

Event Name: _____

FOR OFFICE USE ONLY

_____ \$695 Received
_____ Security Deposit Received
_____ Insurance Received

City of Murrieta



** The City of Murrieta strongly suggests
this completed application be turned into the Special Events Coordinator
120 days prior to the start of your event **

Special Event Permit Application

City of Murrieta



Dear Special Event Applicant-

The City of Murrieta is host to many fabulous special events throughout the year. These events are a fundamental part of our community and add considerably to the quality of life for our residents and visitors. Depending on the nature of the events, they can improve our neighborhoods, highlight products and services from our local businesses, and add to our cultural enrichment as well as provide some good old fashion fun for everyone involved!

This packet is intended to help you understand the special event permitting process and provide helpful information as you plan your next great event.

The City of Murrieta is committed to supporting quality events that are both safe and enjoyable. When submitting this application, a check for \$695 must accompany the application (check made payable to City of Murrieta). If you have questions regarding the permitting process, please contact the Special Events Coordinator, Laura Frasso, at 951-461-6110.

Thank you for your interest in our city!

Sincerely,
Laura Frasso, on behalf of the
City of Murrieta Special Event Committee

General Information

Event Name: _____

Group or Association Sponsoring Event:

Address: _____ City: _____ State: _____ Zip: _____

Event Person(s) Contact Name: _____

Event Contact Person Phone: _____ Fax: _____

Number of Expected Participants / Attendees:

Event Date(s): _____

Event Times(s): _____

Event Location: _____

Event Category
(Check all that apply)

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Parade/March | <input type="checkbox"/> Fair/Festival | <input type="checkbox"/> Race/Walk |
| <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Outdoor Market | <input type="checkbox"/> Nonprofit Organization | <input type="checkbox"/> Other: _____ |

Is this an annual event? Yes No

How many years have you been holding this event? _____

Location(s) of previous events: _____

REQUIRED: In case of an emergency during the event, the person listed below must be available to be contacted during the hours of the event. Please identify:

Name: _____

Cell: _____

Are you requesting streets to be closed for the event? Yes No

Site Plan & Route Map

Your event site plan/route map should be submitted and include but not be limited to:

- ❑ An overview of the event venue, including the names of all streets for a moving route, of any kind, indicate the direction of travel, and all street or lane closures.
- ❑ The provisions for a minimum of twenty-four feet (24') emergency access lanes throughout the event venue.
- ❑ The location of all first aid facilities.
- ❑ Enclosed tents exceeding 200 sq. ft. need to show number of exits and location. (State Fire Marshall listing required)
- ❑ The location of water stations.
- ❑ The location of fire hydrants.
- ❑ The location of all searchlights, platforms and access ramps.
- ❑ The location of all stages, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers, and dumpsters, and other temporary structures.
- ❑ Location of generator(s) and / or source of electricity. Generators over 25KVA must submit South Coast Air Quality Management District approval or exemption.
- ❑ Identification of all handicapped accessible areas that meet standards.
- ❑ Traffic Control Plan (TCP)
 - For each sign include the Manual of Uniform Traffic Control Device (MUTCD) sign number, sign, size, sign description and its location on TCP.
 - At applicant's expense, the City of Murrieta will for each sign include the MUTCD sign number, sign size, sign description and its location on the TCP.
 - Show size, height and location of all channelizing devices, warning lights, flag trees, portable barriers, etc. on the TCP. All devices must meet standards specified by MUTCD.
- ❑ Traffic Signal Operation and Equipment
 - Include location of all traffic signals.
 - If special signal timing is requested in the TCP, specify ALL changes and their effects.
 - Consult the Traffic Engineering Division for any signal questions.
- ❑ Pedestrian Safety
 - Be sure pedestrians have a safe route to walk and/or are protected throughout the entire traffic control area before submittal of the TCP for review ADA compliance is required.
 - Show all pedestrian entry, paths and exits on the TCP.
 - Clearly state the MUTCD sign number, size, description, height and location of all signs and other traffic control devices, including fences and barricades, within the pedestrian's safe route to walk, on the TCP.
- ❑ Parking Restrictions
 - The City, at applicant's expense, will post parking signs 48 hours prior to the event.
 - Proposed parking restrictions must be shown on traffic control plan and are subject to approval.
- ❑ Other event components not listed above.
- This checklist is not a substitute to the traffic control plan requirements outlined in the *Manual of Uniform Traffic Control Devices (MUTCD)*. Please refer to this manual, as needed in the development of TCP's, <http://mutcd.fhwa.dot.gov>.
- The City will review and approve all traffic plans.
- Should City staff at the event find potential hazards towards traffic and/or pedestrian safety, they can require the applicant to modify the TCP or in some cases, require a stamped and signed (by a licensed engineer) TCP.
- Applicant will be charged \$115.20/hour (2 hour/2person minimum) for setting up and tearing down appropriate signage for the event.

