



FOR OFFICE USE ONLY	
Event Name:	
	\$695 Received
	Security Deposit Received
	Insurance Received

City of Murrieta

SPECIAL EVENTS PERMIT APPLICATION

For timely approval, a completed application must be submitted to the Special Events Coordinator at least **120** days prior to the event start date.





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 adds 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!

The City of Murrieta is committed to supporting quality events that are both safe and enjoyable. To that end, this packet is intended to help applicants understand the special event permitting process and provide helpful information when planning for your next great event.

Please note that a check payable to the City of Murrieta in the amount of \$695.00 must accompany the submission of this application. If you have questions regarding the permitting process, please contact me at (951) 461-6110 or by email at lfrasso@MurrietaCA.gov.

Thank you for your interest in our City!

Sincerely,

Laura Frasso, Special Events Supervisor
On behalf of the City of Murrieta Special Event Committee

GENERAL EVENT INFORMATION

Event Name:

Group or Organization Sponsoring Event:

Street Address:

City, State, Zip:

1-Main Contact Person Name:

2-Alternate Contact Person Name:

1-Main Contact Email Address:

2-Alternate Contact Email Address:

1-Main Contact Cell Phone:

2-Alternate Contact Cell Phone:

1-Main Contact Secondary Phone:

2-Alternate Contact Secondary Phone:

REQUIRED: *In case of an emergency, a person from the group/organization must be available to be contacted BY PHONE during the hours of the event. Please identify this person below.*

Emergency Contact Person Name:

Emergency Contact Cell Phone:

Event Location (Name of City Facility/Park Requested):

Event Date [Day(s) & Date(s)]:

Estimated Attendance:

Event Set-up Start Time:

Event Start Time (Guest Arrival):

Event End Time:

Event Categories (Check all that apply):

Concert/Performance

Fair/Festival

Non-Profit Organization

Outdoor Market

Parade/March

Race/Walk

Sports/Recreation

Other (List Category): _____

List location(s) of where this event has been held in the past:

Is this an annual event?

Yes No

How many years has this event been held? _____

Will there be a request for street closures for this event?

Yes No If yes, please see page 3 for Traffic Control Plans (TCP).

SITE PLAN & ROUTE MAP

The event site plan and/or route map shall be submitted, and include at least, but not limited to the following:

- 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.
- Provisions for a minimum of twenty-four feet (24') emergency access lanes throughout the event venue.
- 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*).
- Location of water stations.
- Location of fire hydrants.
- Location of all searchlights, platforms, and access ramps.
- Location of all stages, bleachers, grandstands, canopies, tents, portable toilets, booths, cooking areas, trash containers, dumpsters, and other temporary structure(s).
- 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)

TCP requirements shall be discussed with and approved by the City's Traffic Engineering Department prior to the first submittal of the TCP. Contact the Traffic Engineering Department at (951) 304-2489.

- This checklist is not a substitute to the TCP requirements outlined in the CA MUTCD. Refer to this manual, as needed in the development of TCP's, which can be found at www.dot.ca.gov/trafficops/camutcd/.
- TCP shall be prepared following the requirements of the California Manual on Uniform Traffic Control Devices (CA MUTCD).
- TCP shall be prepared on the City's standard title sheet, which can be found at <http://www.murrietaca.gov/departments/engineering/docsnspecs/default.asp>
- Submit a TCP plan at 40 scale and plotted at 24" x 36", prepared by a licensed civil or traffic engineer (verify with City which is required). A minimum of two (2) full size hard copies are required for each submittal.
- TCP shall include the 24-hour contact information of the traffic control company that installs/removes the traffic control devices.
- TCP shall include a cover/title page that shows a vicinity map of the project location, traffic control notes, engineer of work, a legend of the traffic control devices, a sign legend, and hours of the event when the traffic control will be in place.
- Plans shall be submitted a minimum of ninety (90) calendar days prior to the event, and must be approved by the City at a minimum of two (2) weeks prior to the event (typical review time is 2 weeks per submittal), or the City reserves the right to deny the event should the TCP not be completed/approved by this date.
- Any requested road closures or partial road closures will require approval from the Police, Fire, and the Public Works/Engineering Departments. If allowed, a detour plan will also be required in addition to the TCP.
- On the day of the event, should City staff identify potential hazards to public safety, the City will require the applicant to modify the TCP to remedy the concern.
- Applicant will be charged (two (2) hour/two (2) person minimum) for removing any event signage or traffic control devices not removed by the applicant/applicant's representative within twenty-four (24) hours of the completion of the event.
- Applicant is responsible for obtaining a Traffic Control Company for placing/removing signage.
- Applicants Traffic Control Company shall post "NO PARKING" signs forty-eight (48) hours prior to the event.
- Removal of signs is required after the event.

