



# CITY OF LOS ALAMITOS

## SPECIAL EVENT PERMIT/ TEMPORARY USE

Development Services 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

<input type="checkbox"/> Special Event Resident \$160 fee Non-Res. \$454 fee	<input type="checkbox"/> Temporary Use \$909 Fee	<input type="checkbox"/> Street Closure \$TBD
<b>APPLICATION MUST BE RECEIVED 15 DAYS BEFORE THE EVENT</b>		
<input type="checkbox"/> Police Fee – <i>Estimated \$570.00+ for 5 hours of security/traffic control</i> <input type="checkbox"/> Public Works Fee – <i>Estimated \$619.00 for set up and tear down</i> <input type="checkbox"/> Engineering Fee - <i>Estimated \$708.00 to design street closure plan</i>		

### 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](http://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.