCP, specify ALL changes and their effects.
 - Consult the Transportation Engineering Division at (818) 898-1222 for any signal questions.
- ❑ Pedestrian Safety
 - Be sure pedestrians have a safe route to walk and/or are protected throughout the entire traffic control area before submittal of the TCP for review.
 - Show all pedestrian entry and exit paths on the TCP.
- ❑ Parking Restrictions
 - The applicant must post City of San Fernando no parking signs 24 hours prior to the event.
 - Contact person for sign information: Community Development Department (818) 898-1327.
- ❑ Other event components not listed above.

Traffic Control Site Plan / Parking Plan

- The Site Plan and Route Map is not a substitute to the Traffic Control Plan requirements outlined in the *Manual of Uniform Traffic Control Devices (MUTCD) in the MUTCD California Supplement*. Please refer to this manual as needed in the development of TCPs; <http://mutcd.fhwa.dot.gov> and <http://www.dot.ca.gov/hq/traffops/signtech/mutcdsupp/supplement.htm>.
- The City Engineer requires approval of all TCPs before any TCP can be implemented.
- Should City staff at the event find potential hazards towards traffic and/or pedestrian safety, they can require the applicant to modify the TCP.

Americans with Disabilities (ADA) Awareness

DEFINITIONS

- The term accessible shall mean ADA compliant.

GENERAL

- Concern should be given to the accessibility of your event's location.
- An event layout map with all elements (such as parking, portable toilets, ramps, seating, accessible paths of travel, etc.) is required with this application.
- All printed material for an event is to include the request for accommodation notice with the international symbol for accessibility, a contact name, and the contact's phone number.
- Requests for accommodation may include material in an alternate format, an interpreter, or assistive listening devices.

BARRIERS

- Concern should be given to elevation changes of more than ¼" vertical or ½" beveled. This classifies as a barrier and requires a temporary ramp.
- All cords, wires, hoses, etc., which are located within a path of travel must be ramped or placed within a cord cover.

PATHS OF TRAVEL

- An alternate path of travel is required when the public right-of-way is obstructed.
- When an alternate path of travel is provided, signage designating the alternate path of travel is required.
- An alternate path of travel must be provided whenever the existing pedestrian access route in a public right-of-way is blocked by temporary conditions.
- Where possible, the alternate path of travel shall be parallel to the disrupted pedestrian access route, and on the same side of the street.
- An alternate path of travel shall have no protrusions up to a height of 80", including scaffolding and scaffolding braces. Where the alternate path of travel is adjacent to potentially hazardous conditions, the path must be protected with a barricade.

PARKING

- If parking is provided for an event, accessible parking is required.
- If no parking is provided for an event, an accessible passenger loading and unloading zone is required.
- Accessible parking, passenger loading, and unloading zones are required to be identified using the international symbol for accessibility.
- Signs with the international symbol for accessibility are to be mounted at a minimum of 60" from the finished floor or the ground.

SALES OR SERVICE COUNTERS

- If sales or service counters are provided for your event, the height must be no more than 36" from the finished floor or the ground, and the width must be at least 36" wide.

ACCESSIBLE ROUTE

- An accessible route is required from the accessible parking, and from the passenger loading and unloading zone to the event entrance.
- An accessible route is required within the event.
- An accessible route must be a minimum of 36" in width.
- Accessible routes must be identified with the international symbol for accessibility, including directional arrows, a minimum of 60" from the finished floor or the ground.
- Temporary ramps that do not exceed 8.33% grade may be required to provide an accessible route.

SEATING

- If seating is provided, accessible seating and companion seating are required.
- Accessible seating and companion seating areas must be identified using the international symbol for accessibility, placed at a minimum height of 60" above the finished floor or the ground.

PORTABLE TOILETS

- If portable toilets are provided, they must be accessible and located on a level area not to exceed a 2% cross-slope in any direction.
- The total numbers of portable toilets that are being provided for the event determines the required number of accessible portable toilets. This number is 10% of the total, but in no event less than one for each location. If a single unit is placed, it must be accessible. The placement of single units will increase the number of accessible portable toilets required for your event.
- An accessible route to each portable toilet is required.
- Accessible portable toilets must be identified with the international symbol of accessibility.

Security Information

Have you made arrangements for security? Yes No

If yes, what form of security will you be using?