ACCESSIBILITY AWARENESS

DEFINITIONS

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

GENERAL

- Accessibility of the event's location should be given consideration at a moderate to high level.
- An event layout map is required with this application with all elements (e.g. 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, and a contact person's name and phone number.
- Requests for accommodation may include material in an alternate format, an interpreter, or assisted listening devices.

BARRIERS

- Concern should be given to path of travel elevation changes of more than $\frac{1}{4}$ " vertical or $\frac{1}{2}$ " 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 the 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, and 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 number of portable toilets that will be provided for the event determines the required number of accessible portable toilets. This number is 10% of the total, but under no circumstances 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 the event.
- An accessible route to each portable toilet is required.

SECURITY INFORMATION

Please Note: The Murrieta Police Department (MPD) will review the special event plans. After review, in addition to a private security plan, fees may be required for police services that may be provided by the MPD.

1. Have arrangements been made for event security?

Yes No If yes, what type of security has been arranged? (Check all that apply.)

City of Murrieta Police Department (MPD)

Licensed Professional Security Company*

Other (List Type): _____

2. ***If using a licensed professional security company, please complete the following information:**

Name of Security Company:

Contact Person Name:

Street Address:

City, State, Zip:

Cell Phone:

Alternate Phone:

Email Address:

Private Patrol Operator's License Number:

Is security company licensed to carry firearms?

Yes No

MARKETING & ADVERTISING INFORMATION

Please 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).

1. Briefly explain how this event will be advertised or promoted:

2. Will there be media coverage at this event?

Yes No If yes, please explain.

3. Will signs, banners, or searchlights be utilized as a source of advertisement?

Yes No If yes, please explain.

BUILDING & SAFETY DEPARTMENT

Please Note: A Building Permit is required for tents that exceed 400 square feet, elevated platforms, or stages.* Temporary electrical power and lighting, generated electric power over 25HP, and gridiron structures* shall be permitted through the Building & Safety Department and Murrieta Fire & Rescue.

*Structural anchoring/stabilization is required for tents, gridiron structures, and platforms, or stages.

1. Will sound or lighting equipment be elevated on top of a gridiron structure?

Yes No

2. Will generators be utilized at this event?

Yes No If yes, how many and what size? Quantity: _____ **HP or kVA Size: _____

**Generators exceeding 25 HP or equivalent kVA requires South Coast Air Quality District approval.

3. Will tents/canopies that are over 200 square feet be utilized at this event?

Yes No

FIRE & RESCUE

Please Note: Items #1-5 must be included on the site plan. A list of food service and tent vendors will be required. HCD tag numbers are required for food service trucks.

**Fire Permit and applicable fees may be required.*

INSPECTIONS AND PERMITS

1. Yes No Will 20-foot emergency access lanes be provided throughout the event site?
2. Yes No Will the event include tents, canopies, or umbrellas? *
If yes, describe: _____
3. Yes No Will the event include any open flame cooking?
If yes, describe: _____
4. Yes No Will the event include food trucks?
5. Yes No Will vehicles and/or trailers be staged within the event venue?
6. Yes No Will the event include fireworks, rockets, lasers, or other pyrotechnics?
If yes, describe what type (e.g., aerial/theatrical): _____

Name of Fireworks/Pyrotechnics Provider:	Contact Person Name:
Website Address:	Contact Email Address:
Contact Cell Phone:	Contact Alternate Phone:

Indicate below the dates, locations, and times the fireworks/pyrotechnics provider will be at the event.

