

**SPECIAL EVENT APPLICATION (\$12.00 FEE)**

Date \_\_\_\_\_

I hereby apply for a permit to conduct a \_\_\_\_\_  
under provisions of the City of Yucaipa Municipal Code, and agree to comply with all provisions of  
said Code and applicable state laws.

I hereby state that I am aware that it is my responsibility to attempt to maintain order at said event,  
and will provide such personnel as may be required and approved by the City. I also hereby attest to  
the truth of the facts presented in this application.

NAME OF APPLICANT \_\_\_\_\_

NAME OF EVENT \_\_\_\_\_

EVENT LOCATION \_\_\_\_\_

NAME OF SPONSORING ORGANIZATION \_\_\_\_\_

AGENT, IF ANY \_\_\_\_\_

NAME OF COMPANY, POLICY NUMBER, AGENCY, AND AMOUNT OF LIABILITY INSURANCE  
(Submit Certificate of Insurance naming the City of Yucaipa as additional insured, as well as an Endorsement Certificate)

\_\_\_\_\_

Number of Persons Expected \_\_\_\_\_ Number of Toilets \_\_\_\_\_

Number of Food Units with Event \_\_\_\_\_ Number of Employees \_\_\_\_\_

Final clean-up of site to be completed by (date) \_\_\_\_\_

Will a tent be used? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, you shall abide by the 1988 Uniform Fire Code Title 19 Regulations)

Will this event require the assistance of City staff? If so, please explain \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**A PLOT PLAN OF EVENT OR PARADE ROUTE, INDICATING EVENT LOCATION, INGRESS,  
EGRESS, FOOD BOOTHS, RESTROOMS AND PARKING SHALL ACCOMPANY THIS  
APPLICATION AT TIME OF REVIEW AND SIGN-OFF BY APPROPRIATE CITY OFFICIALS.**

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**NOTE:** Information regarding the requirements of the City of Yucaipa is provided with this application, and each applicant should be prepared to comply with said requirements prior to any operation. Separate permits should be obtained from each department, when needed. For your protection and for the protection of your patrons, the Uniform Building, Fire, Plumbing and Electrical Codes are in effect and a rigid inspection of food and health facilities is made.

Recommendations of City Officials shall be submitted in writing to the City Clerk. Approvals shall address event operations, dates, times and attendance levels.

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## RECOMMENDATIONS OF CITY OFFICIALS

\_\_\_\_\_  
Police/Sheriff

\_\_\_\_\_  
Fire Official

\_\_\_\_\_  
Public Works Director

\_\_\_\_\_  
Community Development/Building & Safety

\_\_\_\_\_  
Risk Management Department

## SPONSORING ORGANIZATION

\_\_\_\_\_  
Firm or Organization

\_\_\_\_\_  
Signature and Title of Agent

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

### FOR OFFICIAL USE ONLY

FEE PAID \$ \_\_\_\_\_

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

DATE \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Jennifer Shankland/Director of General Services/City Clerk