(Please check all that apply)

- City of San Fernando Police Department
- Licensed & bonded professional security company
- Other: _____

If using a licensed security company, please complete the following:

Name of Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening: _____

Fax: _____ Pager / Cell: _____

Private Patrol Operators License Number: _____

License to carry firearms: Yes No

Marketing / Advertising

Will this event be advertised or promoted? Yes No

If yes, please explain: _____

Will there be media coverage at the event? Yes No

If yes, please explain: _____

Will signs, banners, or searchlights be utilized as a source of advertisement? Yes No

If yes, please explain: _____

Note: Generally, temporary off-site signs, such as banners, A-frames, or other signage within the public right of way, are not permitted. (See City of San Fernando Municipal Code Section 106-(926-939) , or contact the City Planning Department at (818) 898-1327 for specific information on signage.)

Entertainment and Related Activities

See City of San Fernando Municipal Code Section 34-(66-69)

Is there any entertainment features related to your event? Yes No

If yes, complete the following or provide an attachment that lists all bands / performers, type of music, time of sound check, and performance schedule.

Number of stages _____

Stage # 1 size notated: Height: _____ Depth: _____ Width: _____

Stage # 2 size notated: Height: _____ Depth: _____ Width: _____

Number of performing groups: _____

Please List Performer name(s) and type(s) of Entertainment:

Will dressing room areas be provided for the entertainment? Yes No

Size of dressing room area and type:

Will sound checks be conducted prior to the event? Yes No

If yes, Start time: _____ Finish time: _____

Will amplification be used? Yes No

If yes, Start time: _____ Finish time: _____

Please describe the sound equipment that will be used for the event: _____

If using a licensed sound company, please complete the following:

Name of Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening: _____

Fax: _____ Pager / Cell: _____

Entertainment and Related Activities (Continued)

Will Generators as a power source be used? Yes No

If yes, what type: _____ How Many: _____

If using a licensed Power company, please complete the following:

Name of Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening: _____

Fax: _____ Pager / Cell: _____

Alcohol

City Municipal Code Article I. Sec. 106-(176-183)

Does your event involve the use of alcoholic beverages? Yes No

Please, check all that apply:

- Free / host alcohol
- Alcohol sales
- Host and sale alcohol
- Beer
- Beer and Wine
- Beer, Wine and Distilled alcohol

Will you be hiring a licensed bartender / caterer to serve the alcoholic beverages? Yes No

If yes, please provide the following:

Name of Licensed Bartender / Caterer:

Alcoholic Beverage Control License Number: _____

Telephone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Food Concession or Preparation

Will your event include food concessions, booths, and / or food preparation areas? Yes No

If yes, Contact the following:

- Health Department at (661) 254-9560 a minimum of 30 days prior to the event, and describe how the food will be served and / or prepared:
- Los Angeles County Fire Department at (818) 374-1110 a minimum of 30 days prior to the event to obtain a Food Booth Operations Permit.

Please provide copies of the Health Department Event Sponsor Permit and the Fire Department approved Event Permit to the San Fernando Recreation and Community Services Department.

How many food vendor(s) will be at your event? _____

Please attach a food vendor(s) list that includes the following:

- Type of food and preparation required.
- Business Name with Address, City, State and Zip Code.

Restrooms

The Los Angeles County Department of Health Services (DHS) recommends 1 chemical or portable toilet for every 175 women and 1 chemical or portable toilet for every 250 men. At least 1 chemical or portable toilet facility must be ADA accessible (The total numbers of portable toilets that are being provided for the event determines the required number of accessible portable toilets. This number is 10% of the total, but in no event less than one ADA accessible toilet for each location). This figure is based upon the maximum number of attendees at your event during peak time. For the current requirements please contact DHS at (661) 254-9560.

Are you planning to provide rest rooms at the event? Yes No

If yes, please identify the following:

Total number of port -a- toilets: _____

Total number of ADA accessible rest rooms: _____

Setup Date: _____ Time: _____

Pickup Date: _____ Time: _____

Portable Toilet Company Name: _____

Telephone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance

As a condition of use of City of San Fernando facilities or City programs, your organization must provide, at your sole expense, each of the following items as indicated:

Proof of insurance comprised of certificates of insurance and original endorsements of **comprehensive general liability insurance** written by one or more responsible insurance companies licensed to do business in California. This coverage must:

