



COMMUNITY DEVELOPMENT DEPARTMENT

BUSINESS LICENSE DIVISION

1700 W. 162nd Street, Gardena CA 90247

TEL: (310) 217-9518 FAX: (310) 217-9698

Application for Special Event Permit

The undersigned hereby makes application to the City of Gardena, as required under the provisions of the Gardena Municipal Code Section 5.04.160 to engage in the special event described below. Please check the appropriate special event permit you are applying for:

- Annual/Periodic Event
Circus/Carnival
Other

Section 1

Form with fields: Business Name, Phone No., Business Address, Name of Applicant, Applicant is: An Individual, Partnership, Association, Corporation, Other.

Section 2

If the applicant is an individual, complete the following personal information about the applicant.

Form with fields: Residence Address, Phone No., Business Address, Driver's License No., Date of Birth, Social Security No.

Section 3

If the applicant is not an individual then complete the following information about each principal officer of the corporation, or each director of the association, or each partner of a partnership. Please list each stockholder owning more than 10% of the stock of the corporation (attach a separate sheet if necessary)

Form with fields: Name, Title, Residence Address, Business Address, Title or Nature of Interest



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| | | |
|----------------------|---------------|---------------------|
| Driver's License No. | Date of Birth | Social Security No. |
|----------------------|---------------|---------------------|

| | |
|------|-------|
| Name | Title |
|------|-------|

| |
|-------------------|
| Residence Address |
|-------------------|

| |
|------------------|
| Business Address |
|------------------|

| |
|-----------------------------|
| Title or Nature of Interest |
|-----------------------------|

| | | |
|----------------------|---------------|---------------------|
| Driver's License No. | Date of Birth | Social Security No. |
|----------------------|---------------|---------------------|

Section 4

| |
|-------------|
| Event Title |
|-------------|

| |
|---------------------------------------|
| Describe the proposed event in detail |
|---------------------------------------|

| |
|-----------|
| Admission |
|-----------|

| | | |
|-------------------------------|---------|--------------------------|
| Anticipated Attendance: Total | Per Day | Anticipated Participants |
|-------------------------------|---------|--------------------------|

| |
|----------------------|
| Location Description |
|----------------------|

| | |
|---|--|
| Is this an Annual Event? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, how many years has this event been held? |
|---|--|

| |
|---|
| Number of Amusement Devices (if applicable, attach a location list) |
|---|

Additional Elements (Check all that apply):

- Amplified Sound
- Street/Lane Closure
- Tent
- Generator/Electrical Source
- Other _____
- Games/Rides
- Barricades
- Food Sales
- Animals
- Restrooms
- Alcohol Consumption
- Dance
- Signs/Banners Vendors



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Describe where you will be parking the vehicles for the event

Describe how you will clean-up after the event

Table with 4 columns: Date/Time (for each day), Date, Time, Day of the Week. Rows include Setup, Event Starts, Event Ends, and Dismantle.

Private Security

Name of Firm

Address

Contact Person

Phone No.

License No. Number of Guards Armed? [] Yes [] No

Explain in detail any past experience applicant(s) have had in connection with the proposed event

Name, address, and phone numbers of each person who will have authority or control over the proposed event and their job title:

Name and phone number of emergency contact person

Has any permit ever been revoked or denied applicant in the past? [] Yes [] No
If yes, explain in detail the circumstances of such revocation or denial and give name and address of the governmental agency:

Mailing address where any required notice should be sent



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A detailed site plan/route map (drawn to scale or dimension) of your premises must be attached to this application, which clearly shows the layout of the event and the event's location. The plan is to be submitted on an 8 1/2" x 11" sheet of paper. The layout must show the location of the requested event with street names and/or area names and related equipment, as well as the other pertinent features of the event, such as seating (scaffolding and/or bleachers), stages, exits, street/lane closures with the direction of the traffic, ride areas, fences and/or barricades, equipment, cooking areas, generators and other sources of electricity, temporary structures, and all other event components and fixtures not already listed.

The undersigned applicant understands that the application may be considered by the City Council or by the Community Development Director only after full investigation and report has been made by the Police, Fire, Building & Safety, Planning, and Health Departments of the City of Gardena.

The undersigned applicant understands and agrees that any business or activity conducted or operated under any permit and license issued under the application, must and shall be operated in full conformity with all laws of the State of California and the laws and regulations of the City of Gardena applicable thereto, and that any violation of any such laws or regulations in said place of business, or in connection therewith, shall render any permit and license therefore subject to cancellation or revocation, pursuant to Section 5.04.160(I) or Section 5.04.240 of the Gardena Municipal Code.

I, _____ declare under penalty of perjury that the statements contained in the attached Application for Special Business Activity Permit are true and correct to the best of my knowledge and belief and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue or revocation of a permit and/or license hereunder.

| | |
|---------------------------|------|
| Signature of Applicant(s) | Date |
| Print Name | |

City Use Only

Documents Required:

- | | |
|---|----------------|
| <input type="checkbox"/> Department of Justice Permit | Received _____ |
| <input type="checkbox"/> ABC License with Conditions | Received _____ |
| <input type="checkbox"/> Insurance Certificate | Received _____ |
| <input type="checkbox"/> Bond | Received _____ |
| <input type="checkbox"/> Temporary Use Permit | Received _____ |
| <input type="checkbox"/> Conditional Use Permit | Received _____ |



Action Check List

| | Event Element | Inspection Required | Action Required |
|--------------------------|---|---------------------|-----------------|
| <input type="checkbox"/> | Sound Permit | | |
| <input type="checkbox"/> | No Parking | | |
| <input type="checkbox"/> | Lane Closure | | |
| <input type="checkbox"/> | Street Closure | | |
| <input type="checkbox"/> | Barricades | | |
| <input type="checkbox"/> | Tent | | |
| <input type="checkbox"/> | Vendors | | |
| <input type="checkbox"/> | Food Preparation | | |
| <input type="checkbox"/> | Cooking Equipment | | |
| <input type="checkbox"/> | Notifications | | |
| <input type="checkbox"/> | Insurance Certificate | | |
| <input type="checkbox"/> | Generator | | |
| <input type="checkbox"/> | Games/Rides | | |
| <input type="checkbox"/> | Restrooms | | |
| <input type="checkbox"/> | Parks | | |
| <input type="checkbox"/> | Repeat Event | | |
| <input type="checkbox"/> | Animals | | |
| <input type="checkbox"/> | Private Property | | |
| <input type="checkbox"/> | Public Property | | |
| <input type="checkbox"/> | Stages, rings, cages | | |
| <input type="checkbox"/> | Inflatables/balloons (over 15 ft height) | | |
| <input type="checkbox"/> | Temp fencing over 7 ft | | |
| <input type="checkbox"/> | Other | | |