Dates(s):	Location(s):	Start Time	/	End Time
			/	
			/	

MEDICAL PLAN

1. Yes No Will CPR/First Aid certified event staff be on-site? Event Location: _____
2. Yes No Will there be a doctor on-site directing medical care? Name & Cell #: _____
3. Yes No Will there be a supervisor for medical personnel?
If yes, provide Name, Title, Qualifications & Cell #: _____
4. Yes No Will there be a supervisor for medical personnel? Event Location: _____
5. Yes No Will medical personnel be mobile with first response equipment throughout the event venue?
If yes, describe (i.e., foot, bicycle): _____
6. Yes No Will medical personnel be wearing distinctive, recognizable clothing?
If yes, describe: _____

What time will medical personnel be on duty? _____

7. Yes No Will medical personnel utilize a communication system other than cell phones?
If yes, indicate below the type (e.g., radios, push-to-talk systems) and details (radio system and frequencies used):

8. Yes No Will a shuttle be provided for non-medical pick-ups?
If yes, indicate below the staging location, company name, contact person name, and cell number:

9. Yes No Will there be a first aid kit on site? If yes, indicate below first aid station locations, and how identified:

10. Yes No Will there be an Automatic External Defibrillator (AED) on site?

Location(s):

11. Yes No Will a Basic Life Support (BLS) ambulance be on-site?

Location(s):

12. Yes No Will an Advanced Life Support (ALS) ambulance be on-site?

Location(s):

ENTERTAINMENT & RELATED ACTIVITIES

1. Briefly explain what entertainment features are related to this event:

2. How many stages? _____

3. Describe the sound equipment that will be used for this event:

4. Will the City of Murrieta's Downtown sound system be requested for use?

Yes No

5. Will sound checks be conducted prior to this event?

Yes No If yes, provide start/finish times. Start Time: _____ Finish Time: _____

6. Will amplification be used?

Yes No If yes, provide start/finish times. Start Time: _____ Finish Time: _____

7. How many performers and/or performance acts?

Performers: _____ Acts: _____

8. Below list name(s) of bands and performers, type of music, sound check, and performance schedule. *If needed, please attach a separate sheet.*

Band/Performer Name:	Type of Music:	Sound Check:	Performance Start/End Time:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	/
		<input type="checkbox"/> Yes <input type="checkbox"/> No	/
		<input type="checkbox"/> Yes <input type="checkbox"/> No	/
		<input type="checkbox"/> Yes <input type="checkbox"/> No	/

9. What other type(s) of entertainment is in consideration for this event? (Check all that apply.)

Acrobat Bounce House/Jumper* Dunk Tank* Juggler Petting Zoo*
 Polynesian Dancers Pyrotechnics* Rock Wall* Water Slide*

Other: _____

****Prior approval is required to use this type of entertainment. Generally, they are not permitted at Town Square Park.***

ALCOHOL CONSUMPTION

Alcohol sales require a state permit.

For more information contact: Alcohol Beverage Control (ABC) at 3737 Main St., #900, Riverside, CA 92501 (951) 782-4400 or www.abc.ca.gov.

Please Note: Glass bottles are not permitted at Town Square Park without special prior approval.

1. Will alcohol be consumed at this event?

Yes No If yes, check type of alcohol to be served.

Beer

Beer and Wine

Other (List Type): _____

2. Will a licensed bartender and/or caterer serve the alcoholic beverages?

Yes No If yes, please provide the following:

Name of Licensed Bartender/Caterer: _____

Street Address: _____

City, State, Zip: _____

Cell Phone: _____

Alternate Phone: _____

Email Address: _____

Alcoholic Beverage Control (ABC) License Number: _____

3. If alcohol is consumed at this event, how will sales to minors be avoided?

Bracelets

Gated Venue

ID Check

Other, please describe: _____

FOOD CONCESSION and/or PREPARATION

If the event includes food concession booths, and/or preparation areas, the Riverside County Health Department must be contacted at minimum 30 days prior to the event to let them know how food will be served and/or prepared. Contact number is (951) 461-0284.

Please Note: A City of Murrieta Business License is required for all vendors. To apply, vendors can go online at <https://www.murrietaca.gov/237/Business-Licenses>. In place of a City business license, a One Day Temporary Vendor Special Event Permit can be obtained for a fee of \$10 per day for each vendor participating. A completed Master Vendor List, and one check or credit card payment can be submitted to the City Cashier. This fee must be paid no later than seven (7) business days prior to the event date. Late fee is \$5 per vendor, per day.

1. Will there be food vendors at this event?

Yes No

a. If yes, how many of these vendors will use food trucks? _____

b. How many vendors are food vs. non-food vendors?

