SPECIAL EVENT PERMIT APPLICATION

PLEASE TAKE TIME TO REVIEW THE SPECIAL EVENT PERMIT APPLICATION AND INSTRUCTIONS <u>BEFORE</u> 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 be printed online or picked up at and submitted to:

> Attn: Special Event Permits
> Community & Economic Development Department
> Arts & Cultural Affairs Division
> 3900 Main Street, 5th Floor
> Riverside, CA 92522

For more information please contact (951) 826-2427 or 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. A LATE FEE IN ADDITION TO THE APPLICATION FEE WILL APPLY TO ANY SUBMITTAL RECEIVED LESS THAN SIXTY (60) DAYS PRIOR TO THE EVENT DATE. FOR A RESIDENTIAL/NEIGHBORHOOD BLOCK PARTY APPLICATION, PLEASE ALLOW A MINIMUM OF THIRTY (30) DAYS FOR PROCESSING. A LATE FEE WILL APPLY TO ANY SUBMITTAL RECEIVED LESS THAN THIRTY (30) DAYS PRIOR TO EVENT DATE.

A completed application must have all applicable sections of the application complete and must include a detailed map of the event layout. Any application that is submitted without a map of the event layout will be deemed incomplete and returned to the applicant.

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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. Residential/Neighborhood Block Party Permit Applications must be received no later than thirty (30) days prior to the event start date.

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. 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 at www.riversideca.gov/calendar. Please contact communitycalendar@riversideca.gov for more information.

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, secondary permits, etc.). 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.

A completed application must have all applicable sections of the application complete and must include a detailed map of the event layout. Any application that is submitted without a map of the event layout will be deemed incomplete and returned to the applicant.

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 insurance. 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" or by credit card. Cash payments will not be accepted. **A late fee will be applied if the application is submitted less than sixty (60) days from the date of the special event. For Residential/Neighborhood Block Permits, the late fee will be applied if application is submitted less than thirty (30) days from the date of the event.**

Residential/Neighborhood Block Party Permits	
Permit Fee	Late Fee*
$25.00	$30.00
Non-Profit Organizations	
Permit Fee	Late Fee*
$75.00	$300.00
Professional Corporation/Business/Organization	
Permit Fee	Late Fee*
$100.00	$300.00

*Late Fee is in addition to Permit Fee.

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 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 – Community & Economic Development Department, Arts & Cultural Affairs Division (address below) or via email to specialevents@riversideca.gov.

You may also mail your Application to: Attn: Special Event Permits
Community & Economic Development Department
Arts & Cultural Affairs Division
3900 Main Street, 5th Floor
Riverside, CA 92522

Please review the Special Event Permit Application Packet in its entirety. If you have additional questions please contact (951) 826-2427 or specialevents@riversideca.gov.

Host Organization*

Host Organization is the organization accepting all financial responsibility for the event and provides the required insurance.

Organization Name: _____

Type of Organization: ☐ Corporation ☐ LLC ☐ Non-Profit
(Non-Profit must provide copy of determination letter)

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*

Event Organizer is the applicant given authorization by the host organization to apply for the Special Event Permit.

Name: _____Title: _____

Mailing Address: _____
_____(Street Address)_____(City)_____(State)_____(Zip)

Phone Number: (_____)_____ Cell Phone Number: (_____)_____

E-Mail address: _____

Secondary Organizer*

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

Name: _____Title: _____

Mailing Address: _____
_____(Street Address)_____(City)_____(State)_____(Zip)

Phone Number: (_____)_____ Cell Phone Number: (_____)_____

E-Mail address: _____

Only those authorized as event organizer and secondary organizer will be able to make changes to the application.

On-Site Contact

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

Name: _____ Title: _____

☐ Check if same as above for Event Organizer or Secondary Organizer

Mailing Address: _____
                 (Street Address)   (City)   (State)   (Zip)

Phone Number: (_____) _____ Cell Phone Number: (_____) _____

E-Mail address: _____

*REQUIRED INFORMATION. Please complete entire section.

