



CITY OF CHINO
APPLICATION FOR SPECIAL EVENT PERMIT

Filing Period: An application for a parade or special event permit shall be filed with the City not less than 60 days no more than one calendar year before the date on which it is proposed to conduct the parade or special event. Section 10.64.050 A, C of the Chino, CA Code of Ordinances. Filing Period for Linger Duration or Larger Size Events: An application for a parade or special event *lasting three consecutive days or longer in duration*, not including set-up and clean-up, or with an anticipated attendance of 5,000 or more people per day shall be filed with the City not less than 90 days before the date on which it is proposed to conduct the parade or special event. Section 10.64.050 B of the Chino, CA Code of Ordinances.

Late Applications: Any application submitted after the filling period, shall be deemed late and shall be subject to an expediting fee pursuant to Section 10.64.060 of the Chino, CA Code of Ordinances.

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 (____) _____

EMAIL ADDRESS _____

2. Special Event Chairperson

NAME: _____

ADDRESS _____

CITY/ZIP _____ TELEPHONE (____) _____

EMAIL ADDRESS _____

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

Start _____ 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 [] NO [] *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.)

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

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

NAME _____

ADDRESS _____

CITY _____ TELEPHONE _____

EMAIL ADDRESS _____

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 \$68.

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.

Office 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/Fire Depart. Appl |



Chino Valley Fire District

Special Event Application

14011 City Center Dr., Chino Hills, CA 91709

Date: _____ Application/Review # _____

Please submit this application and a copy of the plot plan to the Chino Valley Fire District. Conditions of Approval and/or Fire Safety Guidelines, Permits, and Fees will be determined based on the information provided. Fees must be paid prior to event and are non-refundable. If you have any questions, please call (909) 315-8828. Fax (909) 902-5250.

Applicant Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Event Information

Name: _____ Event Date/Time: _____

Address: _____ CHINO CHINO HILLS COUNTY AREA

Describe Event:

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

_____ Carnival/Amusement Rides - Provide amt. & description: _____

_____ Tents - Provide amt. & size: _____ Canopies - Provide amt. & size: _____

_____ Floats - Provide amt.: _____ Stages _____

_____ Generator - Provide amt.: _____ Candles/Open Flames - Describe: _____

_____ Other Power Supply - Provide description: _____

_____ Cooking Equipment - Provide description: _____

_____ Street Closure(s) - Provide description: _____

_____ Fireworks/Pyrotechnic - Provide description: _____

Signature: _____ Date: _____

Office Use Only:

Fee Code: _____	Amt.: \$ _____	Owe: \$ _____	Payment Type: VISA MC AMEX OTHER
Approval Date & Initials: _____		COA GL	Check: # _____ Batch: # _____



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 afletcher@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.

AN EXAMPLE OF AN ACCEPTABLE INSURANCE CERTIFICATE SUBMISSION



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (Broker Name) (Broker Address) (Broker Phone Number)	CONTACT NAME: <table style="width: 100%; border: none;"> <tr> <td style="border: none;">PHONE (A/C, No, Ext):</td> <td style="border: none; text-align: right;">FAX (A/C, No):</td> </tr> <tr> <td colspan="2" style="border: none;">E-MAIL ADDRESS:</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : (Underwriter Name)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B : (Underwriter Name, if applicable)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	PHONE (A/C, No, Ext):	FAX (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : (Underwriter Name)		INSURER B : (Underwriter Name, if applicable)		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
PHONE (A/C, No, Ext):	FAX (A/C, No):																		
E-MAIL ADDRESS:																			
INSURER(S) AFFORDING COVERAGE	NAIC #																		
INSURER A : (Underwriter Name)																			
INSURER B : (Underwriter Name, if applicable)																			
INSURER C :																			
INSURER D :																			
INSURER E :																			
INSURER F :																			
INSURED (Insured Entity/Contract Instructor Name) (Insured Entity/Contract Instructor Address)																			

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			(Must be a number)			EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			(If needed, must be a number)			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			(If needed)			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Chino, its officials, employees and volunteers are named Additional Insured.
 Insurer will provide the City with 30 days written notice of cancellation, non-renewal or reduction in coverage and 10 days notice for nonpayment of premium.
 This insurance is primary to any insurance or self-insurance maintained by the City, its officials, employees and volunteers.

CERTIFICATE HOLDER

CANCELLATION

City of Chino 13220 Central Avenue Chino, CA 91710	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

Special Event Permit Vendor List

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

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

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

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

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

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

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

Business Name: _____
Business Address: _____
Business Phone: _____
Contact Name: _____
Contact Phone: _____
Email Address: _____
Business Description: _____
City of Chino License No: _____
Vendor Payment 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. Permit fee is waived for bona-fide non-profit organizations, with proof of non-profit status

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. # _____

Type of ownership (select one):

SOLE OWNER**PARTNERSHIP****CORPORATION****LLC****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: _____

SALES TAX PERMIT #: _____

COUNTY OF SAN BERNARDINO HEALTH PERMIT #: _____

NON-PROFIT # (IF APPLICABLE): _____

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: _____