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:
   [ ] Individual  [ ] LLC or LLP  [ ] Limited Partnership
   [ ] Corporation  [ ] Public Agency  [ ] Not-for-Profit
   [ ] Trust or Estate  [ ] Labor Union  [ ] Religious Organization
   [ ] Unincorporated Association  [ ] Informal Group or Committee  [ ] Joint Venture
   [ ] General Partnership  [ ] Other __________________________

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

   ________________________________

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.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Hours</th>
<th>Attendance (Expected)</th>
<th>Alcoholic Beverages</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Served</td>
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<td>__________</td>
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<td>_______________________</td>
<td>Yes</td>
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<td>Yes</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Type of Security</th>
<th># of Persons</th>
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<tbody>
<tr>
<td>☐ Private Security Company</td>
<td>____________</td>
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<td>☐ Police or Sheriff</td>
<td>____________</td>
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<tr>
<td>☐ Peer Group or Ushers</td>
<td>____________</td>
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<td>☐ Employees of Event Holder</td>
<td>____________</td>
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<tr>
<td>☐ Parent Chaperones</td>
<td>____________</td>
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<tr>
<td>☐ Volunteer’s</td>
<td>____________</td>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
<th># of Participants</th>
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</table>
14b) Explain your procedure for collecting and keeping Waivers and Release of Liability Form, which have been signed by all participants. *(The insurance policy will have a warranty that all athletic participants are required to sign a Waiver and Release of Liability. The insurance policy will exclude any claim for injury by an athletic participant, if that individual did not sign a Waiver and Release of Liability)*

14c) Provide a copy of the Waiver and Release of Liability, which will be signed by all participants.

**MUSIC INFORMATION:** - a Dance Permit may be required.

15) Will your Event have music? ❑ Yes ❑ No

15a) If yes, what type of music? ❑ Yes ❑ No
   ❑ Live Music ❑ Disc Jockey ❑ Stereo/CD Player

15b) Will there be amplified sound? ❑ Yes ❑ No

15c) How many bands/artists/Disc Jockeys will be participating? ___________

15d) What are the names of the bands/artists/Disc Jockey? (Please provide a list with names, address and telephone number and contact person. Use additional sheets of paper if necessary)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone:</th>
<th>Contact:</th>
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</tbody>
</table>
15e) What type of music will be played? Indicate all types, which will be played.

<table>
<thead>
<tr>
<th>Acid Rock</th>
<th>Funk</th>
<th>Goth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative</td>
<td>Hard Rock</td>
<td>Goth Metal</td>
</tr>
<tr>
<td>Big Band</td>
<td>Hip Hop</td>
<td>Gospel</td>
</tr>
<tr>
<td>Blues</td>
<td>Jazz</td>
<td>Industrial</td>
</tr>
<tr>
<td>Christian</td>
<td>Pop</td>
<td>Psychedelic</td>
</tr>
<tr>
<td>Classical</td>
<td>Rap</td>
<td>Punk</td>
</tr>
<tr>
<td>County Soul</td>
<td>Reggae</td>
<td>Rave</td>
</tr>
<tr>
<td>County Rock</td>
<td>Soft Rock</td>
<td>Ska</td>
</tr>
<tr>
<td>Death Rock</td>
<td>Soul</td>
<td>Techno</td>
</tr>
<tr>
<td>Disco</td>
<td>Symphony</td>
<td>Bubblegum</td>
</tr>
<tr>
<td>Contemporary</td>
<td>Swing</td>
<td>Rockabilly</td>
</tr>
<tr>
<td>Ethnic/Foreign Cultural</td>
<td>Heavy Metal</td>
<td>Other</td>
</tr>
<tr>
<td>1950’s/1960’s</td>
<td>Folk</td>
<td></td>
</tr>
</tbody>
</table>

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.**

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climbing Wall</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Skate board Activities</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Roller Blade or Roller Skate Activities</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Bicycle or Unicycle Activities</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Watercraft Activities or Use</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Use or Demonstration with Guns</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Use or Demonstration with Fire</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Use or Demonstration with Armory or Arms</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>Use of Demonstration with Chemicals</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Providing Medical or Chiropractic Information or Care</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Any Construction or Demolition Work</td>
<td>❑</td>
<td>❑</td>
</tr>
<tr>
<td>Any use of Scaffolding or Elevated Platform</td>
<td>❑</td>
<td>❑</td>
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<tr>
<td>more than 4 feet above ground level</td>
<td>❑</td>
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</tbody>
</table>
17) Does the Event include any of the following?

- Aircraft, Balloon Ride or Gliders
- All terrain Boarding
- Base Jumping
- Bouldering
- Boxing, Wrestling, Hockey, Contact Karate or Martial Arts
- Bungee Jumping
- Circus Acts or Carnival Rides
- Concerts exceeding 6 hours of performance time
- Concert or Dance with Mosh Pit
- Diving, Platform Diving or Spring Board Diving
- Hand/Hang Gliding
- Kayaking, Rafting or Canoeing
- Mechanical Amusement Ride
- Motorized Sporting Equipment
- Mountain Biking
- Power Boats
- Professional Sporting Activity: Games, Races or Contest of a professional nature with cash prize
- Pyrotechnics, Fireworks, Explosives, Black Powder
- Rap, Heavy Metal or Rock Concert
- Rock Climbing
- Rodeo and Roping Events (including practice)
- Skin Diving
- Scuba Diving
- Tractor Pull/Truck Pull
- Trampoline

**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.

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Name</th>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Phone</th>
<th>Insurance Certificate to be supplied?</th>
</tr>
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<tbody>
<tr>
<td>__________________________</td>
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<tr>
<td>Name</td>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone:</td>
<td>Insurance Certificate to be supplied?</td>
<td>Yes</td>
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<tr>
<td>Name</td>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone:</td>
<td>Insurance Certificate to be supplied?</td>
<td>Yes</td>
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<tr>
<td>Name</td>
<td>Mailing Address</td>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Phone:</td>
<td>Insurance Certificate to be supplied?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Date of Claim</th>
<th>Claimant</th>
<th>Description</th>
<th>Paid to Date</th>
<th>Total Incurred</th>
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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?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

If yes, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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?
________________________________________________________________________

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: _____________________________

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: ____________________________