Food
Vendors: _____

Non-Food
Vendors: _____

RESTROOM FACILITIES

Please Note: For events held on multiple days, daily servicing of portable toilets is required by the applicant or applicant's designee.

1. Will the on-site restroom facilities be needed for this event?
 Yes No If yes, applicant or applicant's designee is responsible for cleaning and restocking the facility.

2. Will additional restrooms be provided at this event?
 Yes No If yes, please provide the following:

Total Number of Portable Toilets (1/500 Ratio): _____ Total Number of ADA Accessible (10% minimum): _____
 Delivery Date: _____ Delivery Time: _____ Pick-up Date: _____ Pick-up Time: _____

Name of Portable Toilet Company: _____

Street Address: _____	City, State, Zip: _____
Phone: _____	Alternate Phone: _____
Email Address: _____	

WASTE MANAGEMENT

Please Note: The City of Murrieta contracts its dumpsters, trash bins, and recycling needs through the Waste Management company.

For rates, contact Waste Management at (800) 423-9986. If ordering less than 50 trash boxes, these must be picked up at the Corona Waste Management yard located at 10910 Dossan Canyon Rd., Corona, CA 91710. It is recommended to call before pick-up to ensure availability.

- City of Murrieta staff/personnel: \$125.00 Hourly Rate per staff person scheduled.
- If City staff/personnel is **not** requested, the applicant is required to supply extra trash receptacles, and remove all trash/debris from the event site.

1. Will City staff/personnel be requested for this event?
 Yes No If yes, hourly rate applies.

2. Will trash dumpsters be brought on-site for this event?
 Yes No If yes, please provide the following:

Delivery Date: _____	2a. Total Number of Trash Dumpsters: _____
Delivery Time: _____	2b. Dumpster Size: _____
	Pick-up Date: _____
	Pick-up Time: _____

3. Briefly explain the plan for clean-up and waste removal during, and after this event:

INSURANCE REQUIREMENTS & NOTICE OF CONDITIONS

Please Note: The City strongly recommends applicant/organization to review this Notice of Conditions (including the precise wording of these requirements) with their insurance agent or broker. Prior review will assist applicant/organization, agent, and the City to process the proper documents in a timely manner.

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.

If unable to obtain insurance, please contact Laura Frasso at (951) 461-6110 or lfrasso@MurrietaCA.gov for possible assistance with finding a company to provide the required insurance coverage.

As a condition of use of City of Murrieta facilities or City programs, organizations must provide, at its 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 is required. This coverage must:

1. Name the **City of Murrieta, its officials, officers, directors, employees, agents and volunteers** as **additional insureds** 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 applicant/organization, its agents or employees.
2. Include liability coverage for claims made by participants in the event/program. Applicant/organization is 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 the organization from individual liability for claims made as a result of the use of the facilities and this event/program.
3. Be primary with respect to the additional insured named above in #1. Any other insurance available to the **City of Murrieta, its officials, officers, directors, employees, agents and volunteers shall** be excess and noncontributing.
4. Have 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 applicant/organization to have their insurer eliminate the deductible or reduce it.
5. Show that the applicant/organization has satisfied 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."

Name/Address for Certificate of Insurance Additional Insured:

City of Murrieta, 1 Town Square, Murrieta, CA 92562

***The City must receive the endorsement 45 days prior to the start date of the event/program.**

Each endorsement shall be subject to approval by the City Murrieta as to form, and as to insurance company.

Please sign below, return this original Notice of Conditions page to indicate receipt and understanding of each condition listed above.

Signature of Designated Official

Print Designated Official Name

Date

Name of Organization

Designated Official Title

HOLD HARMLESS and INSURANCE AGREEMENT

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

(Name) I, _____, as a condition of use of the City of Murrieta facilities on the date(s) of (Date(s)) _____, 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 the 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 of more responsible insurance companies licensed to do business in California, that will insure (Organization) _____, and the City of Murrieta as an additional insured, against liability of 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 the 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 two million dollars (\$2,000,000).

Signature of Applicant

Applicant Name – Please Print

Date

Applicant Title

APPLICATION CHECKLIST

Event Title (Please Print): _____

Event Date(s): _____ Event Start/End Times: _____ / _____

The items checked below have been submitted to the City of Murrieta Special Events Coordinator:
(Please check completed pages.)

