



# CITY OF RIVERSIDE

## SPECIAL EVENTS APPLICATION & PERMIT PACKET

**PLEASE TAKE TIME TO REVIEW THE SPECIAL EVENTS PERMIT APPLICATION AND INSTRUCTIONS BEFORE YOU BEGIN COMPLETING THE APPLICATION FORM.**

The City of Riverside is proud to have its residents and visitors host a multitude of community events in order to improve the quality of life and contribute to the economic vitality of the City. The following pages include the City of Riverside's Special Events Permit Application and accompanying instructions developed to guide you through the permit process.

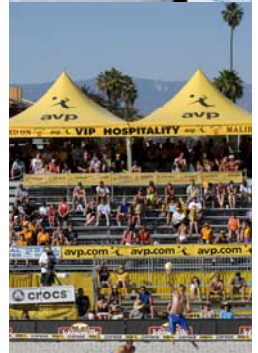
A Special Events Permit Application can now be completed online by visiting the City of Riverside's website at [www.riversideca.gov](http://www.riversideca.gov) and clicking on the "Special Events Permit Application" link under the "Doing Business Here" tab.

A Special Events Permit Application can also be printed online or picked up at and submitted to:

Attn: Special Event Permits  
City of Riverside, Development Department  
Economic Development/Marketing Division  
3900 Main Street, 5<sup>th</sup> Floor  
Riverside, CA 92522

For more information please contact (951) 826-5659 or [specialevents@riversideca.gov](mailto:specialevents@riversideca.gov). On behalf of the City of Riverside we thank you for contributing to the vitality of our community and offer you best wishes for a successful event!

**THERE ARE NO SHORTCUTS TO THE PROCESSING OF A SPECIAL EVENTS PERMIT APPLICATION. PLEASE ALLOW A MINIMUM OF SIXTY (60) DAYS FOR THE PROCESSING OF THE SPECIAL EVENTS PERMIT APPLICATION.**



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# INSTRUCTIONS

Completed Special Events Permit Applications must be received no later than sixty (60) days prior to the event start date and may be submitted as early as six (6) months prior to the event start date. In general, any organized activity involving the use of, or having impact upon public property, street areas or the temporary use of private property in a manner that varies from its current land use, requires a permit.

It is our goal to assist event organizers in planning safe and successful events that create a minimal impact on the communities and residents surrounding the events.

## COMMUNITY CALENDAR

The City of Riverside provides a calendar of upcoming events on the internet and in printed form. Information from your Permit Application is considered public information and may be used in developing the calendar of community events. The City of Riverside Community Calendar can be accessed on the internet at [calendar.riversideca.gov](http://calendar.riversideca.gov). For more information please contact [CalendarIntern@riversideca.gov](mailto:CalendarIntern@riversideca.gov).

## PARKS, RECREATION & COMMUNITY SERVICES EVENTS

If you plan to hold your event at a City park it is your responsibility to contact the appropriate division or facility manager within the Parks, Recreation and Community Services Department to coordinate the schedule of your event. Rules, regulations and restrictions unique to each site/facility may apply. For more information please contact the Parks, Recreation & Community Services Department at (951) 826-2000.

## PERMIT APPLICATION PROCESS

The Permit Application Process begins when the Event Organizer submits a completed Special Events Permit Application and Non-Refundable Permit Fee. During the initial application screening process you will be allowed time to provide all pending documents (e.g. Liability Insurance Certificate, secondary permits, etc.). We must receive these items before we can begin the Permit Application Process. Upon receipt of your completed Permit Application, a representative from the City will contact you. Thereafter, this person will serve as your City Liaison and will be your primary point of contact for the processing of your permit.

Your City Liaison will distribute, for review, copies of your Permit Application to all City Departments affected by your event. You may be contacted individually by these departments only if they have specific questions or concerns about your event. Please be aware that in some cases you may need to contact federal, state or county agencies in addition to the City of Riverside.