1. Name the **City of San Fernando, its officials, officers, directors, employees, agents and volunteers** as **additionally insured** against liability for injury to persons, damage to property and for the death of a person or persons arising or resulting from any act or omission on the part of your organization, its agents or employees.
2. Include liability coverage for claims made by participants in your event/program. You are advised that any and all **exclusions** pertaining to athletic or recreational events/programs must be disclosed in the endorsement and failure to do so will not necessarily insulate your organization from individual liability for claims made as a result of the use of the facilities and your event/program.
3. Be **PRIMARY** insurance with respect to the additionally insured named above. Any other insurance available to the **City of San Fernando, its officials, officers, directors, employees, agents and volunteers** shall be excess and noncontributing.
4. The comprehensive general liability insurance policy limits of such insurance shall not be less than **\$2,000,000 per occurrence for bodily injury, personal injury and property damage.**

Any deductible or self-insured retention must be identified and approved by the City. In the event the deductible is deemed to be too great, the City may require you to have your insurer eliminate the deductible or reduce it.

5. You must satisfy these requirements by furnishing the City with certificates of insurance and original endorsements affecting the required coverage. The certificates and endorsements are to be on ISO-approved forms. The City will not accept a Certificate of Insurance alone as proof of insurance coverage. The original endorsement must specifically list the following:

"The City of San Fernando, its officials, officers, directors, employees, agents, and volunteers are additionally insured against liability for injury to persons, damage to property and for the death of a person or persons arising or resulting from any act or omission on the part of your organization, its agents or employees.

This insurance is primary with respect to the additionally insured. Any other insurance available to the City of San Fernando, its officials, officers, directors, employees, agents, and volunteers shall be excess and noncontributing."

You are strongly urged to show this Notice of Conditions (including the precise wording of these requirements) to your insurance agent or broker. Doing so will help you, your agent, and the City process the proper documents in a timely manner.

If you are not able to obtain this insurance, the City may be able to provide you with an insurance quote through *Diversified Risk Insurance Brokers*, for the event coverage.

You must provide the City with the endorsement 14 days prior to the start of your event/program. Each endorsement shall be subject to approval by the City of San Fernando as to form and as to insurance company.

Please sign and return this original Notice of Conditions to indicate your receipt and understanding of each of the conditions listed above.

Signature of Designated Official _____ Dated _____

Title _____

Organization's Name _____

Hold Harmless Agreement

HOLD HARMLESS AND INSURANCE AGREEMENT

By my signature below, I hereby agree to and represent the following:

_____, as a condition of use of City of San Fernando facilities on the date of _____, hereby agrees to, and shall, defend, indemnify, and hold harmless the City of San Fernando, its officials, officers, directors, employees, volunteers and agents from and against any or all loss, liability, expense, claim, costs, suits and damages of every kind, nature and description, directly or indirectly, arising from usage or activities for which Special Event Permits are granted.

_____ will take full responsibility for seeing that use of City facilities is in full adherence and compliance with all applicable City rules and conditions and the requirements of State Law.

On the date(s) of _____, commencing at 12:01 a.m. and expiring at 12:00 midnight, _____ will at its sole expense, maintain in full force and effect a policy or policies of comprehensive general liability insurance written by one or more responsible insurance companies licensed to do business in California, that will insure _____, and the City of San Fernando as an additional insured, against liability for injury to persons or property and for death of any person or persons with respect to usage or activities under the permit. Each such policy shall be subject to approval by City of San Fernando as to form and as to insurance company. The comprehensive general liability insurance policy limits of such insurance shall not be less than \$2,000,000 combined single limit.

Signature of Applicant

Dated

Title

City Review & Approval

The various City Departments will sign-off that their department has been made aware of the request for a Special Event Application, and that the responsibilities of their department have been met. If a department has any questions and/or the responsibilities have not been met, it could delay the processing of this application. The departments may suggest or require various steps or conditions concerning but not limited to traffic and parking enforcement, litter control, insurance requirements, and scheduling to avoid conflict with other activities. Only after each department has signed-off will this application process be considered complete.

Name of Applicant: _____ Permit Number: _____

Event Title: _____ Event Date(s): _____ Event Time(s): _____

Recreation and Community Services Department	Approved	Not Approved	Disapproved (Provide reason, Use additional sheet if necessary)
Community Development Department	Approved	Not Approved	Disapproved (Provide reason, Use additional sheet if necessary)
Police Department	Approved	Not Approved	Disapproved (Provide reason, Use additional sheet if necessary)
Finance Department	Approved	Not Approved	Disapproved (Provide reason, Use additional sheet if necessary)
Public Works	Approved	Not Approved	Disapproved (Provide reason, Use additional sheet if necessary)

Suggestions or requirements, if any, must be attached to the Permit. The Permit will not be approved without resolution of any requirement noted.