

CITY USE ONLY

DATE:

INITIALS:

CITY OF MORENO VALLEY SPECIAL EVENT PERMIT APPLICATION

Applications shall be filed prior to the event date in accordance with Section V of the Special Event Policy. A late fee in addition to the application fee will apply to any submittal received less than <u>sixty (60) days</u> prior to the event date. Keep in mind that depending on the scope of each event, the City may require earlier submittal.

APPLICANT AND ORGANIZATION INFORMATION			
Applicant Name:	Day Time Phone: ()		
Organization Name:	Evening Phone: ()		
City:	State: Zip:		
Fax Number:	Website:		
Day of Event Contact Name:	Telephone: ()		
E-Mail:	Cell Phone: ()		

EVENT INFORMATION				
Event Title:				
Date(s) of Event:				
Location of Event:				
City Park City-leased Facility	City-owned Facility	Within Public Street Other:		
	<u>Event Times:</u>			
Day 1:	Time	to		
Set up Date: Event Date:	_ Time:	to		
Clean-Up Date:	Time:	to		
<u>Day 2:</u>				
Set up Date:	Time:	to		
Set up Date: Event Date:	Time:	_ to		
Clean-Up Date:	Time:	_ to		

Type of Event: 5k or 10k Run Bike Races Block Party Celebration Ceremony Concert Festival Foundraiser Farmers Market Marathon Half-Marathon Parade Procession Street Fair Walkathons Car Show					
Expected Attendance:					
□ Less than 50 □ 50-75 □ 76-300 □ 301-1000 □ 1001-2500 □ Over 2500					
Is this event open to the public? Is there an admission charge? If yes, how much?					
Event Description (50-Word Minimum):					
CONCESSIONAIRES					
FOOD:					
All food services within the City of Moreno Valley, must follow the County of Riverside Department of Environmental Health regulations. Contact the health department at (951) 358-5172 or visit <u>www.rivcoeh.org</u> for more information. It is the responsibility of the applicant to obtain the appropriate Health Department release, if food is being provided.					
If a professional caterer(s) will be hired for this event, please provide the following: Health Permit- (TFF Temporary Food Facility Permit) Liability insurance (MUST meet City Requirements)- (see attached for insurance requirements). City of Moreno Valley Business License or Special Event Temporary License 					
Does your event include food concessionaires?					
Do you or your concessionaires intend to cook food at the event area?					

Please provide a separate sheet with <u>ALL</u> vendor info 30 days before the event date in the following format:

If yes, please specify method: 🗌 Electric 🗌 Gas 🗌 Propane

Other:

Company Name:

Mailing Address:	(Street Address)	(City)	(State)	(7in)
			(sidie)	(Zip)
(If different)	::(Street Address)	(City)	(State)	(Zip)
Primary Phone N	umber: <u>()</u>	Fax Num	ber: <u>()</u>	
NON-FOOD:				
• Liat	ndors must provide the City pility insurance (MUST meet of Moreno Valley Business	City Requirements)- (see attached f	or insurance requirements
Will non-food ite	ms or services be sold at yo	urevent? 🗌 Ye	5 🗌 No	
lf yes, pleas	e list non-food items or serv	rices sold:		
Please list the num	ber of booths:			
	ber of booths: I Truck Vendors:			
Number of Food				
Number of Food Number of Food	Truck Vendors:			
Number of Food Number of Non-	I Truck Vendors: I Booth Vendors:			
Number of Food Number of Food Number of Non- Games/Activity	l Truck Vendors: I Booth Vendors: Food Vendors:			
Number of Food Number of Food Number of Non- Games/Activity Sales Booth:	I Truck Vendors: I Booth Vendors: Food Vendors: Booths:			