Throughout the Permit Application Process you will be notified if your event requires any additional information, permits, licenses or certificates. Delays in providing the requested items often delay the ability to finish the Permit Application Process and approve a Permit Application in a timely manner and could result in denial of the application.

**Note:** Keep in mind that acceptance of your Permit Application should in no way be construed as final approval or confirmation of your Permit Application.

## NON-REFUNDABLE PERMIT FEE

Fees are determined taking into consideration the status of the Host Organization. The Fee is established by resolution of the City Council and may not be waived. Payments must be made by check or money order made payable to the "City of Riverside." Cash payments will not be accepted.

<b>Block Party Permits</b>
<b>Permit Fee</b>
\$10.00
<b>Non-Profit Organizations</b>
<b>Permit Fee</b>
\$50.00
<b>Professional Corporation/Business/Organization</b>
<b>Permit Fee</b>
\$75.00

## CANCELLATION POLICY

Should Event Organizer, for any reason, need to cancel their event they must first notify their City Liaison. Written notice of cancellation must be received in our office no later than thirty (30) days prior to the event start date. Cancellations must be in written form; verbal cancellations will not be accepted.

Please keep in mind that Permit Fees are non-refundable. It is also possible that fees related to Police and/or Crossing Guard Services will still be incurred. Please contact your City Liaison for more details.

## SUBMISSION

Please submit your completed Special Events Permit Application to the City of Riverside Economic Development/Marketing Division located on the 5<sup>th</sup> floor of City Hall or via email to [specialevents@riversideca.gov](mailto:specialevents@riversideca.gov).

You may also mail your Application to:      Attn: Special Event Permits  
City of Riverside, Development Department  
Economic Development/Marketing Division  
3900 Main Street, 5<sup>th</sup> Floor  
Riverside, CA 92522

Please review the Special Event Permit Application Packet in its entirety. If you have additional questions please contact (951) 826-5659 or [specialevents@riversideca.gov](mailto:specialevents@riversideca.gov).

## SECTION I – CONTACT INFORMATION

### Host Organization

Organization Name: \_\_\_\_\_

Type of Organization:  Corporation  LLC  Non-Profit

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Website Address: http:// \_\_\_\_\_

### Event Organizer

Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### Secondary Organizer

It is recommended that Event Organizer supply contact information for a Secondary Organizer.

Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### On-Site Contact

Contact information for the person who will be on-site and will be the primary contact on the day of the event.

Name & Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_



If your event is a multi-day event, please complete the following information for each separate date. Space is provided for five (5) additional entries. If your event is longer than five (5) days, please attach an additional sheet of paper with the requested information.

**Additional Day One:**

Event Set-Up Date: \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM/PM

Event End Date: \_\_\_\_\_

Event End Time: \_\_\_\_\_ AM/PM

Event Tear-Down Date: \_\_\_\_\_

Event Tear-Down Time: \_\_\_\_\_ to \_\_\_\_\_

**Additional Day Two:**

Event Set-Up Date: \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM/PM

Event End Date: \_\_\_\_\_

Event End Time: \_\_\_\_\_ AM/PM

Event Tear-Down Date: \_\_\_\_\_

Event Tear-Down Time: \_\_\_\_\_ to \_\_\_\_\_

**Additional Day Three:**

Event Set-Up Date: \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM/PM

Event End Date: \_\_\_\_\_

Event End Time: \_\_\_\_\_ AM/PM

Event Tear-Down Date: \_\_\_\_\_

Event Tear-Down Time: \_\_\_\_\_ to \_\_\_\_\_

**Additional Day Four:**

Event Set-Up Date: \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM/PM

Event End Date: \_\_\_\_\_

Event End Time: \_\_\_\_\_ AM/PM

Event Tear-Down Date: \_\_\_\_\_

Event Tear-Down Time: \_\_\_\_\_ to \_\_\_\_\_

**Additional Day Five:**

Event Set-Up Date: \_\_\_\_\_

Event Set-Up Time: \_\_\_\_\_ to \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Event Start Time: \_\_\_\_\_ AM/PM