Accessibility Awareness

DEFINITIONS

- The term accessible shall mean CA State Handicap Accessibility Regulation compliant.

GENERAL

- Concern should be given to the accessibility of your event's location.
- An event layout map with all elements (such as parking, portable toilets, ramps, seating, accessible paths of travel, etc.) is required with this application.
- All printed material for an event is to include the request for accommodation notice with the international symbol for accessibility, a contact name, and the contact's phone number.
- Requests for accommodation may include material in an alternate format, an interpreter, or assistive listening devices.

BARRIERS

- Concern should be given to elevation changes of more than ¼" vertical or ½" beveled. This classifies as a barrier and requires a temporary ramp.
- All cords, wires, hoses, etc., which are located within a path of travel must be ramped or placed within a cord cover.

PATHS OF TRAVEL

- An alternate path of travel is required when the public right-of-way is obstructed.
- When an alternate path of travel is provided, signage designating the alternate path of travel is required.
- An alternate path of travel must be provided whenever the existing pedestrian access route in a public right-of-way is blocked by temporary conditions.
- Where possible, the alternate path of travel shall be parallel to the disrupted pedestrian access route, and on the same side of the street.
- An alternate path of travel shall have no protrusions up to a height of 80", including scaffolding and scaffolding braces. Where the alternate path of travel is adjacent to potentially hazardous conditions, the path must be protected with a barricade.

PARKING

- If parking is provided for an event, accessible parking is required.
- If no parking is provided for an event, an accessible passenger loading and unloading zone is required.
- Accessible parking, passenger loading, and unloading zones are required to be identified using the international symbol for accessibility.
- Signs with the international symbol for accessibility are to be mounted at a minimum of 60" from the finished floor or the ground.

SALES OR SERVICE COUNTERS

- If sales or service counters are provided for your event, the height must be no more than 34" from the finished floor or the ground, and the length must be at least 36".

ACCESSIBLE ROUTE

- An accessible route is required from the accessible parking, and from the passenger loading and unloading zone to the event entrance.
- An accessible route is required within the event.
- An accessible route must be a minimum of 36" in width.
- Accessible routes must be identified with the international symbol for accessibility, including directional arrows, a minimum of 60" from the finished floor or the ground.
- Temporary ramps that do not exceed 8.33% grade may be required to provide an accessible route. Temporary ramps that do not exceed 8.33% shall be provided to stages and platforms.

SEATING

- If seating is provided, accessible seating and companion seating are required.
- Accessible seating and companion seating areas must be identified using the international symbol for accessibility, placed at a minimum height of 60" above the finished floor or the ground.

PORTABLE TOILETS

- If portable toilets are provided, they must be accessible and located on a level area not to exceed a 2% cross-slope in any direction.
- The total numbers of portable toilets that are being provided for the event determines the required number of accessible portable toilets. This number is 10% of the total, but in no event less than one for each location. If a single unit is placed, it must be accessible. The placement of single units will increase the number of accessible portable toilets required for your event.
- An accessible route to each portable toilet is required.
- Accessible portable toilets must be identified with the international symbol of accessibility.

Security Information

Have you made arrangements for security? Yes No

If yes, what form of security will you be using?
(Please check all that apply)

- City of Murrieta Police Department
- Licensed professional security company
- Other: _____

If using a licensed security company, please complete the following:

Name of Company: _____ Address: _____
City: _____ State: _____ Zip: _____
Daytime Telephone: _____ Evening: _____
Fax: _____ Cell: _____
Private Patrol Operators License Number: _____

License to carry firearms: Yes No

The Murrieta Police Department will review your special event plan and may require you to pay for police services provided by the Murrieta Police Department (in addition to a private security plan).

