

Los Angeles County  
Department of Parks and Recreation

**COMMERCIAL/SPECIAL EVENT APPLICATION**

THE FOLLOWING INFORMATION IS NEEDED BY PARK STAFF IN ORDER TO PROCESS THE COMMERCIAL/SPECIAL EVENT APPLICATION AND QUOTE THE FEES AND INSURANCE REQUIRED FOR THE EVENT. THIS COMMERCIAL/SPECIAL EVENT APPLICATION WILL BE SUBMITTED TO THE SUPERINTENDENT WITH APPROVAL FROM THE COUNTY OF LOS ANGELES. THIS FORM MUST BE COMPLETED (90) NINTY DAYS PRIOR TO THE EVENT. IF NOT, YOUR EVENT MAY BE DENIED. AN INCOMPLETE AND UNSIGNED FORM WILL BE RETURNED FOR COMPLETION.

**Applicant Information**

1) Named Insured is a:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Individual                 | <input type="checkbox"/> LLC or LLP                  | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Corporation                | <input type="checkbox"/> Public Agency               | <input type="checkbox"/> Not-for-Profit         |
| <input type="checkbox"/> Trust or Estate            | <input type="checkbox"/> Labor Union                 | <input type="checkbox"/> Religious Organization |
| <input type="checkbox"/> Unincorporated Association | <input type="checkbox"/> Informal Group or Committee | <input type="checkbox"/> Joint Venture          |
| <input type="checkbox"/> General Partnership        | <input type="checkbox"/> Other _____                 |   |

2) Named Insured (as it is to appear on the policy):

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3) Doing Business as (DBA): \_\_\_\_\_

4) Mailing Address: \_\_\_\_\_

5) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6) Contact Person: \_\_\_\_\_

7) E-Mail Address: \_\_\_\_\_

8) Telephone Number (Home): \_ (\_\_\_\_\_) \_\_\_\_\_

9) Telephone Number (Business): \_\_ (\_\_\_\_\_) \_\_\_\_\_

10) Fax Number: \_\_ (\_\_\_\_\_) \_\_\_\_\_

11) Web Site Address: \_\_\_\_\_

**Event Information**

- 1) Name of Event: \_\_\_\_\_
- 2) List each date the event will be held, the hours the event is open on each day and the total expected attendance. Include event set up, take down and clean up days. Indicate if alcoholic beverages will be sold or served for each day.  
(Attach a separate page if necessary.)

Date	Event Hours	Attendance (Expected)	Alcoholic Beverages	
			Served	Sold
_____	_____	_____	<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
_____	_____	_____	<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
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- 3) Describe the event and list all activities. Attach a separate page if necessary.  
If the event is more than one day, include the date(s) each activity occurs.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 4) Is the Named Insured the:
- Business Owner:  Yes  No
- Business Manager:  Yes  No
- Third Party Client:  Yes  No

- 5) The Event is:  Open to the Public  Private Group  Personal Invitation

- 6) Is there an admission charge?  Yes  No

6a) If yes, what is the admission charge? \_\_\_\_\_

- 6b) Will you or your client sell tickets to attend the Event?  Yes  No

6c) If yes,

- 1) How many tickets do you or your client expect to sell? \_\_\_\_\_
- 2) What is the expected total receipts from ticket sales \$ \_\_\_\_\_
- 3) What is the price per admission ticket \$ \_\_\_\_\_
- 4) Tickets are:  Pre-sold Only  
 Sold only at the door  
 Pre-sold and sold at the door
- 5) Who is selling the tickets? \_\_\_\_\_

7) Do you expect to receive donations to attend this Event?  Yes  No

- 8) Seating at the Event is:  Assigned Seating  
 Open Seating  
 Bring Your Own Seating  
 Grandstands or Bleachers  
 Not applicable

9) What type of security and number of security personnel? **Note: Security Guards might be required for any Public Event. The number of guards will be determined by the Department of Parks & Recreation with approval from the Los Angeles County Sheriff Department.**

<u>Type of Security</u>	<u># of Persons</u>
<input type="checkbox"/> Private Security Company	_____
<input type="checkbox"/> Police or Sheriff	_____
<input type="checkbox"/> Peer Group or Ushers	_____
<input type="checkbox"/> Employees of Event Holder	_____
<input type="checkbox"/> Parent Chaperones	_____
<input type="checkbox"/> Volunteer's	_____

9a) Security will be:  Armed  
 Unarmed

9b) Security will be:  Wanding  
 Checking carry-in items

10) Will there be First Aide accommodations provided for this event  
 Yes  No

10a) If yes, what company will be providing services?

