



TEMPORARY USE PERMIT (TUP)

LOCATION INFORMATION

Property Address: _____
 Business Name: _____ Center Name: _____
 Type of Business: _____
 Starting Date: _____ Ending Date: _____ Starting Time: _____ Ending Time: _____
 Number of Days: _____ Application Date: _____

CHECK BOX FOR EVENT TYPE – FOR ADDITIONAL INFORMATION, REFER TO [CHAPTER 19.740 \(TUP\)](#)

MINOR USE

- | | |
|---|--|
| <input type="checkbox"/> Car Show | <input type="checkbox"/> Mobile Medical Unit for Humans |
| <input type="checkbox"/> Caretaker Living Quarters | <input type="checkbox"/> Non-Commercial Tent Meetings |
| <input type="checkbox"/> Christmas Tree/Pumpkin Sales Lot | <input type="checkbox"/> Outdoor Preparation of Food, Food & Drink Festivals, etc. |
| <input type="checkbox"/> Dwelling Unit (Motor Home, RV, Camper, etc.) | <input type="checkbox"/> Subdivision Sales Trailer |
| <input type="checkbox"/> Fair, Concert, Exhibit or Similar Use | <input type="checkbox"/> Outdoor Sales in Conjunction with a Permanent Land Use |
| <input type="checkbox"/> Fruit Stand | |

MAJOR USE

- | | |
|---|--|
| <input type="checkbox"/> Circus With or Without Tent | <input type="checkbox"/> Temporary Emergency Shelter |
| <input type="checkbox"/> Outdoor Sales Event not in Conjunction with a Permanent Land Use | <input type="checkbox"/> Vapor Recovery Operations |

CHECK ALL THAT APPLY

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol Sales | <input type="checkbox"/> Outdoor Food | <input type="checkbox"/> Water Connection |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Paid Admission | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Generators or Other Temporary Power | <input type="checkbox"/> Private Security | _____ |
| <input type="checkbox"/> Invited Guests Only | <input type="checkbox"/> Recorded/Amplified Music | _____ |
| <input type="checkbox"/> Live Bands | <input type="checkbox"/> Stage | _____ |

APPLICANT INFORMATION

Contact Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Mobile: _____
 Email: _____

I have read the City's regulations concerning temporary use permits and agree to abide by them. I understand that the activity permitted under this TUP must be discontinued on the ending date specified on this form. Where this permit is for a parking lot or sidewalk sale, I certify that the sales are in conjunction with and clearly incidental to an existing permanent use on-site. I further understand that flags, pennants, banners, portable signs, or other types of promotional paraphernalia are prohibited by the Riverside Municipal Code.

Property Owner Signature

Date

Applicant Signature

Date

City of Riverside – Temporary Use Permit Application

STAFF USE ONLY

Agency Name	Signature	Date	Comments/Conditions
<input type="checkbox"/> Planning Division 3900 Main Street, 3 rd Floor	_____	_____	_____
<input type="checkbox"/> Business Tax 3900 Main Street, 3 rd Floor	_____	_____	_____
<input type="checkbox"/> Fire Department 3900 Main Street, 3 rd Floor	_____	_____	_____
<input type="checkbox"/> Police Department 10540 Magnolia Avenue – Alcohol 4102 Orange Street – All Others	_____	_____	_____
<input type="checkbox"/> Building Division 3900 Main Street, 3 rd Floor	_____	_____	_____
<input type="checkbox"/> Public Utilities – Water 3900 Main Street, 3 rd Floor	_____	_____	_____
<input type="checkbox"/> Public Utilities – Electric 3900 Main Street, 3 rd Floor	_____	_____	_____
<input type="checkbox"/> County Health Department 4065 County Circle	_____	_____	_____
<input type="checkbox"/> Industrial Waste 5950 Acorn Street	_____	_____	_____
<input type="checkbox"/> Arts & Culture 3900 Main St, 5 th Floor	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

STAFF USE ONLY

Total Number of TUP for this Address (Year to Date) _____ Total Remaining: _____

Case Number: _____ Fees: \$ _____

Planner's Initials: _____ Submittal Date: _____