

CITY OF CATHEDRAL CITY (760) 770-0374 Fax - (760) 202-1460 68-700 Avenida Lalo Guerrero Cathedral City, CA 92234-7031 (Staff Use Only)

Case No.: 500# 15-018
Related Files:

SPECIAL USE PERMIT FOR TOWN SQUARE

It is advisable to submit applications for review 60 days prior to commencement of the use or event to ensure adequate review of the application. If you have any questions while completing this application, please ask a member of the Planning Department for assistance. In addition to this application, you must reserve a date for your event with the Planning Department. For recurring events, a schedule must be submitted every 3 months. In order for the City to process a Special Use Permit Application, the application fee must be submitted with the completed application. Depending on the type of event, you may be required to provide a Clean-up/Damage Deposit. Incomplete applications will not be accepted (or process may be delayed). Per the City Council, Carnivals or Circuses are not allowed in the Town Square. All applicants for events in the Town Square must be Non-Profit Groups subject to Sections 501 (c) (3), 501 (c) (4), 501 (c) (5), 501 (c) (6), 501 (c) (7), 501 (c) (8), 501 (c) (10), AND 501 (c) (19) of the Internal Revenue Code. (PLEASE PRINT OR TYPE)

CHECK TYPE OF USE OR EVENT Festival Parade/Race/Marathon	□ Concert□ Other Special Event
Hours of Event: Start:	on of their application. (See staff for FAA application).
For the following, please use an attached sheet of Will there be loud speakers or amplification: Will streets or driveways be temporarily closed: What kinds of temporary structures will be used a 10'X10' CAMODIES - STAKED IN	es No 1 Yes No (If yes, provide details on attached Site Plan) and how will they be fastened to the ground?

Will the event require Police, Fire, or Public Works Department assistance? ☐ Yes ☐ No				
Will there be private security? ☑ Yes ☐ No				
The billable rate for police officers is \$65 an hour and will be billed to the applicant.				
SUBMITTAL REQUIREMENTS:				
Application Fee: \$510. Non-Profit License. Clean-Up/Damage Deposit of \$600 may be required. 4 copies of Site Plan using form provided by staff (attached) Please show location of the event, including buildings, temporary improvements, portable restrooms, vendor locations, parking areas and driveways. Show any street closures on the attached Site Plan. Show the location of any lighting, generators, and/or restrooms on the attached Site Plan. Show location of refuse containers and dumpsters on the attached Site Plan. If event is on City property or public right-of-way, provide insurance policy or policies naming the, its officers, agents and employees as additional insured, issued by a company satisfactory to the City Attorney, and in an amount determined to be adequate for the risks involved in the activity, as determined by the Community Development Director. Proof of Insurance for \$1,000,000 for Liability. Provision of Health Permits, ABC License, Building Permits and/or Resale Permits. All Riverside County Health Department requirements must be satisfied. Provision of any other Permits required by City, State, or Federal Governments. Signage Plan for street closures and directions to the event. Any event that has more than 3 occurrences needs approval from the City Council A quarterly schedule needs to be approved by the City for recurring events. This includes dates, times, and entertainers.				
ADDITIONAL INFORMATION (Provide any necessary general information regarding event or any special needs for the event. Attach additional sheets if necessary.)				
Name: ROLIDA MILLS Phone Number: 818-813-4478				
Name: <u>KONDA</u> <u>MILLS</u> Phone Number: <u>818-813-4478</u> Company: <u>WEST COAST ARTISTS</u> Fax Number: <u>661-526-4575</u>				
Address: $P.O.$ Box 750 City: $ACTON$ Zip Code: 93510				
Address: IF.O. DOX 730 City: 11010 Zip Code: 13310				

EMERGENCY CONTACT (Contact person should there be an emergency during the event)						
Name: RONDA A	4.	Phone Number: 818	-621-1350			
3 45	COAST ARTISTS	CURTIS Cell Number: <u>bb1</u>				
Address: P.O. Box	750 City: <u>A</u>	2 TON Zip C	ode: 93510			
I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.						
- IN INCOME	7 Milis					
Condo Wille						
Signature: //////		_				
DETERMINATION OF ARRUSTON (Stoff Lice Only)						
DETERMINATION OF APPLICATION (Staff Use Only)						
ACTION TAKEN: APPROVED DENIED If approved, see attach Conditions of Approval.						
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APPROVED BY:	*	DATE:				
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Date/Time Received:	Received By:	Amount Received:	Receipt No(s):			