Event Details*

Event Name: _____

Type of Event: ☐ 5k or 10k Runs   ☐ Bike Races   ☐ Block Party   ☐ Celebration

☐ Ceremony   ☐ Concert   ☐ Festival   ☐ Fundraiser

☐ Farmers Market   ☐ Marathon   ☐ Half-Marathon   ☐ Parade

☐ Procession   ☐ Street Fair   ☐ Walkathons   ☐ Car Show

☐ Other: _____

Detailed Event Description (50-Word **Minimum**):

_____

_____

_____

_____

Is this an annual event?   ☐ Yes   ☐ No

Is this a multi-day event?   ☐ Yes   ☐ No   If so, how many days? _____

Is there an admission fee? ☐ Yes   ☐ No   If yes, please include admission fee(s) $____

What is the anticipated attendance?   Overall: _____   Daily: _____

Previous year's attendance (if applicable):   Overall: _____   Daily: _____

Event Set-Up & Tear-Down*

If you will be utilizing street closures please refer to the next section to provide all street closure information.

How many days will your organization require to: Set-Up: _____Tear Down: _____

Event Set-Up Date: _____   Event Set-Up Time: _____ to _____
                          (Day of Week)   (Date)

Event Start Date: _____   Event Start Time: _____ AM/PM
                        (Day of Week)   (Date)

Event End Date: _____   Event End Time: _____ AM/PM
                      (Day of Week)   (Date)

Event Tear-Down Date: _____   Event Tear-Down Time: _____ to _____
                              (Day of Week)   (Date)

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/or 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 "Block Party Petition for Temporary Street Closure" form located in the Appendix as proof of notice of the proposed street closure.

This "Block Party Petition for 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.

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

Street Closure(s)

Closure Start Date: _____   Closure Start Time: _____AM/PM
                          (Day of Week)   (Date)

Closure End Date: _____   Closure End Time: _____AM/PM
                          (Day of Week)   (Date)

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

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: (_____) _____

Secondary Contact Number: (_____) _____

                Email: _____

INSURANCE

Host Organization and/or Event Organizer must provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of $1,000,000 combined single limit, $2,000,000 aggregate AND $1,000,000 Auto Liability if the event includes any moving vehicles including golf carts AND an additional insured endorsement naming the City of Riverside, its officers, employees and agents' as additional insured. $1,000,000 Liquor Liability if the event is selling alcohol. $1,000,000 Liquor Host if the event is distributing alcohol at no charge. All vendors participating in the event and service providers must provide insurance as well as all contracted services for the event i.e. Security services, rentals, traffic management, etc. **This document must be submitted no later than fifteen (15) days prior to the event start date.**

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 on page 15.

Please list the streets, from intersection to intersection, which will be closed for your event. Space is provided for up to five (5) 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, street closures, and must include a designated 12-foot wide emergency lane.

1) Street Name: _____

    From (cross street): _____

    To (cross street): _____

    Type of Closure: ☐ Street Closure   ☐ Sidewalk Closure   ☐ Lane Closure

2) Street Name: _____

    From (cross street): _____

    To (cross street): _____

    Type of Closure: ☐ Street Closure   ☐ Sidewalk Closure   ☐ Lane Closure

3) Street Name: _____

    From (cross street): _____

    To (cross street): _____

    Type of Closure: ☐ Street Closure   ☐ Sidewalk Closure   ☐ Lane Closure

4) Street Name: _____

    From (cross street): _____

    To (cross street): _____

    Type of Closure: ☐ Street Closure   ☐ Sidewalk Closure   ☐ Lane Closure

5) Street Name: _____

    From (cross street): _____

    To (cross street): _____

    Type of Closure: ☐ Street Closure   ☐ Sidewalk Closure   ☐ Lane Closure

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.

Facility Use Permit

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

Note: Please attach a copy of the Facility Use 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* ☐ Jumper

☐ Loud Speaker(s) ☐ Microphone(s) ☐ Disk Jockey (DJ) ☐ Moving Vehicles (Including golf carts)

☐ Stage(s) Number & Size: _____

Provide by: _____

☐ EZ Up Number & Size: _____

☐ Canopy Number & Size: _____

Please indicate location of EZ Ups/canopies and size on Site Plan/Map.

☐ Other: _____

*If Live Entertainment is selected, please describe: _____

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

Catering/Food Vendor Details*

Event Organizer must obtain a health permit for the event including all food providers. If alcoholic beverages will be provided or sold at the event, an ABC Permit is required. ABC Permit application must be submitted to the city for approval a minimum of 30 days prior to the event. Police services may be required.

