



CITY OF LOS ALAMITOS

SPECIAL EVENT PERMIT/ TEMPORARY USE

Community Development Department
3191 Katella Ave., Los Alamitos, CA 90720-5600
Phone: (562) 431-3538 Fax: (562) 493-0678

FOR OFFICE USE ONLY

DATE SUBMITTED: _____

APPLICATION NO: _____

FEE RECEIVED

SITE PLAN RECEIVED

INSURANCE RECEIVED

APPROVED DENIED

SPECIAL EVENT
\$75 FEE

TEMPORARY USE
\$250 FEE

STREET CLOSURE \$TBD

Police Fee – Estimated \$570.00+ for 5 hours of security/traffic control

Public Works Fee – Estimated \$244.64+ for 4 hours of set up and tear down

Engineering Fee - Estimated \$515.00+ for 4+ hours to design street closure plan

**APPLICATION MUST BE RECEIVED 15 DAYS
BEFORE THE EVENT**

APPLICANT INFORMATION

Business Name: _____

Applicant Name: _____ Email: _____

Applicant Address: _____

Applicant Phone: _____

Event Address _____

Recurring Event: Yes No Event Dates: _____

Set-Up/Break Down Hours: _____ Event Hours: _____

Approximate Number of Attendees by Foot: _____ By Car: _____

Description of Event Use (Please take the time to fully describe the Event): _____

Provide a description of rides, entertainment, activities, sound system, number and size of canopies, measures used to reduce noise impact, plans to notify neighbors _____

Describe how parking is provided and traffic control measures used (supply evidence of permission): _____

Describe the signs or banners you will be using (Balloons, blowup not permitted): _____

Describe the electricity you will be using and if any street closures are expected. Enclose a Site plan/layout(Required): _____

Describe the plan for Food Service (Note: if preparing and selling food, a permit from the County Department of Environmental Services is required. Visit www.ocfoodinfo.com for additional information): _____

Describe the plan for alcohol, if any (special permits required through ABC via 714-558-4101): _____

Describe any security measures proposed: _____

CERTIFICATION OF APPLICANT: Pursuant to LAMC 17.54, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested permit or revocation of issued permit.

Applicant's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Note: Proof of Insurance needed. In addition to one-million dollars in General Liability, an endorsement specifically naming the City as additionally insured is required.