

Inglewood



California

Finance Department
One Manchester Blvd., 1st Floor, Inglewood Ca 90301 - (310) 412-5500 - Fax (310) 330-5735

Special Event Application

Office Use Only

Finance Approval _____ Date: ____/____/____

Customer # _____ Activity # _____

APPLICATION DATE: ____ \ ____ \ ____

Sponsoring Organization / Company Information

FIRST & LAST NAME: _____ NAME OF ORGANIZATION: _____

PERMANENT ADDRESS: _____ CITY: _____ ZIP CODE: _____

MAILING ADDRESS: _____ MAIL CITY: _____ MAIL ZIP CODE: _____

FOR PROFIT ORGANIZATION: NON PROFIT 501(c)3 -Proof of non-profit status required:

Contact Information - This contact person must be in attendance for the entire duration of the event and must be immediately accessible to City Officials during the event.

EVENT ORGANIZER / MAIN CONTACT PERSON: _____ Phone: _____ Fax: _____

CELL: _____ E-MAIL: _____

Event Information

EVENT TITLE: _____

EVENT PURPOSE & DESCRIPTION: _____

EVENT TIMELINE: _____

SET-UP DATE(S) MONTH, DAY, YEAR			DAY OF WEEK							SET-UP BEGINS		SET-UP ENDS		CLEAN UP BEGINS		CLEAN UP ENDS		TOTAL # HOURS
			M	T	W	T	F	S	S		AM		AM		AM		AM	
											PM		PM		PM		PM	
			M	T	W	T	F	S	S		AM		AM		AM		AM	
											PM		PM		PM		PM	
EVENT DATE(S) MONTH, DAY, YEAR			DAY OF WEEK							ARRIVAL TIME		EVENT BEGINS		EVENT ENDS		DEPARTURE TIME		TOTAL # HOURS
			M	T	W	T	F	S	S		AM		AM		AM		AM	
											PM		PM		PM		PM	
			M	T	W	T	F	S	S		AM		AM		AM		AM	
											PM		PM		PM		PM	

Location

EVENT LOCATION: _____

PLEASE SELECT ONE: PUBLIC (CITY) PROPERTY: PRIVATE PROPERTY:

PLEASE SELECT ONE: THE FORUM: HP RACETRACK: HOLLYWOOD PARK CASINO: OTHER:

IF THIS EVENT WILL TAKE PLACE ON PRIVATE PROPERTY, PLEASE ANSWER THE QUESTION BELOW:

1) DO YOU OWN THE PROPERTY THAT THIS EVENT WILL TAKE PLACE ON? YES NO

IF NO, PLEASE PROVIDE THE FOLLOWING SIGNATURE AS WELL AS A COPY OF THE SIGNED LEASE WITH THIS APPLICATION:

PROPERTY OWNER NAME: _____ AUTHORIZED SIGNATURE: _____

Supplemental Event Information

1) ESTIMATED ATTENDANCE:
PEAK HOUR _____ DAILY TOTAL _____ ESTIMATED # OF CARS REQUIRING PARKING: _____

2) WILL THIS EVENT TAKE PLACE OUTSIDE? YES NO

3) WILL THIS EVENT TAKE PLACE WITHIN AN EXISTING STRUCTURE? YES NO

4) IS THIS ACTIVITY OR EVENT OPEN TO THE PUBLIC? YES NO

5) WILL YOU BE CHARGING ADMISSION TO THIS EVENT? YES NO

IF YES THEN ESTIMATE THE TOTAL ADMISSION THAT WILL BE COLLECTED \$ _____

6) WILL YOU HAVE TENTS OR CANOPIES? YES NO

IF YES, PLEASE SPECIFY THE FOLLOWING: NUMBER OF TENTS _____
TENT SIZE _____

7) WILL ANY STRUCTURES BE ERECTED ON SITE? EXAMPLE STAGE OR PLATFORM YES NO

IF YES, PLEASE SPECIFY THE TYPE OF STRUCTURE: TYPE: _____

8) IS THIS AN ANNUAL EVENT? YES NO

IF YES, HOW MANY YEARS HAVE YOU BEEN HOLDING THIS EVENT WITHIN THE CITY? _____

Event Entertainment

SOUND SYSTEM – PLEASE SELECT ONE NONE ACOUSTIC AMPLIFIED

PLEASE FURTHER DESCRIBE ANY SOUND SYSTEMS OR OTHER ELECTRICAL DEVICES USED IN CONNECTION WITH THIS EVENT

(LOCATIONS SHOULD BE INCLUDED IN YOUR SITE PLAN) _____

DESCRIBE ALL PLANNED ENTERTAINMENT: IF NONE CHECK HERE

LIST OF ENTERTAINERS OR BANDS PERFORMING AT EVENT: IF NONE CHECK HERE

Security Plan

DO YOU HAVE A SECURITY PLAN FOR YOUR EVENT: IF NONE CHECK HERE

PLEASE DESCRIBE YOUR SECURITY PLAN INCLUDING CROWD CONTROL, INTERNAL SECURITY OR VENUE SAFETY, OR ATTACH PLAN TO THIS APPLICATION _____

Alcohol

DOES YOUR EVENT INVOLVE THE USE OF ALCOHOLIC BEVERAGES? YES NO

IF YES, PLEASE CHECK ALL THAT APPLY:

- FREE / HOST ALCOHOL
- ALCOHOL SALES
- HOST AND SALE ALCOHOL
- BEER
- BEER AND WINE
- BEER, WINE AND DISTILLED SPIRITS

PLEASE DESCRIBE YOUR SECURITY PLAN TO ENSURE THE SAFE SALE OR DISTRIBUTION OF ALCOHOL AT YOUR EVENT _____

Food Concessions or Preparation

DOES YOUR EVENT INVOLVE FOOD PREPERATION? YES NO

IF YES, PLEASE DESCRIBE HOW FOOD WILL BE SERVED AND/OR PREPARED _____

DO YOU INTEND TO COOK FOOD IN THE EVENT AREA? YES NO

IF YES, PLEASE CHECK ALL THAT APPLY:

- GAS
- ELECTRIC
- CHARCOAL
- OTHER (SPECIFY) _____

Carnival

DOES YOUR EVENT INVOLVE A CARNIVAL? YES NO

IF YES, PLEASE PROVIDE THE NAME AND ADDRESS OF THE CARNIVAL COMPANY BELOW

BUSINESS NAME: _____ PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE _____

* PLEASE NOTE THAT BEFORE YOUR EVENT CAN BE APPROVED, THE CARNIVAL COMPANY MUST PROVIDE THE NAME ADDRESS, DRIVERS' LICENSE/ ID AND DATE OF BIRTH OF ALL EMPLOYEES WHO WILL BE WORKING AT THE CARNIVAL SITE FOR CLEARANCE BY THE POLICE DEPARTMENT.

SPECIAL EVENT PERMIT SITE PLAN

PLEASE INCLUDE THE FOLLOWING INFORMATION FOR THE ENTIRE SITE VENUE:

- 1) ADJACENT STREETS 2) LOCATION OF EXISTING STRUCTURES AND ANY PROPOSED TEMPORARY STRUCTURES FOR THE EVENT
- 3) ANY PROPOSED BARRICADES, FENCING AND OTHER BARRIERS 4) LOCATIONS OF ANY VENDING, LIQUOR AND FOOD SALES
- 5) LOCATION OF ALL STAGES, PLATFORMS, BLEACHERS, CANOPIES, TENTS, PORTABLE TOILETS, BOOTHS AND BEER GARDENS
- 6) GENERATOR / ELECTRICITY / UTILITY SOURCES 7) REQUESTED PLACEMENT OF TRAILERS, VEHICLES AND STORAGE FACILITIES
- 8) SAFETY ACCESS AREAS 9) PARKING AREAS AND DRIVEWAY ENTRANCES 10) ALL OTHER RELEVANT EVENT ITEMS



IF YOUR EVENT IS A PARADE, PLEASE INCLUDE THE ITEMS BELOW IN THE SITE PLAN ABOVE:

- 1) PROPOSED ROUTE TO BE TRAVELED FROM START TO FINISH WITH DIRECTION OF MOVEMENT 2) ASSEMBLY AND STAGING AREAS
- 3) CLEARLY INDICATE WHERE STREET CLOSURES ARE REQUESTED (ATTACH SEPARATELY AS WELL)

AFFIDAVIT OF APPLICANT

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THE FOREGOING APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND:

- 1) I UNDERSTAND THAT THIS IS A REQUEST FOR A SPECIAL EVENT AND I WILL NOT BE AUTHORIZED TO HOLD THIS EVENT UNTIL I AM APPROVED BY THE PERMITS AND LICENSES COMMITTEE AND FULLFILL ALL RESTICTIONS CONTAINED IN MY PERMIT.
- 2) I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE CITY’S ORDINANCE AND REGULATIONS GOVERNING THIS PROPOSED EVENT.
- 3) I AGREE TO COMPLY WITH ALL OTHER LOCAL, STATE, AND/OR FEDERAL LAWS THAT ARE APPLICABLE TO THIS EVENT, INCLUDING BUT NOT LIMITED TO THE AMERICANS WITH DISABILITIES ACT, THE UNRUH CIVIL RIGHTS ACT, AND THE CALIFORNIA DISABLED PERSONS ACT.
- 4) I AGREE THAT:
 - (i) ACCESSIBLE RESTROOMS WILL BE PROVIDED AT EVENTS WHERE RESTROOMS ARE PROVIDED, CONSISTENT WITH ADA REQUIREMENTS;
 - (ii) IF PORTABLE RESTROOMS ARE PROVIDED, AT LEAST 5% OF THE PORTABLE RESTROOMS AT EACH CLUSTER OF SUCH RESTROOMS WILL BE ACCESSIBLE AND IN THE CASE OF 10 OR LESS PORTABLE RESTROOMS AT LEAST 1 SHALL BE ACCESSIBLE;
 - (iii) IF PARKING IS PROVIDED, ACCESSIBLE PARKING SPACES, EITHER PERMANENT OR TEMPORARY, WILL BE PROVIDED AT A PERCENTAGE CONSISTEN WITH ADA REQUIREMENTS;
 - (iv) ANY HEALTH AND SAFETY SERVICES PROVIDED WILL BE ACCESSIBLE, INCLUDING SANITATION AREAS, FIRST AID TENTS, ETC.; AND
 - (v) DIRECTIONAL SINAGE WILL BE POSTED TO PROVIDE PEOPLE WITH DISABILITIES WITH NOTICE OF THE LOCATION OF THE KEY ACCESSIBLE SERVICES AND FACILITIES (I.E., PARKING, RESTROOMS, HEALTH AND SAFETY SERVICES).

I FURTHER CERTIFY THAT I, ON BEHALF OF MYSELF AND/OR THE ORGANIZATION/SPONSOR (FOR WHICH I HAVE SUBMITTED A LETTER INDICATING I AM AUTHORIZED TO ACT ON HIS/HER/ITS BEHALF), AGREE TO BE FINANCIALLY RESPONSIBLE FOR PAYING ANY COSTS AND FEES TO THE CITY OF INGLEWOOD THAT ARE INCURRED BY THE CITY IN CONNECTION WITH THIS EVENT.

SIGNATURE OF APPLICANT

____/____/_____
DATE

PRINT NAME

TITLE