Event End Date: \_\_\_\_\_

Event End Time: \_\_\_\_\_ AM/PM

Event Tear-Down Date: \_\_\_\_\_

Event Tear-Down Time: \_\_\_\_\_ to \_\_\_\_\_

**Block Party Event / Petition for Temporary Street Closure**

The City of Riverside requires signatures from all affected residents/businesses both on and adjacent to a proposed street closure. Signatures and addresses will be cross-checked, with the completed map, by the Riverside Police Department prior to final approval. If any affected residents/businesses have not signed this petition, indicate the address and reason(s) below (i.e. resident on vacation, unable to connect with resident, disapproves of street closure, etc.)

Please use the document below as proof of notice of the proposed street closure. This "Block Party Petition for Temporary Street Closure" document may be reproduced as needed.

**BLOCK PARTY PETITION FOR TEMPORARY STREET CLOSURE**

The City of Riverside requires that all affected residents/businesses both on and adjacent to a proposed street closure sign this petition. Therefore, this document serves as a petition for the following proposed street closure.

Name of Person Responsible for Initiating this Petition: \_\_\_\_\_

A temporary street closure has been requested for the following date(s)/time(s) for the streets listed.

Closure Start Date: \_\_\_\_\_  
(Day of Week) (Date)

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_  
(Day of Week) (Date)

Closure End Time: \_\_\_\_\_AM/PM

Street Name(s): \_\_\_\_\_  
\_\_\_\_\_

The purpose of the proposed street closure is (Event Description): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signature of this "Petition for Temporary Street Closure," the undersigned hereby agrees to defend, indemnify and hold harmless the City of Riverside, its officers, employees and agents from any and all losses, damages, claims for damages, liability, expense or cost arising from any accident or occurrence causing any injury or damage of any person or property arising out of or attributed to the closure of the above-noted street(s) or the authorization therefore.

- |    |       |         |               |
|----|-------|---------|---------------|
| 1. | _____ | _____   | (_____) _____ |
|    | Name  | Address | Phone Number  |
| 2. | _____ | _____   | (_____) _____ |
| 3. | _____ | _____   | (_____) _____ |
| 4. | _____ | _____   | (_____) _____ |
| 5. | _____ | _____   | (_____) _____ |

# SECTION III – STREET CLOSURE(S)

## Street Closure(s)

Closure Start Date: \_\_\_\_\_  
(Day of Week) (Date)

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_  
(Day of Week) (Date)

Closure End Time: \_\_\_\_\_AM/PM

If your event requires multi-day street closures, please complete the following information for each separate date. Space is provided for five (5) additional entries. If your event requires street closures longer than five (5) days, please attach an additional sheet of paper with the requested information.

### **Additional Day One:**

Closure Start Date: \_\_\_\_\_

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_

Closure End Time: \_\_\_\_\_AM/PM

### **Additional Day Two:**

Closure Start Date: \_\_\_\_\_

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_

Closure End Time: \_\_\_\_\_AM/PM

### **Additional Day Three:**

Closure Start Date: \_\_\_\_\_

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_

Closure End Time: \_\_\_\_\_AM/PM

### **Additional Day Four:**

Closure Start Date: \_\_\_\_\_

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_

Closure End Time: \_\_\_\_\_AM/PM

### **Additional Day Five:**

Closure Start Date: \_\_\_\_\_

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_

Closure End Time: \_\_\_\_\_AM/PM

## Barricade Equipment

Does Host Organization have its own barricade equipment?  Yes  No

If not, please indicate how Host Organization will meet all barricade requirements.

- Host Organization will rent barricade equipment from a private company. Host Organization will set-up and tear-down barricade equipment.
- Host Organization will rent barricade equipment from a private company. Private Company will set-up and tear-down barricade equipment.

