

Special Event Permit



City of Sierra Madre

Community Services Department
222 West Sierra Madre Boulevard
Sierra Madre, California 91024
(626) 355-5278
www.sierramadrecalifornia.gov

APPLICANT'S NAME																			
IF ORGANIZATION, PROVIDE CONTACT NAME																			
ADDRESS	CITY	STATE	ZIP CODE	PHONE															
EMAIL ADDRESS																			
LOCATION OF EVENT																			
DESCRIPTION OF EVENT																			
DATE(S) OF EVENT		START TIME AND END TIME (Including set up and break down)																	
HAVE YOU ORGANIZED THIS EVENT WITH THE CITY OF SIERRA MADRE IN THE PAST?																			
ESTIMATED ATTENDANCE	IS THERE SEATING? ☐ Yes ☐ No		IF YES, TYPE (ASSIGNED/FESTIVAL)																
CHECK THOSE THAT APPLY. <table style="width: 100%;"><tr><td>☐ Selling/Serving Food</td><td>☐ Alcohol</td><td>☐ Generators</td><td colspan="2">☐ Sound Amplification</td></tr><tr><td>☐ Street or Sidewalk Closure</td><td>☐ Animals</td><td colspan="3"></td></tr><tr><td colspan="5">☐ Other (Booths, dunk tanks, rides, moon bounce, fences, catering trucks, ponies, etc.) <i>Specify:</i></td></tr></table>					☐ Selling/Serving Food	☐ Alcohol	☐ Generators	☐ Sound Amplification		☐ Street or Sidewalk Closure	☐ Animals				☐ Other (Booths, dunk tanks, rides, moon bounce, fences, catering trucks, ponies, etc.) <i>Specify:</i>				
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BUSINESS LICENSE	ABC LICENSE ☐ Yes ☐ No (If you marked yes, please include a copy)		Please remember that the Sierra Madre Municipal Code does not allow the serving or selling of alcohol in public.																
PRESENT INSURANCE CARRIER																			
LIMITS OF COVERAGE																			
HAS ANY INSURANCE CARRIER CANCELLED OR REFUSED COVERAGE?																			
IF SO, EXPLAIN																			
PREVIOUS LOSSES																			
SECURITY AVAILABLE Events involving alcohol must have security present.		TYPE		NUMBER OF GUARDS (Guards must remain unarmed for duration of the event)															
DOES SECURITY FORCE HAVE POWER TO ARREST OR DETAIN?				☐ Yes ☐ No															

Enclose a copy of security directions as separate attachment.

MEDICAL FACILITIES BEING UTILIZED (First aid stations, ambulance on premises)

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">• Fee (or fee waiver request for eligible events)• Insurance Certificate• Additional insured endorsement naming the City• Primary non-contributory endorsement• Waiver of subrogation endorsement• Security Plan• Emergency Evacuation Plan | <ul style="list-style-type: none">▪ Street Map (for street closures)▪ Site/Event Map▪ List of Specific Special Requests |
|---|---|

Insurance Requirements

Applicant agrees to provide General Liability Insurance no less broad than ISO form CG 00 01 with minimum limits of \$1,000,000 per Occurrence; \$2,000,000 General Aggregate. The City of Sierra Madre, its officers, representatives, agents, and employees must be additional insured using an endorsement at least as broad as ISO form 20 26. The insurance provided to the City as an additional insured must apply on a primary and non-contributory basis with respect to any insurance or self-insurance program maintained by the City at least as broad as ISO CG 20 01. Applicant grants to the City a waiver of any right to subrogation which any insurer of Permittee may acquire against the City. If there is alcohol at the event, liquor liability must also be provided with minimum limits of \$1,000,000 per Occurrence, \$2,000,000 General Aggregate. Please provide information regarding your insurance provider below.

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.

REQUIREMENTS NOT LIMITING

Requirements of specific coverage features or limits contained in this section are not intended as limitations on coverage, limits or other requirements, or a waiver of any coverage normally provided by any insurance. Specific reference to a given coverage feature is for purpose of clarification only as it pertains to a given issue and is not intended by any party or insured to be all inclusive, or to the exclusion of other coverage, or a waiver of any type. If the permittee maintains higher limits than the minimums shown above, the City of Sierra Madre requires and shall be entitled to coverage for the higher limits maintained by the permittee. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City of Sierra Madre.

Will you be having a bounce house at your event? ☐ Yes ☐ No

The City of Sierra Madre requires all parties with inflatable jump houses to provide proof of insurance from the company providing the inflatable jump houses. The insurance should be a General Liability policy in the amount of no less than \$1,000,000 per Occurrence and \$2,000,000 General Aggregate. The policy must also list the City as additional insurance and the certificate holder as outlined in the Insurance Requirements listed above.

Applicant hereby agrees to indemnify, defend and hold harmless the City of Sierra Madre and its officers, officials, employees, and volunteer from and against all liability, loss, damage, expense, cost (including without limitation, cost and fees of litigation) of any nature arising out of

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or in connection with the applicant's performance of the permit described herein, or it's failure to comply with any of its obligations contained in the permit, except such loss or damage which was caused by the sole negligence or willful misconduct of the City.

Other than those City of Sierra Madre employees who are specifically assigned to assist in or monitor this event, it is understood by the City and the applicant that any and all employees and volunteers working on the applicant's event are employees or volunteers of the applicant and not the City of Sierra Madre. Any and all liability associated with activities of the applicant's employees and volunteers, including workers' compensation, are the sole responsibility of the applicant and not the City.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief. I have read, understand and agree to abide by the rules and regulations governing the proposed Special Activity or Event under the City Municipal Code § 12.34.030. I understand that this application is made subject to the rules and regulations established by the City Council and/or the City Manager or the City Manager's designee. I agree to comply with all other requirements of the City, County, State, Federal Government, and any other applicable entity which may pertain to the use of the event venue and the conduct of the event. I agree to abide by all rules, regulations and permit conditions and further certify that I, on behalf of the Host Organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the event to the City. Such City Services may include, but are not limited to, Police, Fire, Public Works, Parks and Recreation, Business License and/or other necessary services provided by the City.

I, THE UNDERSIGNED, HAVE READ THE PERMIT CONDITIONS AND INSURANCE REQUIREMENTS RELATING TO USE OF FACILITIES AND ACCEPT RESPONSIBILITY FOR MEETING THE REQUIREMENTS STATED HEREIN.

SIGNATURE _____ DATE _____

TITLE _____ PHONE NUMBER _____

COMMUNITY SERVICES DEPARTMENT USE ONLY

DEPARTMENT HEAD SIGNATURE	DATE:
PRINT NAME	