Marketing / Advertising

Will this event be advertised or promoted? Yes No

If yes, please explain: _____

Will there be media coverage at the event? Yes No

If yes, please explain: _____

Will signs, banners, or searchlights be utilized as a source of advertisement? Yes No

If yes, please explain: _____

Note: Temporary off-site signs; such as banners, A-frames, or other signage within the public right of way, are not permitted. (See Development Code Section 16.38.040, except for limited purposes stated at 16.38.050(C). Murrieta Planning Department at (951) 461-6061 with questions on specific signage information.

Entertainment and Related Activities

Are there any entertainment features related to your event? Yes No

If yes, complete the following or provide an attachment that lists of all bands/performers, type of music, sound check and performance schedule.

- Number of stages: _____
- Number of Performers: _____
- Performer name(s) and type(s): _____

Will sound checks be conducted prior to the event? Yes No

If yes, starts time: _____ Finish time: _____

Will amplification be used? Yes No

If yes, starts time: _____ Finish time: _____

Please describe the sound equipment that will be used for the event: _____

If you are requesting to use the City of Murrieta's downtown sound system, please check here:

What other types of entertainment are you considering having at your event:

- petting zoo party jumps rock wall water slide
- juggler acrobat Polynesian dancers pyrotechnics

Building Department

Will Generators be used? Yes No

If yes, what size: KVA _____

**Generators exceeding 25 KVA, require South Coast Air Quality District's Approval.

Alcohol

Does your event involve the use of alcoholic beverages? Yes No

Please, check all that apply:

- Beer
- Beer and Wine

Alcohol sales require a permit. For more information, contact Alcohol Beverage Control: 3737 Main Street, Ste. 900, Riverside, CA 92501 (951) 782-4400, www.abc.ca.gov.

Will you be hiring a licensed bartender / caterer to serve the alcoholic beverages? Yes No

If yes, please provide the following:

Name of Licensed bartender/Caterer: _____

Alcoholic Beverage Control License Number: _____

Telephone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

If yes, please describe how sales to minors will be avoided at the event (for example, ID check, bracelets, gated venue): _____

Food Concession or Preparation

Will your event include food concessions, booths, and / or preparation areas? Yes No

If yes, Contact the following:

- Health Department at (951) 461-0284 a minimum of 30 days prior to the event, describe how the food will be served and/or prepared:

Will there be food vendor(s) at your event? Yes No

If yes, how many: _____

Please provide applicant(s) valid Murrieta Business License # _____

A City of Murrieta Business License (required) can be obtained at City Hall. One day temporary vendor special event permits can be used in place of a Business License for a \$10/day fee. These applications must be turned in to City Hall Business Licensing no later than 7 days prior to the event, or will result in a \$5 per vendor per day late fee.

Restrooms

Are you planning to use restrooms on site? Yes No

If so, you will be responsible for cleaning and restocking the facility after use.

Are you planning to provide rest rooms at the event? Yes No

If yes, please identify the following:

Total number of port-a-toilets: _____
(1/500 ratio)

Total number of ADA accessible rest rooms: _____
(10% minimum)

Set up Date: _____ Time: _____

Pick up Date: _____ Time: _____

Portable Toilet Company Name: _____

Telephone Number: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Multiple day events require daily service of port-a-toilets

Waste Management

The City of Murrieta uses Waste Management for its dumpster, trash bins and recycling needs. Please contact them for rates (800) 423-9986. If ordering less than 50 trash boxes, boxes must be picked up at the Corona Waste Management Yard located at 10910 Dosson Canyon Road, Corona, CA 91710. Please call them prior to pick up to ensure availability.

Will there be a need of any assistance City Staff/personnel for the event? Yes No

If yes, hourly rate will be \$125.99. If no, you will be required to supply extra trash receptacles and remove all trash/debris from the event site.

