

# Special Event Permit



## City of Sierra Madre

232 W. Sierra Madre Blvd.  
Sierra Madre, CA 91024  
(626) 355-7135  
www.cityofsierramadre.com

|   |   |  |          |       |
|---|---|--|----------|-------|
| APPLICANT'S NAME  |   |  |          |       |
| IF ORGANIZED, PROVIDE CONTACT NAME  |   |  |          |       |
| ADDRESS   | CITY  | STATE  | ZIP CODE | PHONE |
| LOCATION OF EVENT   |   |  |          |       |
| DESCRIPTION OF EVENT  |   |  |          |       |
| DATE OF EVENTS  |   | OPENING AND CLOSING HOURS  |          |       |
| WHAT IS YOUR PAST INVOLVEMENT WITH THIS TYPE OF EVENT?  |   |  |          |       |
| ESTIMATED ATTENDANCE  | IS THERE SEATING?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 | IF YES, TYPE (ASSIGNED/FESTIVAL)   |          |       |
| CHECK THOSE THAT APPLY.<br><input type="checkbox"/> <b>Selling/Serving Food</b> <input type="checkbox"/> <b>Alcohol</b><br><input type="checkbox"/> <b>Other</b> (Booths, dunk tanks, rides, moon bounce, fences, catering trucks, ponies, etc.)<br><i>Specify:</i> |   |  |          |       |
| BUSINESS LICENSE  | WILL ALCOHOL BEVERAGES BE SERVED?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Please remember that the Sierra Madre Municipal Code does not allow the serving or selling of alcohol in public. |          |       |
| NAME(S) OF ADDITIONAL INSURED(S) REQUIRED   |   | RELATIONSHIP TO INSURED  |          |       |
| PRESENT INSURANCE CARRIER   |   |  |          |       |
| LIMITS OF COVERAGE  |   |  |          |       |
| HAS ANY INSURANCE CARRIER CANCELLED OR REFUSED COVERAGE?  |   |  |          |       |
| IF SO, EXPLAIN  |   |  |          |       |
| PREVIOUS LOSSES   |   |  |          |       |
| SECURITY AVAILABLE<br>Events involving alcohol must have security present.  | TYPE  | NUMBER   |          |       |
| DOES SECURITY FORCE HAVE POWER TO ARREST OR DETAIN?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |          |       |

**Enclose a copy of security directions as separate attachment.**

|   |                   |
|---|-------------------|
| MEDICAL FACILITIES BEING UTILIZED (First aid stations, ambulance on premises) |                   |
| AMBULANCE RESPONSE TIME   | HOSPITAL DISTANCE |

**EMERGENCY EVACUATION PLAN**  
 In case of catastrophic emergency, i.e., fire, earthquake, bomb threat, etc.  
**Plan must be attached to application for consideration of approval.**

How are you notified of the emergency? How will the crowd be warned? How are exits marked and directions posted? How will the crowd be dispersed from facility, park, parking area, etc.? (Attach separate sheet)

STREETS TO BE CLOSED (PLEASE ATTACH A MAP)

ARE YOU ADDITIONALLY APPLYING FOR SPECIAL EVENT INSURANCE?

SPECIAL REQUESTS (Port-a-potties, trash cans, barricades, sprinklers off in the park, etc.)

**ATTACHMENTS**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>▪ Fee (or fee waiver request for eligible events)</li> <li>▪ Insurance Certificate</li> <li>▪ Security Plan</li> <li>▪ Emergency Evacuation Plan</li> </ul> | <ul style="list-style-type: none"> <li>▪ Street Map (for street closures)</li> <li>▪ Site/Event Map</li> <li>▪ List of Specific Special Requests</li> </ul> |
|--|---|

**General liability insurance.** Permittee shall maintain commercial general liability insurance with coverage at least as broad as Insurance Services Office form CG 00 01, in an amount not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage. The policy must include contractual liability that has not been amended. Any endorsement restricting standard ISO "insured contract" language will not be accepted. If alcohol is sold during the permitted activity, coverage must include full liquor liability. Agency, its officers, officials, agents, and employees shall be included as additional insureds on the policy.

**Additional insurance requirements:** The City reserves the right to require higher general liability insurance limits and/or additional coverage (for example: automobile liability, aircraft liability, or other coverage types), based on the special event's activities, risks, and/or number in attendance.

I hereby certify that I have read and will abide by all rules and regulations of the City of Sierra Madre. As a duly authorized representative of the sponsoring organization, and on behalf of sponsoring organization, I agree to defend and to hold harmless the City of Sierra Madre, together with its officers and employees, against any and all liability or claim thereof, for any injury, death or property damage allegedly suffered by any person, including sponsoring organization, its agents or employees, due to, caused by, or arising out of, the acts or omissions of the sponsoring organization, its agents or employees, unless solely caused by the gross negligence or willful misconduct of the City of Sierra Madre, its offices, employees, or agents, and occurring during and as a result of the exercise of the privileges, and the permission hereby being granted to sponsoring organization, its agents and employees.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**COMMUNITY SERVICES DEPARTMENT USE ONLY**

|                           |       |
|---------------------------|-------|
| DEPARTMENT HEAD SIGNATURE | DATE: |
| PRINT NAME                |       |