- Special Event Applicant Letter Page 1
- General Information Page 2
- Site Plan & Route Map Page 3
- Accessibility Awareness Page 4 & 5
- Security Information Page 6
- Marketing & Advertising Information Page 7
- Building & Safety Department Page 7
- Fire & Rescue Page 8 & 9
- Entertainment & Related Activities Page 10
- Alcohol Consumption Page 11
- Food Concession and/or Preparation Page 11
- Restroom Facilities Page 12
- Waste Management Page 12
- Insurance Requirements & Notice of Conditions Page 13
- Hold Harmless and Insurance Agreement Page 14
- Application Checklist Page 15
- Event Checklist Page 16
- City Review & Approvals Page 17

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, regulations 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.

Signature of Applicant

Applicant Name – Please Print

Date

Applicant’s Title – Please Print

Organization Name – Please Print

EVENT CHECKLIST

Event Name:		Initial City Contact Person Name:
Event Description:		
Group or Organization Sponsoring Event:		
Event Contact Person Name:	Event Contact Cell Phone:	
Event Location (Please Note: For some events, maps or schematics may be required.)		
Event Date [Day(s) & Date(s)]:	Estimated Attendance:	
Event Set-up Start Time:	Event Start Time (Guest Arrival):	Event End Time:

Event Categories (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Concert/Performance | <input type="checkbox"/> Fair/Festival | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Outdoor Market | <input type="checkbox"/> Parade/March | <input type="checkbox"/> Race/Walk |
| <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Other (List Category): _____ | |

Question	Yes	No	N/A	Notes	Criteria	Notification Required
1. Is there a fee to attend event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Law enforcement requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SEC, MPD
3. Event open to general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SEC, MPD, CSD
4. Event on private property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			SEC, MPD
5. Media likely to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #:	SEC, MPD
6. 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
7. Private security used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #:	SEC, MPD
8. Alcohol served or sold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If sold applicant shall provide ABC License #	SEC,
9. Food (Booths, Tables, BBQ, Catering)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact Health Department (951) 461-0284		SEC, CSD, MFD
10. PA Systems (Sound System, Band, DJ, Musical Instruments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time restrictions apply.		SEC, MPD
11. Use of City Electricity or Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location:		SEC
12. Tents /Pop-Ups /Amusement / Inflatables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How Many:	Size:	SEC, CSD, BD
13. Port-A-Toilets How Many:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #:	SEC, CSD, BD
14. Dumpsters How Many:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Company Name:	Contact #:	SEC
15. Stage(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How Many:	Locations:	SEC, CSD, BD
16. Is signage proposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On site	Type/No. of signs:	SEC
17. Fire Department Requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			MFD
18. Building Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Notification Key:

- | | | | |
|----------------------------|--|----------------------------------|------------------------------------|
| BD – Building Dept. | CSD – Community Services | MFD – Murrieta Fire Dept. | MPD – Murrieta Police Dept. |
| PD – Police Dept. | SEC – Special Event Coordinator | | |

CITY REVIEW & APPROVAL

Please Note: The various City Departments will sign-off that their department has been notified of the request/application for a Special Event, 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.

If any department has suggestions or requirements, they must be attached to the Permit. The Permit will not be approved without resolution of any requirement noted.

Applicant Name:	City Permit Number:
-----------------	---------------------

Event Name:

Event Date [Day(s) & Date(s)]:

Event Set-up Start Time:	Event Start Time (Guest Arrival):	Event End Time:
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Department	Approved	Not Approved	Reason Not Approved – Suggestions and/or Requirements (If needed, please use a separate sheet.)
Building Department	<input type="checkbox"/>	<input type="checkbox"/>	
Community Services Department (CSD)	<input type="checkbox"/>	<input type="checkbox"/>	
Engineering Department	<input type="checkbox"/>	<input type="checkbox"/>	
Fire & Rescue	<input type="checkbox"/>	<input type="checkbox"/>	
Murrieta Police Department (MPD)	<input type="checkbox"/>	<input type="checkbox"/>	
Planning Department	<input type="checkbox"/>	<input type="checkbox"/>	
PW – Street Maintenance Division	<input type="checkbox"/>	<input type="checkbox"/>	
Special Event Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	