Will there be dumpsters? Yes No

If yes, please identify the following:

Total number of dumpsters / size: _____

Delivery Date: _____ Time: _____

Pickup Date: _____ Time: _____

Please explain your plan for clean-up and waste removal during and after the event: _____

Insurance

As a condition of use of City of Murrieta facilities or City programs, your organization must provide, at your sole expense, each of the following items as indicated:

Proof of insurance comprised of certificates of insurance and original endorsements of **general liability insurance** written by one or more responsible insurance companies licensed to do business in California. This coverage must:

1. Name the **City of Murrieta, its officials, officers, directors, employees, agents and volunteers** as **additional insured** against liability for injury to persons, damage to property and for the death of a person or persons arising or resulting from any act or omission on the part of your organization, its agents or employees.
2. Include liability coverage for claims made by participants in your event/program. You are advised that any and all **exclusions** pertaining to athletic or recreational events/programs must be disclosed in the endorsement and failure to do so will not insulate your organization from individual liability for claims made as a result of the use of the facilities and your event/program.
3. All insurance shall be Primary with respect to the additional insured named above. Any other insurance available to the **City of Murrieta, its officials, officers, directors, employees, agents and volunteers** shall be excess and noncontributing.
4. The general liability policy limits of such insurance shall not be less than **\$2,000,000 per occurrence for bodily injury, personal injury and property damage**. Any aggregate that applies will be double the occurrence limit.

Any deductible or self-insured retention must be identified and approved by the City. In the event the deductible is deemed to be too great, the City may require you to have your insurer eliminate the deductible or reduce it.

5. You must satisfy these requirements by furnishing the City with Certificates of Insurance and original endorsement affecting the required coverage. The certificates and endorsements are to be on ISO-approved forms. The City will not accept a Certificate of Insurance alone as proof of insurance coverage. The original endorsement must specifically list the following:

"The City of Murrieta, its officials, officers, directors, employees, agents, and volunteers are additional insured's against liability for injury to persons, damage to property and for the death of a person or persons arising or resulting from any act or omission on the part of your organization, its agents or employees.

This insurance is primary with respect to the additional insured. Any other insurance available to the City of Murrieta, its officials, officers, directors, employees, agents, and volunteers shall be excess and noncontributing."

The City of Murrieta may require additional automobile, liquor or other liability insurance policies as needed based upon the specific nature of the proposed special event.

____ (Check if applicable) This event lasts less than one day and is eligible for and requests waiver of insurance requirements pursuant to City Code 12.12.020(I)(2)

You are strongly urged to show this Notice of Conditions (including the precise wording of these requirements) to your insurance agent or broker. Doing so will help you, your agent, and the City process the proper documents in a timely manner.

If you are not able to obtain this insurance, please contact Laura Frasso at (951) 461-6110 she may be able to help assist you with finding a company to provide such insurance coverage.

You must provide the City with the endorsement 45 days prior to the start of your event/program. Each endorsement shall be subject to approval by the City Murrieta as to form and as to insurance company.

Please sign and return this original Notice of Conditions to indicate your receipt and understanding of each of the conditions listed above.

Signature of Designated Official _____ Date _____

Title _____ Organization's Name _____

Hold Harmless Agreement

HOLD HARMLESS AND INSURANCE AGREEMENT

By my signature below, I hereby agree to and represent the following:

_____ (name), as a condition of use of City of Murrieta facilities on the date of _____, hereby agrees to, and shall, defend, indemnify, and hold harmless the City of Murrieta, its officials, officers, directors, employees, volunteers and agents from and against any or all loss, liability, expense, claim, costs, suits and damages of every kind, nature and description, directly or indirectly, arising from usage or activities for which Special Event Permits are granted.

_____ (name) will take full responsibility for seeing that use of City facilities is in full adherence and compliance with all applicable City rules, conditions, and the requirements of State Law.

On the date(s) of _____, commencing at 12:01 a.m. and expiring at 12:00 midnight, _____ (name) will, at its sole expense, maintain in full force and effect a policy or policies of general liability insurance written by one or more responsible insurance companies licensed to do business in California, that will insure _____, and the City of Murrieta as an additional insured, against liability for injury to persons or property and for death of any person or persons with respect to usage or activities under the permit. Each such policy shall be subject to approval by City of Murrieta as to form and as to insurance company. The general liability insurance policy limits of such insurance shall not be less than \$2,000,000.