If renting from or hiring a private company, please provide the following information.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Contact Number: (\_\_\_\_\_) \_\_\_\_\_ Sec. Contact Number: (\_\_\_\_\_) \_\_\_\_\_

**Note:** Type III barricades are required for most events. However, should your event qualify to use Type II barricades, it may be possible to use City equipment. If your event qualifies for Type II barricades and you would like to use the City’s equipment, please contact your City Liaison for more information. There may be an additional cost associated with delivery, set-up, tear-down, etc.

**Traffic Plan**

It may be necessary for the Event Organizer to obtain a Professional Traffic Plan.

Please keep in mind that streets must be closed from intersection to intersection; streets cannot be closed mid-block. Event Organizer is responsible for posting Temporary “No Parking” Signs according to requirements.

Please list the streets, from intersection to intersection, which will be closed for your event. Space is provided for up to three (3) entries. If you need more space please attach an additional sheet of paper with the requested information. Your Site Plan/Map must show all streets and closures.

1) Street Name: \_\_\_\_\_  
From (cross street): \_\_\_\_\_  
To (cross street): \_\_\_\_\_  
Type of Closure:  Street Closure  Sidewalk Closure

2) Street Name: \_\_\_\_\_  
From (cross street): \_\_\_\_\_  
To (cross street): \_\_\_\_\_  
Type of Closure:  Street Closure  Sidewalk Closure

3) Street Name: \_\_\_\_\_  
From (cross street): \_\_\_\_\_  
To (cross street): \_\_\_\_\_  
Type of Closure:  Street Closure  Sidewalk Closure

**Notice of Temporary Street Closure**

The City of Riverside requires that all affected residents/businesses both on and adjacent to a proposed street closure be notified of such a street closure.

Please use the document below as proof of notice of the proposed street closure. This "Notice of Temporary Street Closure" document may be reproduced as needed.

**NOTICE OF TEMPORARY STREET CLOSURE**

The City of Riverside requires that all affected residents/businesses both on and adjacent to a proposed street closure be notified of such a street closure. Therefore, this document serves as proof of notice of the proposed street closure listed.

A temporary street closure has been requested for the following date(s)/time(s) for the streets listed.

Closure Start Date: \_\_\_\_\_  
(Day of Week) (Date)

Closure Start Time: \_\_\_\_\_AM/PM

Closure End Date: \_\_\_\_\_  
(Day of Week) (Date)

Closure End Time: \_\_\_\_\_AM/PM

Street Name(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose of the proposed street closure is (Event Description): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Host Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**Acknowledgement:**

By signing below, the undersigned acknowledges receipt of the above "Notice of Temporary Street Closure."

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Phone Number

## SECTION IV – VENUE & STAGING

### Facility Use Permit

Will this event take place at a City park?  Yes  No

**Note:** Please contact the Parks, Recreation and Community Services Department at (951) 826-2000. Please attach a copy of the Facility Use Permit to your Permit Application.

### Venue Details

Venue Name: \_\_\_\_\_

Venue Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Venue Description (Please attach your Site Plan/Map to your Application Packet):  
\_\_\_\_\_  
\_\_\_\_\_

### Staging Details

The following items will be used at the event (Please mark all that apply):

- Amplified Music  Bleacher(s)  Dance Floor(s)  Live Entertainment  
 Loud Speaker(s)  Microphone(s)  Stadium(s)  Stage(s)  
 Other: \_\_\_\_\_

**Note:** If any of the above items will be used, please indicate their location on your attached Site Plan/Map. Use of the above items may require the Event Organizer to meet ADA regulations.

### Catering/Food Vendor Details

Event Organizer must obtain health permits from all food handlers. If alcoholic beverages will be sold at the event, and are not provided by a professional caterer, an ABC Permit is required.

Event will include the following (Please mark all that apply):

- Alcoholic Beverages  Non-Profit Food Vendors  Pre-Packaged Food/Beverage Items  
 Professional Catering  Pot Luck Items  Retail Food Vendors

If a professional caterer will be hired for this event, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance Certificate and Health Certificate.