		TERTAINMENT vilding & Safety Div	vision		
All venues will	JND AMPLIFICATION: have certain sound level restrictio y from sensitive uses, such as reside	ons set by the City of	f Moreno Vall	, ,	
lf yes, will y	nusical entertainment featured at ou be requesting to use the City's No	· —			
Total of am	ps needed:				
Hours of mu	usic or sound amplification:	_:am/pm to	:	_am/pm	
, ,	ite in using generators, please pro afety Departments may need to i			•	
1. Make:	Model:	S	ize:		
2. Make:	Model: Model:	S	ize:		
Company N	Provide an attachment listing all v lame: me:				
Mailing Adc					
	(Street Address)	(City)	(State)	(Zip)	
Physical Ade (If different)	dress: (Street Address)		(State)	(Zip)	
Primary Pho	ne Number: ()	Fax Numb	oer: <u>(</u>)		
Total Numb	er of performing groups/bands:				
Will there be	e a professional sound engineer?	Yes N	10		
If yes, wh	at company will you be using?				
Will sound c	heck be conducted prior to the e	event?			
If yes:	Start Time:	_ End Time:			

STAGE:				
Will there be a stag If so, please provide	e(s) at the event? e dimensions of stage:			
Provide vendor info	ormation:			
Company Name	:			
Mailing Address:	(Street Address)	(City)	(State)	(Zip)
Physical Address: (If different)	(Street Address)	(City)	(State)	(Zip)
Primary Phone Nu	umber: <u>()</u>	_Fax Number:	()	
RELATED ACTIVITIES:	:			
	s, trains, or similar devices be used at cribe:		☐ Yes	□ No
•	present or used at your event? cribe:		□ No	
*YOU WILL BE REQUI	IRED TO PROVIDE ADDITIONAL INSURA	ANCE FOR THE	VENDORS/AC	TIVITIES STATED ABOVE.
*YOU WILL BE REQUI SEE ATTACHED INSU	RANCE REQUIREMENTS. ny of the City's approved inflatable of			CTIVITIES STATED ABOVE.
*YOU WILL BE REQUI SEE ATTACHED INSU Will you be using ar If yes, which one?	RANCE REQUIREMENTS. ny of the City's approved inflatable of			
*YOU WILL BE REQUI SEE ATTACHED INSU Will you be using ar If yes, which one? If no, please provid	ny of the City's approved inflatable o	companies?	□ Yes [
*YOU WILL BE REQUI SEE ATTACHED INSU Will you be using ar If yes, which one? If no, please provid Company Name	RANCE REQUIREMENTS. ny of the City's approved inflatable of de vendor information: :	companies?	□ Yes [
*YOU WILL BE REQUI SEE ATTACHED INSU Will you be using ar If yes, which one? If no, please provid	RANCE REQUIREMENTS. ny of the City's approved inflatable of de vendor information:	companies?	□ Yes [
*YOU WILL BE REQUI SEE ATTACHED INSU Will you be using an If yes, which one? If no, please provid Company Name Mailing Address: Physical Address:	RANCE REQUIREMENTS. hy of the City's approved inflatable of de vendor information: (Street Address)	companies?	□ Yes [(State)	_ No (Zip)
*YOU WILL BE REQUI SEE ATTACHED INSU Will you be using an If yes, which one? If no, please provid Company Name Mailing Address: Physical Address: (If different)	PRANCE REQUIREMENTS. hy of the City's approved inflatable of de vendor information: :	companies? (City) (City)	□ Yes [(State) (State)	_ No (Zip) (Zip)
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- Location of on-street/off-street parking area(s)
- Location of lighting, fencing (6' high maximum), and gates
- Location(s) of tents/canopies, food services, alcoholic beverage areas, restrooms/portable toilet facilities, etc.
- Location of grandstand, inclusive of speaker locations
- Location of any flammable liquids
- Location of nearest fire hydrant (distance), fire lanes, water meter, electric boxes, telephone poles, and any utility boxes which adjoin the property and/or street
- Location of signage
- Temporary signs or banners up to a maximum of 80 square feet
 - No signs are permitted within 10 feet of any vehicular access or within of any public right of way, and shall not exceed 30 inches in height above the street curb
 - Pennants and A frame signs are prohibited
- Helium filled balloons shall not exceed a maximum height of 50 feet above grade
- Cold air balloons and blimps are permitted in commercial zones only
- Map showing check points (if applicable)
- Map illustrating route of walk/run/race and proposed signage (if any)