Signature of Applicant

Dated

Title

The following have been pages submitted to the City of Murrieta:

(Please check all completed)

- Special Event Applicant Letter (page 1)
- General Information (page 2)
- Site Plan & Route Map (page 3)
- Accessibility Awareness (page 4)
- Security Information & Marketing/Advertising (page 5)
- Entertainment/Building Department (page 6)
- Alcohol & Food Concession or Preparation (page 7)
- Restrooms & Waste Management (page 8)
- Insurance (page 9)
- Hold Harmless Agreement (page 10)
- Checklist (page 11)
- Event Checklist (page 12)
- City Review & Approval (page 13)

I, on behalf of the organization I represent, certify that all foregoing pages in this Special Event Application have been completed. I attest that the information contained herein is accurate, to the best of my knowledge and belief. I attest that I have read all the rules, regulation and guidelines specified herein and that which is included in this Special Event Application.

I, acting on behalf of the organization I represent, am authorized to commit that organization to agree to abide by the rules, regulations and guidelines specified herein, and that I will accept all responsibilities for any damage to City Property and/or facilities, any payments for municipal services and/or resources as they have been outlined and as they may be utilized by me and the organization whom I am representing and the patrons who will be served by this Special Event.

Event Title: _____ Event Date(s): _____ Event Time(s): _____
Please Print

Name of Applicant: _____
Please Print

Title: _____
Please Print

Organization Name: _____
Please Print

Signature: _____

Date: _____

Event Checklist

Event Name: _____ Initial City Contact: _____

Event Description: _____

Group or Association Sponsoring Event: _____

Event Person(s) Contact Name: _____

Event Contact Person Phone: _____ Fax: _____

Number of Expected Participants / Attendees: _____

Event Location: _____ Event Date / Time(s): _____

(For some events, maps, or schematics may be required)

Event Category (Check all that apply)

- Sports/Recreation
 Parade/March
 Fair/Festival
 Race/Walk
 Concert/Performance
 Outdoor Market
 Nonprofit Organization
 Other:

	Yes	No	N/A	Notes / Criteria	Notification Required
Is there a fee to attend event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Law enforcement requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SEC, MPD
Event open to general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SEC, MPD, CSD
Event on private property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SEC, MPD
Media likely to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #: SEC, MPD
Traffic lanes/streets/sidewalks need to be closed or impacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Traffic / Pedestrian plan will need to be submitted to the Special Event Coordinator, and Transportation approval	SEC, MPD
Private security used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #: SEC, MPD
Alcohol served or sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If sold applicant shall provide ABC License # SEC,
Food (Booths, Tables, BBQ, Catering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact Health Department # (951) 461-0284	SEC, CSD, MFD
PA Systems (Sound System, Band, DJ, Musical Instruments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time restrictions apply.	SEC, MPD
Use of City Electricity or Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:	SEC
Tents / Pop-Ups / Amusement / inflatable's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How Many:	Size: SEC, CSD
Port-A-Toilets How Many:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #: SEC, CSD
Dumpsters How Many:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #: SEC
Stage(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How Many:	Locations: SEC, CSD, BD
Will any type of animals be included in the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Species:	How Many: SEC, CSD
Is signage proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On site	Type / No. of signs: SEC
Fire Department Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		MFD

SEC - Special Event Coordinator
MPD - Police Department
MFD - Fire Department

BD - Building Department
CSD - Community Services
PD - Planning Department

City Review & Approval

The various City Departments will sign-off that their department has been made aware of the request for a Special Event Application, and that the responsibilities of their department have been met. If a department has any questions and/or the responsibilities have not been met, it could delay the processing of this application. The departments may suggest or require various steps or conditions concerning but not limited to traffic and parking enforcement, litter control, insurance requirements, and scheduling to avoid conflict with other activities. Only after each department has signed-off will this application process be considered complete.

Name of Applicant: _____ Permit Number: _____

Event Title: _____ Event Date(s): _____ Event Time(s): _____

City Police Department	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)
Street Maintenance Division	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)
Planning Department	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)
Engineering Department	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)
Building Department	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)
Special Event Coordinator	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)
Fire Department	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)
Community Services Department (CSD)	Approved	Not Approved	Disapproved (Provide reason, Use an additional sheet if necessary)

Suggestions or requirements, if any, must be attached to the Permit. The Permit will not be approved without resolution of any requirement noted.