



CITY OF CHINO

APPLICATION FOR SPECIAL EVENT PERMIT

1. **Filing Period:** An application for a parade or special event permit shall be filed with the City not less than 30 days no more than 120 days before the proposed date of the parade or special event.
2. **Late Applications:** Where good cause is shown, the City Manager shall have the authority to consider any application hereunder which is filed less than 30 days before the date such parade or special event is proposed to be conducted.
3. The Parade and Special Events Committee (PSEC) shall act upon the application for a parade or special event permit within 20 days after the filing thereof. If the PSEC disapproves the application, a letter shall be mailed to the applicant within 5 days after the date upon which the application was acted upon, stating the reasons for disapproving the permit.
4. This procedure shall not apply to funeral processions; students going to and from school classes or participating in educational activities on school campus only, providing such conduct is under the immediate direction and supervision of the proper school authorities; a governmental agency acting within the scope of its functions; or weddings.

SECTION A. ALL APPLICANTS MUST COMPLETE THIS SECTION (PLEASE PRINT.)

1. Applicant (name of organization or individual):

NAME: _____

ADDRESS _____

CITY/ZIP _____ TELEPHONE _____

2. Special Event Chairperson

NAME: _____

ADDRESS _____

CITY/ZIP _____ TELEPHONE _____

EMAIL ADDRESS _____

3. Date(s) of Event _____ SetUpDate/Time _____

Time (begin) _____ to Time (End) _____

Description of the proposed event (include a description of any and all equipment or animals to be used): _____

Will there be any booths or vendors at this event? YES [] *If yes, please complete a vendor list and return it with this application. Vendors are required to comply with Business License regulations (CMC 5.04.040)*

Will there be any street closures? YES [] NO [] Will there be a need for City staff involvement? YES [] NO []

Will alcoholic beverages be allowed? YES [] NO [] If yes, please include a copy of the appropriate ABC license.

4. Location of event: _____
Public (City) property [] Private property []

Property owner's name _____
(If the property is not owned by the group conducting the event, provide written permission from the property owner for the event.)

5. Number of persons expected to attend the event: _____

6. If the event includes a CARNIVAL, please provide the name and address of the carnival company.

NAME _____
ADDRESS _____
CITY _____ TELEPHONE _____

Before your event can be approved, the carnival company must provide the names, addresses, drivers' license numbers and dates of birth of all employees who will be working at the carnival site for clearance by the Police Department.

SECTION B. - PARADE APPLICANTS ONLY COMPLETE THIS SECTION (PRINT).

1. Include a diagram of the route to be traveled, from start to finish. Include assembly and staging areas. Clearly indicate where the street closures are requested. (Attach separately to this application.)
2. Number of units expected to participate in the parade: _____
3. Number of floats _____ Marching bands _____ Walking units _____ Other _____

Additional information _____

For any event activity taking place upon the City's right of way is required to submit evidence of insurance to the City in the form of a certificate of insurance in effect and in full force for the duration of such parade, in the amount not less than a combined single limit of one million dollars to protect the general public and the City for any and all damages that might be caused by such parade, naming the City of Chino as additional insured on the certificate of insurance. (CMC section 10.64.070)

All businesses and residents affected by the street closure must be notified at least one week prior to the event. The City will create the notification flyer and provide distribution. The applicant is responsible for paying the cost recovery fee of \$54.

ALL APPLICANTS:

I AGREE TO REMIT PROMPT PAYMENT FOR ANY CITY SERVICES PROVIDED IN CONJUNCTION WITH THIS SPECIAL EVENT. (The City will bill the individual or organization following the event; or may require a deposit of estimated costs prior to issuance of this permit.)

Signature of authorized representative _____ Printed Name _____ Date _____

If the PSEC determines that City services will be utilized, an estimate will be provided upon approval of this permit. Additionally, issuance conditions may also be imposed by the PSEC, which will also be indicated on the permit.

DENIAL APPEAL PROCEDURE IS COVERED UNDER SECTION 10.64.090 OF THE CHINO MUNICIPAL CODE.

Official Use Only

Date application received: _____ Clerk: _____ Fee paid: _____ Receipt #: _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Insurance Certificate | <input type="checkbox"/> Property owner permission | <input type="checkbox"/> ABC letter |
| <input type="checkbox"/> Diagram of parade & event plot plan | <input type="checkbox"/> Private Property | <input type="checkbox"/> Carnival workers list |
| <input type="checkbox"/> Street Closure Permit | <input type="checkbox"/> Public Property | <input type="checkbox"/> Vendors |
| <input type="checkbox"/> City Event | <input type="checkbox"/> Tax exemption Determination Letter | <input type="checkbox"/> P.D. Attachment |

**CHINO VALLEY INDEPENDENT FIRE DISTRICT
PERMITTED EVENT APPLICATION**

Please submit this application and a copy of the plot plan to the Chino Valley Independent Fire District.
Conditions of Approval, permits, and fees will be based on information provided.

Today's Date: _____ Name of Event: _____

Event Date(s): _____ Hours of Operation: _____ Expected Attendance: _____

Event Address: _____ City: _____

Applicant (Organization or Business) _____

Applicant Address: _____ City: _____

Contact name: _____ Phone _____ Fax _____

Email address: _____

Is Applicant a community based non-profit organization? _____ If so, please provide letter from the IRS or California Tax Franchise Board certifying non-profit status with application to be considered for waiver of Special Event fee (Tax ID # not sufficient).