\_\_\_\_\_

10b) Have you received a Certificate of Insurance and endorsement naming the County of Los Angeles, Department of Parks and Recreation, and other entities with jurisdiction as an additional insured?  Yes  No

11) Have you made arrangements for ADA accessible entrance and exits?  
 Yes  No

11a) Have you made arrangements for ADA accessible parking facilities?  
 Yes  No

12) Is the Event being advertised or promoted:  Yes  No

12a) If yes, how? (Include all methods)

Event Web-site(s) \_\_\_\_\_  Yes  No

Television  Yes  No

Radio  Yes  No

News Paper  Yes  No

Brochure  Yes  No

Handout or Announcement  Yes  No

Billboard  Yes  No

Poster  Yes  No

Other  Yes  No

**ALCOHOL INFORMATION:** – The County, Department of Parks and Recreation, Los Angeles County Sheriff Department may require a separate confined area where persons under the legal drinking age will not be permitted.

**NOTE: AN ABC Permit may be required.**

13) Will alcoholic beverages be served:  Yes  No

13a) Will alcoholic beverages be sold:  Yes  No

13b) If yes,

1) Will you charge a fee or collect a ticket?  Yes  No

2) Do people pay to attend the event?  Yes  No

3) Do you receive a donation?  Yes  No

13c) Type of Alcoholic Beverage:  Beer  Wine or Champagne  
 Mixed Drinks or Full Bar

13d) Do you have a caterer or vendor serving or selling the alcoholic beverages?  
 Yes  No

13e) If yes, have you received a Certificate of Insurance from the caterer or vendor showing, they have liquor liability insurance?  Yes  No

13f) Estimated sales receipts for Alcoholic Beverages \$ \_\_\_\_\_

13g) How many different locations at the Event will alcoholic beverage be served or sold? \_\_\_\_\_

13h) Are you required to obtain or have a liquor license for your company?  
 Yes  No

13i) What management practices do you have in place to monitor and control the consumption of alcoholic beverages?

1) Alcoholic beverages must be purchased and consumed in a confined Area where persons below the legal drinking age are not permitted?

Yes  No

2) Everyone must show identification to receive an alcoholic beverage?

Yes  No

3) Individuals over the legal drinking age receive a wristband or other form of identification?

Yes  No

4) There is a limit of two servings provided to any one individual per visit to the concession.

Yes  No

5) Staff monitors the consumption and is instructed not to serve anyone who is apparently intoxicated?

Yes  No

6) The concession or bar is closed at least one hour prior to the end of the Event?

Yes  No

14) Does your Event include any athletic or recreational activity?  Yes  No

14a) If yes, list the date of the activity, list each activity, and the number of participants each day. Use additional sheets of paper if necessary.

<u>Date</u>	<u>Activity</u>	<u># of Participants</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



15e) What type of music will be played? Indicate all types, which will be played.

- |  |                                      |                                      |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Acid Rock               | <input type="checkbox"/> Funk        | <input type="checkbox"/> Goth        |
| <input type="checkbox"/> Alternative             | <input type="checkbox"/> Hard Rock   | <input type="checkbox"/> Goth Metal  |
| <input type="checkbox"/> Big Band                | <input type="checkbox"/> Hip Hop     | <input type="checkbox"/> Gospel      |
| <input type="checkbox"/> Blues                   | <input type="checkbox"/> Jazz        | <input type="checkbox"/> Industrial  |
| <input type="checkbox"/> Christian               | <input type="checkbox"/> Pop         | <input type="checkbox"/> Psychedelic |
| <input type="checkbox"/> Classical               | <input type="checkbox"/> Rap         | <input type="checkbox"/> Punk        |
| <input type="checkbox"/> County Soul             | <input type="checkbox"/> Reggae      | <input type="checkbox"/> Rave        |
| <input type="checkbox"/> County Rock             | <input type="checkbox"/> Soft Rock   | <input type="checkbox"/> Ska         |
| <input type="checkbox"/> Death Rock              | <input type="checkbox"/> Soul        | <input type="checkbox"/> Techno      |
| <input type="checkbox"/> Disco                   | <input type="checkbox"/> Symphony    | <input type="checkbox"/> Bubblegum   |
| <input type="checkbox"/> Contemporary            | <input type="checkbox"/> Swing       | <input type="checkbox"/> Rockabilly  |
| <input type="checkbox"/> Ethnic/Foreign Cultural | <input type="checkbox"/> Heavy Metal | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 1950's/1960's           | <input type="checkbox"/> Folk        |                                      |

