



City of Rancho Palos Verdes

SPECIAL EVENT PERMIT APPLICATION

Application Date: _____

Event Date: _____

I. TYPE OF EVENT

Please select the activity you are requesting to conduct:

Run/Walk/Auto Ride/Bike Tour Festival/Celebration Parade Block Party
 Special Park Event Street Closure Free Speech Event Other _____

II. APPLICANT/ORGANIZATION INFORMATION

Organization Name: _____

Sponsoring Organization (if different): _____

Organization Address: _____ City _____ Zip _____

Contact Person: _____ Position: _____

Day Phone #: _____ Cell#: _____

Applicant Name (if different than above): _____

Day Phone #: _____ Cell#: _____

E-Mail Address: _____ Fax #: _____

Alternative Contact Person (in case of emergency): _____

Day Phone #: _____ Cell#: _____

Purpose of Organization: _____

City of Rancho Palos Verdes Business License Number: _____

Non-Profits Only: Are you recognized as a Non-Profit organization: Yes _____ No _____

If yes, what is your Non-Profit Tax I.D.#? _____

*Attach a copy of your 501(c) 3 IRS Documentation Letter. _____ Attached _____ Not Attached

Name & Website of Non-Profit: _____

Executive Director's Name: _____ Contact Person: _____

Position/Title: _____ Applicant Address: _____

E-mail: _____ Phone # Ofc: _____ Cell: _____

Are you a local (Palos Verdes 90275 and 90274 ZIP codes) Non-Profit: Yes _____ No _____

RPV HOAs Only: Are you a Rancho Palos Verdes HOA: Yes No

Name of HOA: _____

Name of HOA President/Authorized Representative: _____

Applicant Name (if different than above): _____

Position/Title: _____ Applicant Address: _____

E-mail: _____ Phone #: Ofc: _____ Cell: _____

III. EVENT INFORMATION

Event Title: _____

Location of Event: _____

Is your event on private property: Yes No

If yes, contact Community Development to obtain a Special Use Permit.

List streets: _____

Event Start Date: ____ / ____ / ____

Event End Date: ____ / ____ / ____

Day(s) of Week: M T W TH F SA SU

Event Start Time: _____ a.m./p.m.

Event End Time: _____ a.m./p.m.

Set up Start Day: ____ / ____ / ____

Set up Start Time: _____ a.m./p.m.

Cleanup/Tear Down Day: ____ / ____ / ____

Cleanup/Tear Down End Time: _____ a.m./p.m.

Briefly Describe the Event: _____

Day of Event/ Name of on-site representative: _____

Cell Phone # _____ E-Mail: _____

Is this a one-time recurring event? One-time Recurring Frequency of occurrence

Estimated Attendance Estimated spectators (if any) Estimated Staff/Volunteers

Is the event open to the public? Yes No Will Admission be charged?: Yes No

How will this event be advertised or promoted? Describe promotional plans, including the use of social media,

Web sites: _____

Attach promotion material from your previous emails. Attached Not Attached

The City required that neighbors in the 500 feet radius of event be notified by mail at least 30 days prior to event.

Notice Attached Notice not Attached Date of Mailing Notice: _____

IV. SPECIAL EVENT SITE PLAN INFORMATION

When completing this section, please be as detailed and specific as possible in regards to your request.

Street Closure:

Full Street Partial Street Lane Temporary No Parking

Start Date: ____/____/____ From: ____ a.m./p.m. End Date: ____/____/____ To: ____ a.m./p.m.

Street(s) to be Closed: _____

Parking Requirements:

Number of Vehicles: ____ Describe types of Vehicles: _____ Other _____

Parking location of equipment, vendor, staff vehicles: _____

Parking location of event guests: _____

Event Traffic management Information: _____

Serving/Selling food for Public Consumption:

Food sold Food given away Food prepared on site

BBQ or open flame cooking units *Food permit attached

Serving/Selling alcoholic Beverages:

Alcohol will be served Alcohol will be sold

Type: Beer Wine Distilled Spirits *Alcohol permit attached

Amplified Sound/Acoustic Sound/Music (circle all that apply):

Amplified Non-Amplified Live Band Special Lighting Special Effects

From: ____ a.m./p.m. To ____ a.m./p.m.

Stage/Tents or Bleachers: Stage Tents Bleachers # of Structures

Mechanical Rides: Yes No

Animals: Yes No

Comfort Stations: Yes No # of portable toilets Other _____

Waste Management /Recycling Plan: Yes No Other _____

Have access to electricity or use of portable generators: Yes No No Need

1st Aid & Emergency Services: Yes No other _____

Verify compliance with the provisions in “A Planning Guide for Making Temporary Events Accessible to People with Disabilities. See Link: <https://adata.org/publication/temporary-events-guide>

Sign and Date: _____

* Required information

V. Site Plan

You should attach a Site Plan showing any of the applicable items listed below:

The map should show the perimeter of the entire venue, including the names of all adjacent streets or area that are part of the venue.