Describe Event: _____

Are rides, amusements, games and other entertainment being supplied and operated by a vendor? _____

If so, who? _____ Who will operate these activities? _____

Check and/or circle any of the following that apply and show on plot plan:

___ Carnival/Amusement ride(s), describe: _____

___ Tents, # and size(s): _____ Canopies, # and size(s): _____

___ Air supported structures, describe: _____

___ Floats, # _____ Stage, # _____ Generator(s) _____ Power Cord(s) _____ Hay bales

___ Electrical equipment, describe: _____

___ Vendors, booths, tables, describe: _____

___ Candles/open flame/fire pit(s), describe: _____

___ BBQ grills, cooking devices, heaters, describe: _____

___ Propane tank(s) # _____, describe use: _____

___ Aerial firework display(s), describe: _____

___ Street Closure(s), describe: _____

Signature: _____ Date: _____

If you have any questions, please call 909-902-5280. Fax is 909-902-5250.

Chino Police Department
Special Event Process Addendum

In addition to completing the City of Chino Special Event Permit Application, please provide the following to assist us in processing your application in as quick and efficient manner as possible.

On a separate sheet, please attach a detailed diagram/sketch of the event set-up indicating the location of the event (stage, seating, vendors, displays, etc.) & parking area. Also, show specific detail on how the parking and the flow of traffic will be kept separate and at a safe distance from the event and its activities.

Provide at least one name and telephone number of an on-site event contact person who will be available by telephone during the duration of the event.

Name _____ Telephone # _____
Name _____ Telephone # _____

Will you have security? Yes No

If yes, please provide the following information:

Name of Security Company (must be City approved)

Telephone # _____

Name of on-site Security Supervisor and contact telephone # where supervisor can be reached during the duration of time in which security services are provided at event.

Name _____ Telephone # _____

Provide a copy of the contract between you (applicant/organization holding event) and the Security company indicating the number of guards, the times the guards will be assigned to the event and if guards are carrying firearms, batons, etc. (All guards must have proper permits for aforementioned and approval must be granted by Chino Police Department).

Request that the Security Company provides the names, birth dates and guard card numbers of those guards who will be assigned to the event to CPD by either emailing it to taolden@chinopd.org or faxing it to (909) 334-3247. It is the event applicant's responsibility for this being completed; if not completed as requested; it may be cause for the event not being approved.

If the venue where the event is being held has or is providing the Security please indicate that. Note: the above requirements for Security still apply and information must still be provided as requested above. Explain: _____

If your organization intends on using in-house "security", such as volunteers/event staff, please provide the number of staff, how they are identifiable as "security" and/or event staff, date(s) & time(s) scheduled for, the extent of duties performed, and what if any equipment they will use, including if equipped with radios and/or cells phones.

- Security staff still needs to comply with state requirements and be licensed with BSIS.

Will you have parking and/or traffic control? Yes No

If yes, please provide the number of people, how they are identifiable (vests, event staff shirts, etc.) and the extent of their duties. Also, include a detailed parking plan attachment.

Attach property owner's / venue's permission (letter), if applicant is not the owner.

**SPECIAL EVENT PERMIT
VENDOR LIST**

Business Name: _____
Business Address: _____
Business Phone: _____
Contact Name: _____
Business Description: _____
City of Chino License No: _____

Business Name: _____
Business Address: _____
Business Phone: _____
Contact Name: _____
Business Description: _____
City of Chino License No: _____

Business Name: _____
Business Address: _____
Business Phone: _____
Contact Name: _____
Business Description: _____
City of Chino License No: _____

Business Name: _____
Business Address: _____
Business Phone: _____
Contact Name: _____
Business Description: _____
City of Chino License No: _____

Business Name: _____
Business Address: _____
Business Phone: _____
Contact Name: _____
Business Description: _____
City of Chino License No: _____

Applying for a business license or temporary permit does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required by city departments must be obtained before the business activity will be allowed.

VENDOR PERMIT APPLICATION

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX (909) 334-3727
MAILING ADDRESS: P O BOX 667 CHINO, CA 91708-0667

CITY OF CHINO
FINANCE
DEPARTMENT

BUSINESS INFORMATION

Company Name: _____
Address: _____
Mailing Address: _____
Phone: _____ FAX: _____ Emergency Phone (After hours): _____ Contact Person: _____
Email Address: _____ Website Address: _____

OWNER/OFFICER INFORMATION

Name: _____ Title: _____ Name: _____ Title: _____
Drivers Lic. # _____ Social Sec. # _____ Drivers Lic. # _____ Social Sec. # _____

IS THIS A CORPORATION PARTNERSHIP LLC SOLE OWNERSHIP (please check one)

CORPORATE INFORMATION (Please complete this section if you are a corporation, or if your corporate offices are located elsewhere).

Corporate name: _____ Federal Employer's ID# _____ State ID# _____
Address: _____
Phone: _____ FAX: _____

NAME OF EVENT: _____
EVENT LOCATION: _____
DATES OF EVENT: _____
STATE BOARD OF EQUALIZATION PERMIT #: _____

PLEASE DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL _____

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and ability. I acknowledge that applying for a business license does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required from city departments must be obtained before any business activity will be allowed.

Signature: _____ Print Name: _____ Date: _____



EXAMPLE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER YOUR INSURANCE AGENT/BROKER WHO ISSUES THIS CERTIFICATE	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED MUST BE LEGAL NAME OF THE CONTRACTING PARTY	INSURERS AFFORDING COVERAGE INSURER A: NAME OF INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A	X	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.		*	*	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/DP AGG \$ 1,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WG STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WG STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. DISEASE - EA EMPLOYEE	\$													
E.L. DISEASE - POLICY LIMIT	\$													
		OTHER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

The City of Chino, its officers, agents, and employees are named as additional insureds per the agreement noted above.

CERTIFICATE HOLDER CITY OF CHINO 13220 Central Avenue Chino, CA 91710	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS' WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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* Policy Effective Date must be prior to or coincidental with date of contract.
 Policy Expiration Date must on or after termination of contract if occurrence form.