TRANSPORTATION/LAND DEVELOPMENT Public Works

- All participants must obey all traffic laws when using public streets.
- Event signs or markings must not be permanently placed on City property.
- Emergency and resident access must be maintained.
- The event parking and traffic circulation should not overflow into surrounding residential areas.
- The applicant needs to make sure that all ADA parking, access, and path of travel requirements are followed. If there are any questions concerning the Park's facilities, they should contact the City's Building and Safety Department.

Street Closures: Are you planning on closing down any City streets?	
Type of Closure: Street Closure Sidewalk Closure If yes, please fill out the information below:	
Street Name:	
From (cross street):	
To (cross street):	

TRAFFIC CONTROL

Barricades, cones or other traffic control devices being requested

🗆 Yes 🗆 No

• It may be necessary for the Event Organizer to obtain a Professional Traffic Plan.

• Please keep in mind that streets must be closed from intersection to intersection; streets cannot be closed mid-block. Event Organizer is responsible for posting Temporary "No Parking" Signs according to requirements a minimum of 72 hours prior to the event set-up time.

• Please list the streets, from intersection to intersection, which will be closed for your event. Please attach an additional sheet of paper with the requested information below. Your Site Plan/Map must show all streets, street closures, and must include a designated 12-foot wide emergency lane.

FIRE

Tents/Canopies: Tents over 400 square feet: _____ Canopies over 700 square feet: _____ Tents/Canopies over 700 square feet: _____

All tent fabrics and all interior decorative fabrics or materials shall be flame resistant in accordance with appropriate standards set forth in California Code of Regulations, Title 19, Division 1, Chapter 8. Yes I No

Booths: Number of booths: _____ Cooking: 🗆 Yes 🗅 No

Generators: Quantity: _____ Refuel Required 🗆 Yes 🗅 No

Crowd managers. Where events involve a gathering of more than 1,000 people, trained crowd managers shall be provided in accordance with Section 403.11.3.

🗆 Yes 🗖 No

Cooking equipment with excessive heat, spark and/or open flame will be used.
Yes No

Event will host the use of fireworks, explosive devices, or pyrotechnics for special effects.
Yes No

MEDICAL AND ACCESSIBILITY PLAN

YOU MAY BE REQUIRED TO PROVIDE MEDICAL SERVICES, A FIRST AID STATION, AND/OR CERTIFIED EMT'S.

Please illustrate how you will provide the following (attach layout):

- •Traffic circulation throughout event
- Disabled parking and/or transportation plan
- Vending areas ADA accessible

POLICE/SECURITY				
• If necessary, in case of emergency, the On-Site Contact will call 9-1-1.				
• If requesting assistance from the Moreno Valley Police Department, the Moreno Valley Police Department will require a signed contract for services provided.				
• Event Organizer will provide a private security company. 🛛 Yes 🗅 No				
If providing a private security company, please provide the following information and attach copies of				
the company's Business License, Liability Insurance and California State License.				
Company Name:				
Contact Name:				
Mailing Address: (Street Address) (City) (State) (Zip)				
Physical Address: (If different) (Street Address) (City) (State) (Zip)				
Primary Phone Number: () Cell Phone Number: ()				
Fax Number: (
ALCOHOL				
ALCOHOL SERVICES REQUIRE PERMISSION AND APPROVAL OF THE CITY AND MUST BE REQUESTED IN ADVANCE. *PD/SECURITY WILL NEED TO BE PRESENT DURING EVENT.				
Will there be alcohol? 🗌 Yes 🗌 No				
If yes, what type(s)? 🗌 Beer 🔲 Wine 🗌 Other:				
Will alcohol be sold and/or included in the admission price? 🗌 Yes 🗌 No				
If yes, applicant will need to obtain necessary State of California Alcohol Beverage Control (A.B.C.) permit. Once ABC permit has been obtained, have City of Moreno Valley PD sign off as well and submit copies to special events staff. Please illustrate this enclosed section on your event layout.				
Alcoholic Beverage Control 3737 Main Street, Suite 900 Riverside, CA 92501 951.782.4400 riverside@abc.ca.gov				