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

☐ Alcoholic Beverages ☐ Non-Profit Food Vendors ☐ Pot Luck Items

☐ Professional Catering ☐ Pre-Packaged Food/Beverage Items ☐ Retails 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: (_____)_____

Email: _____

Vendor Information Requirements

If event will include food vendors, a complete list of all food vendors must be provided a minimum of 15 working days prior to the event. All participating food vendors must have a valid Permit from the County of Riverside Department of Environmental Health, City of Riverside Business Tax Certificate, and Liability Insurance.

Number of Food Vendors: _____

Number of Non-Food Vendors: _____

NOTE: Non-food vendors must also be included on the list and must provide a Business Tax Certificate and Liability Insurance. See appendix for sample vendor list.
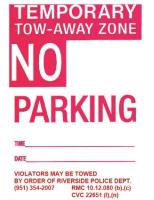
SECTION VI – PARKING & SHUTTLE SERVICES

Parking Details

Please describe Public Parking arrangements. (Please indicate location(s) on Site Plan/Map) If parking is located on private property, please provide a copy of written authorization.

_____

_____

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)

_____

_____

_____

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: _____

Parking Encroachment Details

POST "NO PARKING" SIGNS 72 HOURS BEFORE ENCROACHMENT FOR EVENTS

Garage: ☐ Yes ☐ No   Location: _____

Meters On- Street: ☐ Yes ☐ No   Location: _____

Parking Lot: ☐ Yes ☐ No   Location: _____

On-Street
Parking (not marked): ☐ Yes ☐ No   Location: _____

Marked Stalls: ☐ Yes ☐ No   Location: _____

Impacts ADA/Disabled Parking Stall(s) or Pedestrian Access Ramps: ☐ Yes   ☐ No

How do you plan to utilize the parking space? Provide specific details:

_____

_____

_____

Date/Time Meter Encroachment Begins: _____ AM/PM

Date/Time Meter Encroachment Ends: _____ AM/PM

For Metered Areas- List the meter numbers or space numbers located on the street. Please note that meter rates may apply.

Meter #s: _____

Be advised that no parking zones, disabled parking and loading zones may not be reserved.

- Temporary "No Parking" approved in conjunction with special event permits.

- Temporary No Parking Signs must indicate the Date and Time of Restriction AND the RMC 10.52.100 and CVC 22651 (l), (n).

- Temporary No Parking Signs must be posted by the permittee a maximum of 72 hours and a minimum of 24 hours before the date and time they are to take effect. Per California Vehicle Code Section 22651 (l) and (n).

- Temporary No Parking Signs SHALL NOT cover or obscure existing signs or parking meter heads.

- Temporary No Parking Signs must be unobstructed and clearly visible by drivers on the street or affected parking patrons. Post the Temporary No Parking Signs:
    o Facing oncoming traffic, directly below the existing signage, and at a 45 degree angle to the street
    o Fastened at both top and bottom
    o Signs must include "Entire Parking Lot" if an entire parking lot will be closed
    o Signs must include "Entire Block" if an entire block will be closed

- All Temporary "No Parking Signs" must be removed by the permittee upon the expiration of the signs or at the end of the event, whichever comes first.

SECTION VII – SANITATION & WASTE REMOVAL

Restroom Facility Details*

Some events will require the presence of portable restrooms and/or hand-washing stations. Use of these items will require the Event Organizer to meet ADA regulations. Please contact your rental company for attendance to restroom ratios. A copy of the rental company's City of Riverside Business Tax Certificate and Liability Insurance must be attached to Permit Application. Please indicate location(s) on your Site Plan/Map.

Will Event Organizer provide portable restroom facilities?   ☐ Yes   ☐ No

If so, please provide the following information. (Please indicate location(s) on Site Plan/Map)

Company Name: _____

Contact Name: _____

Address: _____
        (Street Address)   (City)   (State)   (Zip)

Primary Phone Number: (_____)_____ Cell Phone Number: (_____)_____

E-Mail address: _____

Waste Removal Details*

Event Organizer is responsible for arranging for the removal of all waste related to the event. This includes, but is not limited to emptying of trash bins and the removal of waste from the event site and other affected areas. A copy of the sanitation company's City of Riverside Business Tax Certificate and Liability Insurance must be attached to Permit Application. If <u>not</u> hiring a professional sanitation company, please provide the following information for the person(s) responsible for waste removal.

Contact Name & Title: _____

Primary Phone Number: (_____)_____ Cell Phone Number: (_____)_____

E-Mail address: _____

If hiring a professional sanitation company, please provide the following information.

