

## CITY OF CATHEDRAL CITY

(760) 770-0374 Fax - (760) 202-1460 68-700 Avenida Lalo Guerrero Cathedral City, CA 92234-7031

1	Staff	Use	Only

Case No.: 508 #17-204 Related Files:

## **SPECIAL USE PERMIT**

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 order for the City to process a Special Use Permit Application, the application fee must be submitted with the completed application. For recurring events, a schedule must be submitted every 3 months. In addition, a detailed Site Plan must be submitted with the application. Incomplete applications will not be accepted (or process may be delayed). (PLEASE PRINT OR TYPE)

CHECK TYPE OF USE OR EVENT  ☐ Sidewalk/Rummage/Parking Lot Sale  ☐ Camival/Circus*  ☐ Festival  ☐ Car Washes  ☐ Parade/Race/Marathon	☐ Construction/Sales/Storage Trailer ☐ Block Party ☐ Special Shows (vehicle display/auctions) ☐ Extension of Hours ☐ Other:					
*Per the City Council, Carnivals and Circuses are to the South, Officer David Vasquez to the north, a	not allowed between Date Palm Drive to the east, B Street and Cathedral Canvon Drive to the west.					
Location: Co the dial Gt. Festival Lawn Town Square Rark  Date(s) of Event: 5 / 26 / 2017 through: 5 / 28 / 2017  Hours of Event: Start: 2:00 and/pm through 10:00 and/pm  Anticipated attendees: 1-50 151-100 101-500 1501-1,000 voer 1,000  Will food be prepared or served: 2 Yes 1 No  Will alcohol be served: 4 Yes 1 No						
Will there be live entertainment DJ F Yes I No Will there be searchlights: I Yes*I No *Searchlights need FAA approval and completion of their application. (See staff for FAA application).  If yes, provide a description of the live entertainment.						
What kinds of temporary structures will be used ar						

Application Fee: \$300 if fewer than 500 attendees; \$600 if more than 500 attendees.	SUBMITTAL REQUIREMENTS:						
Show who street closures on your StePlan.	Hecurring Events or Events with more than 500 attendees must also submit a \$600 deposit.  Provide 4 copies of Site Plan:						
Show the boatlon of any lighting, generators, and/or restrooms on the Site Plan.   Non-Profit License if applicable.   Signed documentation from the property owner agreeing to the use, as specified in this application.   If event is on City property or public right-of-way, provide insurance policy or policies naming the City, 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.   Refuse Plan.   Any event that has more than 3 occurrences needs approval from the City Council.   A quarrety schedule needs to be approved by the City for recurring events. This includes dates, times, and entertainers.	locations, parking areas and driveways.						
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APPLICANT  Name: Hans Mullings Phone Number:	ADDITIONAL INFORMATION						
APPLICANT  Name: Hans Mullings Phone Number: (751)643-4660  Company: HM Events and Gragille Fax Number:  Address: 135 Weston Rd Suite 255 city: Waton FL Zip Code: 33326  PROPERTY OWNER  Name: Phone Number:  Company: Fax Number:							
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Name:	Address: 135 Weston Rd Suite 255 city: Waston, FL zip Code: 33326						
Company: Fax Number:	PROPERTY OWNER						
	Name: Phone Number:						
Address: Zip Code:	Company: Fax Number:						
	Address: Zip Code:						

OTHER PARTIES								
Name:		Phone Number:						
, , , , ,		_ Fax Number:						
Address:	City: _	Zip (	>ode:					
EMERGENCY CONTACT								
(Contact person should the	ere be an emergency during the e	vent)						
Name: Hohley	Smith	_ Phone Number: 959	)907-7337					
Company:		Fay Number						
Address: 12717 W.S	unrise Blvd Ste 141 on:	Sunrise, FL zip C	ode: 33323					
I/we certify (or declare un foregoing is true and con	nder penalty of perjury under the	e laws of the State of Califo	ornia) that the					
_								
Print Name:	s Mullings							
Signature:	PA Mullay							
DETERMINATION OF AP	PLICATION (Staff Use Only)							
ACTION TAKEN:	APPROVED   DENIED							
If approved, see attached	Conditions of Approval.							
If denied, provide reasons:								
	· .							
APPROVED BY: DATE:								
Data Films Dans to all	Described the	Amount Doorkunds	Receipt No(s).:					
Date/Time Received:	Received By:	Amount Received:	neosipi no(s).:					

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