15f) Will you be supplying your own electricity?  Yes  No

15g) If no, then what arrangements have you made? \_\_\_\_\_

15h) Will there be any other type of entertainment?  Yes  No

15i) If yes, please describe \_\_\_\_\_

16) Will there be any inflatable jumps, dunk tanks, trains, etc?  Yes  No

16a) If yes, what is the name of the company you are hiring? **NOTE: Companies must be on file.**

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16b) Does the Event include any of the following activities? If yes, describe the activity on a separate page.

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>Climbing Wall</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Skate board Activities</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Roller Blade or Roller Skate Activities</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Bicycle or Unicycle Activities</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Watercraft Activities or Use</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Use or Demonstration with Guns</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Use or Demonstration with Fire</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Use or Demonstration with Armory or Arms</b>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Use of Demonstration with Chemicals</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Providing Medical or Chiropractic Information or Care</b>                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Any Construction or Demolition Work</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Any use of Scaffolding or Elevated Platform more than 4 feet above ground level</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

17) Does the Event include any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Aircraft, Balloon Ride or Gliders  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| All terrain Boarding   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Base Jumping   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bouldering   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Boxing, Wrestling, Hockey, Contact Karate or Martial Arts  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bungee Jumping   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Circus Acts or Carnival Rides  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Concerts exceeding 6 hours of performance time   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Concert or Dance with Mosh Pit   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diving, Platform Diving or Spring Board Diving   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hand/Hang Gliding  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kayaking, Rafting or Canoeing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mechanical Amusement Ride  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Motorized Sporting Equipment   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mountain Biking  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power Boats  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Professional Sporting Activity: Games, Races or Contest of a professional nature with cash prize | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pyrotechnics, Fireworks, Explosives, Black Powder  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rap, Heavy Metal or Rock Concert   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rock Climbing  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rodeo and Roping Events (including practice)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Skin Diving  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Scuba Diving   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tractor Pull/Truck Pull  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trampoline   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Event Location**

1) Name of Facility \_\_\_\_\_

2) Street Name \_\_\_\_\_

3) City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4) Outdoor Area (acres, miles of street) \_\_\_\_\_

Insured?       Yes       No

5) Please list all caterers, food vendor's, retail merchandise vendors, arts and craft vendors, concessionaires, entertainers, promoters and sponsors. (Add additional pages if required.)

Are any of the vendors Selling or Serving Alcoholic Beverage?

Yes (please mark the vendors selling or serving alcoholic beverage)

No

Type of Service

**If food is sold or served, an Environmental Health Permit is required and a Temporary Seller's Permit may be required.**

\_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

IF MORE ROOM IS NEEDED, PLEASE ADD ON A SEPARATE PAGE AND ATTACH TO THIS FORM.

6) Please list all exhibitors.

Type of Service

\_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Certificate to be supplied ?  Yes  No

\_\_\_\_\_ Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

IF MORE ROOM IS NEEDED, PLEASE ADD ON A SEPARATE PAGE AND ATTACH TO THIS FORM.

7) Have you held this event or a similar event in past years?  Yes  No

7a) If yes, please list all claims arising during the past five years from the Event. Also, list any claims arising at any other Special Event, other than this Event, which you held during the past five years. (Include Date(s) of Loss, Claimant, Description of Loss and Amount Paid or Reserved, if known.)

<u>Date of Claim</u>	<u>Claimant</u>	<u>Description</u>	<u>Paid to Date</u>	<u>Total Incurred</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

8) Please provide a Certificate of Insurance and endorsement naming the County of Los Angeles, Name of the Park where the event will be held, and possibly other entities with jurisdiction, depending on the location, as an Additional Insured for all suppliers and/or event service providers.

9) Do you have an Emergency Evacuation Plan?  Yes  No

9a) If yes, explain how Event Management and Event Attendees are notified.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) Will there be Medical Personnel present at the Event?  Yes  No

10a) If yes, identify the number of:

Doctors \_\_\_\_\_

Paramedics \_\_\_\_\_

Nurses \_\_\_\_\_

EMT/EMS \_\_\_\_\_

Other \_\_\_\_\_

10b) Is there an Ambulance on site?  Yes  No

**STREET CLOSURES – NOTE: A Specific Event Permit and/or Block Party Permit may be required.**

11) Will there be a need for street closures  Yes  No

11a) If yes, which streets are you requesting to be closed?