Company Name: _____

Contact Name: _____

Address: _____
        (Street Address)   (City)   (State)   (Zip)

Primary Phone Number: (_____)_____ Cell Phone Number: (_____)_____

E-Mail address: _____

SECTION VIII – 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. The Riverside Police Department will require a signed contract for services provided.

☐ 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 City of Riverside Business Tax Certificate, Liability Insurance 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. How many: _____ Size: _____

A Fire Building & Safety Permit will be required if using generators that exceed 10,000KW

☐ 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.

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 and Time of Demonstration: _____

Company Providing Demonstration: _____

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

_____

_____

SECTION IX– 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 City of Riverside Business Tax Certificate, Liability Insurance 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: (_____)_____

E-Mail address: _____

If providing 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: (_____)_____

E-Mail address: _____

Evacuation Plan

Please provide a detailed description of your emergency evacuation plan.

_____

_____

SECTION X – 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 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, 12 foot fire lane, 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 XI – 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 yes, please list type of animal(s):
_____

If so, please indicate the location of the animals on the Site Plan/Map. Additional permitting may be required.

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 General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of $1,000,000 combined single limit, $2,000,000 aggregate AND $1,000,000 Auto Liability if the event includes any moving vehicles including golf carts 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 or State of California, 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. Notification also includes the posting of official 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. Barricades must be manned at all times during street closures.

_____ 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 Community and Economic 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 the Community and Economic Development Department.

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

_____   _____
Print Name   Title

_____   _____
Signature   Date

APPENDIX

This section provides you with documents that you may need to complete the application process. This section includes:

Block Party Petition for Temporary Street Closure

Notification of Temporary Street Closure

Insurance Sample

Notice of Temporary Parking Encroachment

Participating Vendor List

For more information please contact (951) 826-2427 or specialevents@riversideca.gov.

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: _____   Closure Start Time: _____ AM/PM
                       (Day of Week)   (Date)

Closure End Date: _____   Closure End Time: _____ AM/PM
                       (Day of Week)   (Date)

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. _____   _____
Print Name   Signature

                                        (_____) _____
Address   Phone Number

2. _____   _____
Print Name   Signature

                                          (_____) _____
Address   Phone Number

3. _____   _____
Print Name   Signature

                                          (_____) _____
Address   Phone Number

4. _____   _____
Print Name   Signature

                                          (_____) _____
Address   Phone Number

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: _____   Closure Start Time: _____ AM/PM
                    (Day of Week)   (Date)

Closure End Date: _____   Closure End Time: _____ AM/PM
                  (Day of Week)   (Date)

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."

1. _____   _____   _____   _____
Print Name   Signature   Title   Date

_____   _____   (____)_____
Business Name   Address   Phone Number

2. _____   _____   _____   _____
Print Name   Signature   Title   Date

_____   _____   (____)_____
Business Name   Address   Phone Number

NOTICE OF TEMPORARY PARKING ENCROACHMENT

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

A temporary parking encroachment has been requested for the following date(s) and time(s) at the location listed below:

Parking Encroachment Start Date: _____   Parking Encroachment Start Time: _____AM/PM
          (Day of Week and Date)

Parking Encroachment End Date: _____   Parking Encroachment End Time: _____AM/PM
(Day of Week and Date)

Garage: YES ☐ NO ☐	Location (Address, Lot or Garage):
Meters On-Street: YES ☐ NO ☐	
Parking Lot: YES ☐ NO ☐	
On-Street Parking (not marked): YES ☐ NO ☐	
Marked Stalls: YES ☐ NO ☐ **Impacts ADA/Disabled Parking Stall(s) or Pedestrian**	
Access Ramps: YES ☐ NO ☐	

The purpose of the proposed parking encroachment is (Description):
_____
_____
_____

Host Organization Name: _____

Contact Name: _____

Email Address: _____

Acknowledgement:
By signing below, the undersigned acknowledges receipt of the above "Notice of Temporary Parking Encroachment."

Signature: _____ Print Name: _____

Title: _____ Date: _____

Business Name: _____

Address: _____

Phone Number: _____

PARTICIPATING VENDORS

Please list all participating vendors. List of all vendors must be provided a minimum of 15 working days prior to the event. All participating food vendors must have a valid Permit from the County of Riverside Department of Environmental Health, City of Riverside Business Tax Certificate, and Liability Insurance.

Vendor Name	Type of Vendor	Address	Phone Number	FOR OFFICE USE ONLY		
				Health Permit	Business Tax Certificate	Insurance