



City of Arcadia  
 Development Services Department  
 240 W. Huntington Drive  
 Arcadia, CA 91006  
 (626) 574-5415  
[DSD@arcadiaca.gov](mailto:DSD@arcadiaca.gov)

## TEMPORARY USE PERMIT APPLICATION

The information requested on the Temporary Use Permit Application will be used to determine the eligibility for the permit requested. Any misrepresentation in this application or deviation from the final permit conditions may result in immediate revocation of the permit, the halting of the event, and possible loss of privilege to host event in the future. Please attach additional sheets as needed.

### APPLICANT/ORGANIZATION INFORMATION

Name: ..... Phone: .....

Are you 18 years of age or older?  Yes  No

Are you representing an organization?  Yes  No

Is it a nonprofit organization with 501(c)(3) status?  Yes  No

If “Yes” then attach a recent copy (two years or less) of the 501(c)(3) certificate and list the identification number.

Organization’s Name: .....

Mailing Address: .....

City, State, Zip: .....

Phone: ..... Fax: ..... Email: .....

### EVENT SUMMARY

Check all that apply. This event is a...

Parade/Run/Walk/Bike or Auto Procession  Festival  Athletic  Concert

Private Party  Carnival  Exhibition

Other (Please explain): .....

The event is...  Private (by invitation only)  Open to the General Public

The event will be hosted on...  Private Property  Commercial  Residential

Public Property



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Event Name: .....

Event Description: .....

.....

.....

.....

Location(s): .....

.....

Event Date	Setup Time	Start Time	End Time	Breakdown Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please note the range of TOTAL ATTENDANCE (including spectators, staff and participants)

- 0-150    
  150-500    
  500-1,000    
  1,000-5,000    
  5,000+

Please indicate how many times this event has been hosted before:

- 1<sup>st</sup> Time    
  2-4 Times    
  5+ Times

When & Where? (attach a map of the general location and layout of the event) .....

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.....

.....

.....

**PARADE / RUN / WALK / BIKE / OR AUTO PROCESSION**

Assembly Area: ..... Time: .....

Disassembly (finish) area: ..... Time: .....



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Describe Parade Route (attach a map of the entire route and highlight streets): .....

.....

.....

.....

**CARNIVAL / FESTIVAL**

How many mechanical rides or other amusement devices are proposed? .....

What types? .....

Amusement Company's name: .....

Mailing Address: .....

City, State, Zip: .....

Phone: ..... Fax: ..... Email: .....

**FOOD / NON-FOOD / AND OTHER VENDOR INFORMATION**

A vendor is anyone who is serving, selling or sampling food, beverages, or merchandise. Please check all that apply:

- Served
- Sold
- Catered
- Prepared Outdoors
- Delivered

Will you be serving alcohol at your event?  Yes  No

Time/date that food vendors will be ready for inspection by the Los Angeles County

Health Department: .....

**SECURITY PLAN**

Have you hired a licensed professional security company to develop and manage your event's security plan?  Yes  No

If you answered "Yes" to the above then you are required to provide the City a copy of the security company's valid Private patrol Operator's License issued by the State of California.

If you answered "No" to the above then the City of Arcadia may require additional security measures for traffic and site control based upon the estimated total attendance for your event. Please note additional fees may be incurred for this requirement.



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Security Company: .....

Private Patrol Operator's License No.: .....

City Business License No.: .....

Mailing Address:.....

City, State, Zip: .....

Phone: ..... Fax: ..... Email: .....

Provide an overview of your security plan below. Attach the plan to this application (include crowd control, internal security):

.....

.....

.....

.....

**ACCESSABILITY**

As an event organizer, you are required to comply with all City, County, State, and Federal Disability Access Requirements applicable to your event. Please check all that apply:

- Ramps       Sign-language translator       Hearing-impaired devices
- Designated wheelchair viewing areas       Handicapped-accessible restrooms

**TEMPORARY STRUCTURES**

Provide an overview of any temporary structures, including stages, bleachers, and tents:

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.....

.....

**RESTROOMS / SANITATION**

Have you contracted with a portable restroom company?     Yes     No



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Restroom Company's name: .....

Mailing Address: .....

City, State, Zip: .....

Phone: ..... Fax: ..... Email: .....

Delivery date / time for portable restrooms: ..... Pick-up: .....  
 (Show location of portable restrooms on your site plan)

Have you contracted with Waste Management (WM)?  Yes  No

Delivery date / time for trash bins: ..... Pick-up: .....  
 (Show location of trash bins on your site plan / one bin for every 400 persons)

Provide an overview for your plan to cleanup and remove waste during and after the event:

.....  
 .....

**NOTE: A CITY OF ARCADIA BUSINESS LICENSE IS REQUIRED FOR ALL VENDOR AND SERVICE PROVIDERS. PLEASE CONTACT THE CITY'S DEVELOPMENT SERVICES DEPARTMENT AT (626) 574-5430 TO OBTAIN A LICENSE.**

By signing this application you agree that the information provided is true and correct, and that the applicant will work with the City to ensure that all provisions of the City of Arcadia's Temporary Use Permit application process will be adhered to.

.....  
 Applicant's Name (Print)

Date

.....  
 Applicant's Signature

Date



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## HOLD HARMLESS AGREEMENT

Permittee (Applicant / Organization) shall assume all risks incident to or in connection with the permitted event and shall be solely responsible for damage or injury, of whatever kind or nature, to person or property, directly or indirectly arising out of or in connection with the permitted event or the conduct of Permittee's operation. Permittee hereby expressly agrees to defend and hold harmless the City of Arcadia and its officers, employees, and agents and agree from any liability, penalty, expense, or loss of any nature, including but not limited to liability for damage or injury to any persons or property arising out of the willful or negligent acts, errors, or omissions of the applicant, its employees, agents, representatives, or subcontractors in the performance of any tasks or services conducted for or in connection with the event.

.....  
 Applicant's Name (Print)

Date

.....  
 Applicant's Signature

Date

<b>OFFICE USE ONLY</b>	Application No.: _____ Event _____
	Liaison: _____
	Insurance: <input type="checkbox"/> Received <input type="checkbox"/> City Purchased    Fee Paid: Yes <input type="checkbox"/> No <input type="checkbox"/>