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

# SECTION V – PARKING & SHUTTLE SERVICES

## Parking Details

Please describe Public Parking arrangements. (Please indicate location(s) on Site Plan/Map)

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Please describe VIP, Event Staff and/or Volunteer Parking arrangements. (Please indicate location(s) on Site Plan/Map)

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## Shuttle Service Details

Will a shuttle service be provided from parking areas to the event site?     Yes     No

If yes, please describe the shuttle plan. (Please indicate pick-up and drop-off location(s) on Site Plan/Map)

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If providing a private shuttle service, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance Certificate and California State License.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_



## SECTION VII – SECURITY, POLICE & FIRE

### Security and/or Police

- If necessary, in case of emergency, the On-Site Contact will call 9-1-1.
- Event Organizer is requesting assistance from the Riverside Police Department.
- Event Organizer will provide a private security company.

If providing a private security company, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance Certificate and California State License.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### Fire

- Event will require the use of electrical generators.
- Event will host the use of fireworks, explosive devices, pyrotechnics, mock gunfire and/or the use of weaponry for special effects.  
**Note:** Please be advised that a police officer is required to be present any time weapons are loaded and/or discharged. Please contact your City Liaison for more information.
- Event will include canopies/tents with over 200 feet of material but no more than 400 feet of material.
- Event will include canopies/tents with over 400 feet of material.
- Cooking equipment with excessive heat, spark and/or open flame will be used.

If hosting the use of fireworks, explosive devices, pyrotechnics, mock gunfire and/or the use of weaponry for special effects, please provide the following information.

Date of Demonstration: \_\_\_\_\_

Time of Demonstration: \_\_\_\_\_

Demo & Location Description (Please indicate the location of the show and/or launching on the Site Plan/Map):

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## SECTION VIII – EMERGENCY SERVICES

### Medical Plan

All events are required to have a First Aid Station on-site. Please indicate the location on the Site Plan/Map.

- If necessary, in the case of an emergency, the On-Site Contact will call 9-1-1.
- Event Organizer will provide an ambulance company to be on site.
- Event Organizer will provide a medical doctor, registered nurse, and/or EMT Staff to be on site.

If providing an ambulance company, please provide the following information and attach copies of their Business Tax Certificate, Liability Insurance Certificate and California State License.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

If hiring a medical doctor, RN, and/or EMT Staff, please provide the following information and attach a copy of their identification credentials.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Physical Address: \_\_\_\_\_  
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Fax Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### Evacuation Plan

Please provide a detailed description of your emergency evacuation plan.

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## SECTION IX – SITE PLAN/MAP INSTRUCTIONS

All site plans/maps must be submitted using 8 ½" x 11" or 8 ½" x 14" white paper. All applicants are required to submit a detailed Site Plan/Map.

Site plans/maps must include a directional sign showing N, S, E and W. Site plans/maps must also include a key showing the use of symbols for people, vehicles, first aid station(s), cooking station(s), food tables, stage(s), platform(s), barricades, etc.

If using Computer Assisted Generation (CAG) for the site plan/map please ensure the use of Arial Fonts no smaller than size 10.

## SECTION X – MISCELLANEOUS

### Animals

If animals will be present, food service canopies/tents must be at least fifty (50) feet away. It will also be required that Event Organizer provides portable hand-washing stations.

Will there be any kind of animals at this event (e.g. petting zoo, pony rides, etc.)?  Yes  No

If so, please indicate the location of the animals on the Site Plan/Map.

### Balloons/Balloon Launching

It is required that the Event Organizer contact the Riverside Airport at (951) 351-6113 to obtain information regarding weather and timing of air flights in the direction of the launch. Mylar balloons, string, ribbon and/or valves are not permitted when launching balloons.