- Staging locations (including specific street, or lane, or sidewalk closures, or street routes, if any, or park area requested and parking areas) and the location of fences, barricades, and barriers.
- The access and egress points for the venue and for the tents, and structures within the venue.
- Emergency exit routes, including a 20 foot wide fire lane (emergency access) throughout the venue, location of First Aid and Emergency service coordination staff
- Any city equipment or personnel requested or required
- Any Police or Fire Department personnel requested or required
- Location of sound amplification equipment, electrical generators, stages, tents, canopies, cooking apparatus, food trucks, all alcohol points of sale or distribution, and lights
- Location and number of temporary tents, and structures within the venue.
- Location of cooking apparatus, food trucks, all alcohol points of sale or distribution
- Location of merchandise or service concessions included in the event
- Location of mechanical rides, jump houses, animals, or other amusement attractions
- Parking locations (staff, vendors, public, VIPs, volunteers) including trailers and large truck storage
- Location of mechanical rides, jump houses, animals, or other amusement attractions
- Preliminary security plan, crowd management and any monitors to be employed during the event

If a parade: The site plan should additionally show the time when the units of the parade will begin to assemble, the proposed assembly point for the parade, the proposed parade route, the interval space to be maintained between units of the parade, and the number, type and size of floats or other vehicles.

Non-Refundable Fee: \$ 483.00

Note: This fee is for City Staff review. If assistance from other agencies such as Fire or Sheriffs are needed, there may be additional cost. A security deposit may be required on a case by case basis.

Discounts: Local Non-Profit (90274/5 zip code) = 50% fee waiver
RPV HOA= 100% fee waiver
Free Speech= 100% fee waiver
Indigent person= 100% fee waiver

Event Insurance for Special Events on Public Property

Events held on city property, streets, right of ways, sidewalks, and parks must provide a Certificate of Insurance and Endorsement consistent with the attached Insurance Guidelines.

The undersigned, as an authorized representative on behalf of the applicant, agrees to meet all conditions required by the City of Rancho Palos Verdes including the conditions in Exhibit A. Any changes in the scope of the event, including but not limited to, expanded or additional use of park areas, special attractions or equipment not specifically approved, or changes in the starting or ending times are grounds for this permit to be revoked immediately. In the event this permit is revoked for failure to meet permit requirements or for implementation of unapproved activities, any fees paid will be forfeited and the applicant will be liable for any costs to the City. I agree to indemnify and hold harmless, the City of Rancho Palos Verdes, its elected and appointed officials, employees and agents for any injury or loss or damages as a result of the event. I agree to defend the City of Rancho Palos Verdes, its elected and appointed officials, employees and agents from and against any such claims.

Signature of Applicant: _____ Date: _____

If applicable, signature of Executive Director of Non-Profit Agency or other responsible party:

_____ Date: _____

Mail to, or drop off to: City of Rancho Palos Verdes, Special Events – Public Works Department, 30940 Hawthorne Blvd. Rancho Palos Verdes, CA 90275 or Fax to (310) 544-5292. Attn: SEP Coordinator

Or E-mail completed application to: publicworks@rpvca.gov write this subject title: **Special Event Permit**

For office use only

Copies to: PW _____ P&R _____ CDD _____

Is there a need for Police and/Fire: _____ Yes _____ NO PD _____ Fire _____

Meeting Date & Time for Review: _____

Comments from Task Force: _____

Approved: _____

Denied: _____

Fee: _____



CITY OF RANCHO PALOS VERDES
DEPARTMENT OF PUBLIC WORKS

30940 Hawthorne Blvd.

(310) 544-5252

(310) 544-5292 fax

***STANDARDS FOR INSURANCE FOR SPECIAL EVENTS ***

Commercial General Liability (or Comprehensive) and Property Damage Insurance Coverage Required of All Persons Performing Work or Organizations Holding Special Events on Public Right-of-Way or Other Publicly Owned Properties

Automobile Liability (if the event will using automobiles, trucks, etc. as part of the event)

Liquor liability or liquor legal liabilities (required for events where alcohol will be sold)

COMMERCIAL GENERAL LIABILITY (or <i>COMPREHENSIVE</i>)	\$1,000,000	Per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this event or the general aggregate limit shall be twice the required occurrence limit.
AUTOMOBILE LIABILITY	\$1,000,000	Per accident for bodily injury and property damage
LIQUOR LIABILITY OR LIQUOR LEGAL LIABILITIES	No less than \$1,000,000	Per occurrence.

*May NOT substitute "each accident" for "each occurrence."

Insurance MUST name the City of Rancho Palos Verdes as an additional insured using the following wording EXACTLY, and insurance certificate MUST show:

"CITY OF RANCHO PALOS VERDES AND ITS APPOINTED AND ELECTED

- Must have 30-day cancellation clause.

Permittee shall furnish the City with original certificates and endorsements effecting coverage required by this clause.

Exhibit A
(Insurance Requirements)

Permittee shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance for the work hereunder and the results of that work by the Permittee, its agents, representatives, employees or subcontractors.

Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

Additional Insured Status

The City, elected and appointed, officials, employees, and agents are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Permittees activities pursuant to the Special Event Permit. General liability coverage can be provided in the form of an endorsement to the Permittee's insurance (at least as broad as SO form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).

Primary Coverage

For any claims related to this contract, the Permittee's insurance coverage shall be primary insurance as respects the City, its elected and appointed, officials, employees and agents. Any insurance of self - insurance maintained by the City, its elected and appointed, officials, employees, or agents shall be excess of the Permittee's insurance and shall not contribute with it.

Notice of Cancellation

Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the City.

Waiver of Subrogation

Permittee hereby grants to City a waiver of any right to subrogation which any insurer of said Permittee may acquire against the City by virtue of the payment of any loss under such insurance. Permittee agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not City has received a waiver of subrogation endorsement from the insurer.

Acceptability of Insurers

- I Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City.

Verification of Coverage

Permittee shall furnish the City with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by the clause. All certificates and endorsements are to be received and approved by the City before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Permittee's obligation to provide them. The City reserves the right to require complete, verified copies of all required insurance policies, including endorsements required by these specifications, at any time.

Special Risk or Circumstances:

City reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.