



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
APPLICATION MUST BE RECEIVED 15 DAYS BEFORE THE EVENT		
<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):

<http://www.ocfa.org/AboutUs/Departments/CommunityRiskReductionDirectory/PreventionFieldServices.aspx>

<https://ocfa.org/Uploads/OCFA%20Special%20Activity%20Instructions%20and%20Permit%20Application.pdf>

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.