Will Mylar and/or latex helium-filled balloons be launched/sold at the event?  Yes  No

If so, please indicate launch site on Site Plan/Map. How many balloons will be launched? \_\_\_\_\_

# INDEMNIFICATION AGREEMENT

Host Organization and/or Event Organizer agree, in consideration of the granting of this Application and Special Event Permit for:

\_\_\_\_\_ to be held on \_\_\_\_\_,  
Event Name Event Date(s)

by \_\_\_\_\_ of \_\_\_\_\_.  
Event Organizer/Primary Applicant Host Organization

Host Organization and/or Event Organizer(s) agree to defend, indemnify and hold harmless the City of Riverside, and the City of Riverside's employees, officers, managers, agents, council members, and volunteers harmless from any and all losses, damages, claims for damage, liability, lawsuits, judgment expense and cost(s) arising from any injury or death to any person or damage to any property including all reasonable costs for investigation and defense thereof (including, but not limited to, attorney fees, costs and expert fees) arising out of or attributed to the issuance of Applicant's Special Event Permit regardless of where the injury, death or damage may occur, unless such injury, death or damage is caused by the sole negligence or willful misconduct of the City.

Host Organization and/or Event Organizer agree to provide satisfactory evidence of, and shall thereafter maintain during the specified special event, such insurance policies and coverages in the types, limits, forms and ratings required by the City's Risk Manager or City Attorney or their designee.

Host Organization and/or Event Organizer hereby requests waiver of insurance under the prohibitive cost exemption. **Note: This waiver is offered only to Block Party/Neighborhood Event Applicants.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# APPLICANT AGREEMENT

Please read each statement. Initialing next to each statement indicates your understanding and agreement to the statement.

\_\_\_\_\_  Host Organization and/or Event Organizer agrees, upon request, to provide a Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 combined single limit AND an additional insured endorsement naming the City of Riverside, its officers, employees and agents' as additional insured. This document must be submitted no later than fifteen (15) days prior to the event start date.

\_\_\_\_\_  Host Organization and/or Event Organizer agrees, upon request, to submit a Security Plan setting forth the proposed security measures to be taken to protect the health, safety and welfare of the participants, spectators, bystanders and passersby. This plan may be reviewed by the Police Department who may require alterations to the plan. Security measures may include but are not limited to the hiring of a private security or Riverside Police Officers at the expense of the Event Organizer.

\_\_\_\_\_  Host Organization and/or Event Organizer agrees, upon request, to provide a copy of their Determination Letter, as issued by the Internal Revenue Service of the United States, if the application is made on behalf of any organization representing itself as a tax-exempt, non-profit and/or charitable organization.

\_\_\_\_\_  Host Organization and/or Event Organizer agree, upon request, to pay a refundable Cleaning Deposit no later than ten (10) days prior to the event as a condition of the issuance of the Special Event Permit. Applicant also agrees to pay any clean-up costs, in excess of the deposit, incurred by the City as a result of additional clean-up required to return the event location and surrounding area to its previous condition.

\_\_\_\_\_  Host Organization and/or Event Organizer agree to notify all residents and businesses that will be affected by street/sidewalk closures and/or amplified sound. If the event will affect access to more than one business, the applicant must notify the Greater Riverside Chambers of Commerce. Notification also includes the posting of Temporary "No Parking" Signs on streets involved in closures for the event.

\_\_\_\_\_  Host Organization and/or Event Organizer agree to supply warning signs and/or barricades and to situate them in such a position that the road closure may be maintained in a safe and orderly manner.

\_\_\_\_\_  Host Organization and/or Event Organizer agree that any false statement or material misrepresentation made in support of this application and permit is cause for denial of issuance of a Special Event Permit. Applicant also agrees that failure to adhere to the policies and procedures established by the City of Riverside ordinance number 6102, known as the "Special Events Ordinance", or any conditions or restrictions imposed upon the permit by the Riverside Police Department or the Development Department, is cause for revocation of the Special Event Permit. Applicant further agrees that the Special Event Permit may be revoked at any time by any supervisor of the Riverside Police Department or Development Department.

By signing below, Host Organization and/or Event Organizer indicate understanding and agreement to the above statements.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date