Please provide the following:

- Health Permit- (TFF Temporary Food Facility Permit)
- Liability insurance (MUST meet City Requirements)- (see attached for insurance requirements).
- City of Moreno Valley Business License or Special Event Temporary License

Describe your alcohol management strategies. How will the alcohol be monitored and distributed?

BUSINESS LICENSE

Please provide copies of business licenses for all participating vendors for your event including yourself.

Visit the City of Moreno Valley Business License Web Page to obtain your application:

http://www.moval.org/departments/financial-mgmt-svcs/svc-biz-license.html

or call: 951-413.3080

Email: businesslicense@moval.org

MEDIA

The City of Moreno Valley reserves the right to videotape and/or photograph any and all community events participating in any City facilities including City parks. These videos and photographs are to be used to promote the programs to the community of Moreno Valley. The videos will be edited and televised on MVTV-3 and its related media entities at the discretion of the Media & Communications Division, and the photographs will be used in various print mediums. It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns.

MARKETING, PUBLIC RELATIONS AND SPONSORS

EVENTS CANNOT BE MARKETED OR PROMOTED UNTIL THE EVENT HAS BEEN APPROVED BY CITY STAFF.

Will you be distributing promotional flyers or items?
Will there be live media coverage during the event? Yes No If yes, please identify the location:

INSURANCE				
Will you be providing your own liability insurance for this event or do you need to obtain insurance through the city?				
Requesting City Insurance Coverage Providing my own				
* If requesting City insurance, extra fees will be charged to your account. *See attached insurance requirements.				

SANITATION

The City of Moreno Valley will advise the event coordinator in regards to the need of sanitation services such as: trash, recycling and porta potties. It will be the responsibility of the event coordinator to arrange and pay for any necessary fees. Please contact Waste Management to arrange for these services:

Waste Management of Moreno Valley

17700 Indian St. Moreno Valley, CA 92551 (951) 842-3249

APPLICANT SIGNATURE

I certify under penalty of perjury that all information in this application is true and correct, that any false or misleading information shall be grounds for denial, and I agree to comply with any and all Conditions of Approval. I also understand that the City is to be reimbursed for all services rendered, whether required services are rendered at the request of the applicant or as a condition of approval for the Special Event Permit.

The City shall conduct pre-event and post-event inspections. If the post-event condition of the event site is not the same as its pre-event condition, the City shall conduct the necessary work to restore the site and shall bill the applicant for the costs of such work.

By signing below, I confirm I have read and agree with the terms stated above:

Applicant Signature Date

Print Name

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NOTIFICATIONS

 Riverside County Health Department - Environmental Health Division - (951) 358-5172 It is the responsibility of the applicant to obtain the appropriate Health Department release, if food is being provided. 					
Alcohol Beverage Control Board - (951) 782-4400 - It is the responsibility of the applicant to obtain appropriate ABC release, if alcohol is being provided.					
Moreno Valley Code Compliance Di	Moreno Valley Code Compliance Division - (951) 413-3340				
Moreno Valley Fire Prevention - (951) 413-3370					
Moreno Valley Business License- (951)413-3080					
Moreno Valley Special Districts Division - (951) 413-3480					
 Moreno Valley Police Department – Moreno Valley Parks and Community 	Emergency Emergency for Cell Phone Callers: Non-Emergency dispatch: Business Number: Services-(951)413-3280	911 951.684.0911 951.247.8700 951.486.6700 specialevents@moval.org			