## CITY OF RIVERSIDE FIRE DEPARTMENT SPECIAL EVENT PERMIT APPLICATION

APPLICATION SHALL BE SUBMITTED NO LATER THAN 10 BUSINESS DAYS PRIOR TO THE EVENT

APPLICANT INFORMATION		
Applicant Name:Date:		
Company Name:		
Phone No:Email:		
EVENT INFORMATION		
Event Name:Event Contact:		
Event Address:		
Cell Number:		
Type of Event: Indoor  Outdoor  Both		
Date(s) of Event:/to/Event Times(s): Start:End:End:		
Number of people per day Total number of people for the event		
Food & beverage: ☐ Not applicable ☐ Cooking on-site ☐ Barbeques /grill ☐ Deep fryers ☐ Ranges ☐ Woks		
$\square$ Propane (shall be secured from tipping over) $\square$ Food truck(s)/trailer $-$ How many		
☐ Alcohol being served ☐ Yes ☐ No ☐ Beer Garden size:		
$\square$ Use of C02 (carbon dioxide gas) cylinder(s) (shall be secured from tipping over)		
Tents: ☐ Yes ☐ No (Over 400 square feet): with sidewalls: Number of tent(s):		
Will you be cooking in the tent: ☐ Yes ☐ No (Copy of the fire-retardant certification is required)		
<u>Tents:</u> ☐ Yes ☐ No (Over 700 square feet): <u>with sidewalls</u> : Number of tent(s):		
Will you be cooking in the tent:  \( \text{Yes} \) No (Copy of the fire-retardant certification is required)		
will you be cooking in the tent. $\Box$ res $\Box$ no (copy of the fire-retardant certification is required)		
Booths/canopies: Number of booth(s)/canopies:		
Maximum number of (7) 10'X10' booth(s)/canopies assembled, require a minimum clearance of 12 feet in		
between each group of 7 booth(s)/canopies for a total of 700 sq. ft. (Indicate location(s) on required site map)		
<u>Decorative materials:</u> In all assembly occupancies all decorative materials shall be flame retardant treated, shall bear a State Fire Marshal tag on each panel and/or provide a certificate of flame-retardant treatment for that product(s).		
<u>Propane heaters:</u> in tent(s): $\square$ Yes $\square$ No <u>Indoor vehicle/motorcycle display:</u> $\square$ Yes $\square$ No		
<u>Generators</u> : □ None / □ Small portable generator – How many □ Lg. gen. on a trailer – # ofkW		
Pyrotechnics/fireworks: ☐ Yes ☐ No Mock gunfire/cannon/special effects: ☐ Yes ☐ No		
Inflatable slide/house ☐ Yes ☐ No		

## REQUIRED WITH THIS APPLICATION:

The following plans shall be submitted in a clear and legible manner to scale/dimensions and on a standard 8 ½" X 11" or 8 ½" X 14 format; larger maps or blueprints may be necessary

Site map: • Indicating locations of event activities • tent(s) and/or booth(s)/canopies • distance from other temporary structures, buildings, property lines or booths • location of generators • vehicle parking areas • fire lanes • fire hydrants/fire department connections • roadways

Floor plan: • Exit locations and dimensions • exit doors • curtain(s) • placement of exit signs and emergency lighting • portable fire extinguishers • no smoking signs • cooking/open flames/candles/gel fuel/heaters • number of

table(s)/chairs • table dimension • chair spacing • chair bonding • ais • stage(s) or platforms	sle locations - length & width • flooring material(s)	
<b>Emergency Medical provided:</b> □ Yes □ No		
If yes, what type:  ☐ First Aid ☐ (BLS) Basic Life Support - Provided by:  ☐ (ALS) Advance Life Support - Provided by:  ☐ Fire Department standby (may require additional fees should even		
PERMIT ISSUANCE INFORMATION		
All applications and fees (if applicable) shall be submitted a minimum beginning date of the display or event. Permit fee: small event \$338 inspection. Additional fees may be required for multiple inspections the application and approved site map may result in an Administratic cancellation of fire permit issuance. The Administrative Citation will	s., large event \$591. with inspection or \$85. no s. Failure to comply with the requirements(s) of ve Citation with monetary fines and/or	
I CERTIFY THAT ALL THE INFORMATION SUBMITTED IS CORRECT. RELATED TO FIRE PREVENTION, AND TO THE RULES AND REGUATION MARSHAL. I HEREBY AUTHORIZE REPRESENTATIVE OF THE FIRE MENTIONED EVENT PREMISES FOR INSP	ONS ADOPTED BY THE CALIFORNIA STATE FIRE DEPARTMENT TO ENTER UPON THE ABOVE-PECTION PURPOSES.	
DATE://		
APPLICANT'S NAME:		
APPLICANT'S SIGNATURE:		
OFFICE USE ONLY		
Permit required: ☐ Yes ☐ No Inspection required: ☐ Yes ☐ No	Permit Number:	
Approved by:	Date:	
Denied by:	Date:	
Comment:		