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11b) Will there be a need for any type traffic mitigation?  Yes  No

If yes, please explain: \_\_\_\_\_

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11b) Is a sidewalk march planned?  Yes  No

11c) Will there be any fireworks?  Yes  No

11d) If yes, who have you hired to display the fireworks?

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11e) A Certificate of Insurance and endorsement naming the County of Los Angeles, name of the Park for the event, and possibly other authorized entities with jurisdiction depending on the location as an additional insured for this supplier must be on file with the Superintendent of the park (30) thirty days prior to the event.

12) The following items are required to be submitted with this information form.

- 1) Copy of all Certificates of Insurance from vendors that list you as an Additional Insured. (If you have received them as of date.)
- 2) Copies of all Brochures, Promotional Materials and Event Advertising.
- 3) Copy of the complete Schedule of Events or Activities
- 4) Copy of the Waiver and Release of Liability to be signed by Participants if recreational or athletic activity is planned.
- 5) Diagram or Site Plan of location/set up
- 6) Five (5) year detailed loss history from previous carrier(s). (If applicable).
- 7) Evacuation Plan along with a Diagram of your Traffic and Parking Plan.

The applicant declares that the information contained in the application is true and that no material facts have been suppressed or misstated.

The applicant understands and acknowledges that the information contained in the application is deemed material and that any authorization or approval for said Commercial/Special Event is done so in reliance upon the truth of the applicant's representations.

The applicant understands that incorrect information could void authorization or approval of said Commercial/Special Event.

Accordingly, the applicant authorizes and directs any person or organization whatsoever to release and furnish to the County of Los Angeles, Department of Parks and Recreation, and possibly other authorized entities with jurisdiction depending on the location of the park, all information requested which may relate to the applicant's insurability. The applicant also consents to the review by the County of Los Angeles, and any other authorized entities with jurisdiction depending on the location of the event, of all claims and any incidents or occurrences likely to result in a claim. The applicant agrees to cooperate in the review of claims, which apply to the Commercial/Special Event requested.

The applicant understands and acknowledges that participation may involve risk of serious injury or death, including economic losses. The applicant assumes any and all risks of personal injuries to self, including medical or hospital bills, permanent or partial disability, death, and any and all damage on County of Los Angeles caused by or arising from participation in this event or activity.

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(Owner, Partner or Officer)

**Date:** \_\_\_\_\_

**THE APPLICANT UNDERSTANDS THAT COMPLETION OF THIS APPLICATION NEITHER BINDS NOR GUARANTEES THAT AUTHORIZATION OR APPROVAL OF SAID SPECIAL EVENT WILL BE ISSUED.**

**\*\*COUNTY OF LOS ANGELES, DEPT. OF PARKS & RECREATION USE ONLY\*\***

Staff receiving Special Event Application & Date: \_\_\_\_\_ Supervisor/Staff initial(s)\_\_\_\_\_

If Assemblage Permit not required approved by: \_\_\_\_\_

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Security Deposit/Fee       Yes    No                      Approval & Date:\_\_\_\_\_

Business License             Yes    No                      Approval & Date:\_\_\_\_\_

Dance Permit Required       Yes    No                      Approval & Date:\_\_\_\_\_

Environmental Health  
Permit                             Yes    No                      Approval & Date:\_\_\_\_\_

ABC License                     Yes    No                      Approval & Date:\_\_\_\_\_

Police Services                 Yes    No                      Approval & Date:\_\_\_\_\_

Assemblage Permit             Yes    No                      Approval & Date:\_\_\_\_\_

Specific Event Permit         Yes    No                      Approval & Date:\_\_\_\_\_

Street Closure                 Yes    No                      Approval & Date:\_\_\_\_\_

Tent/Canopy Approval         Yes    No                      Approval & Date:\_\_\_\_\_

Electrician Services          Yes    No                      Approval & Date:\_\_\_\_\_

Liquor Liability Insurance     Yes    No                      Approval & Date:\_\_\_\_\_

Event Liability Insurance      Yes    No                      Approval & Date:\_\_\_\_\_

Suppliers Insurance          Yes    No                      Approval & Date:\_\_\_\_\_

Vendors Insurance             Yes    No                      Approval & Date:\_\_\_\_\_