



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.:  
**509 # 15-014**  
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  Concert  
 Parade/Race/Marathon  Other Special Event

### DESCRIPTION OF USE OR EVENT

Location: Cathedral City Hall "PASEO AREA"

Date(s) of Event: 07 / 18 / 2015 through: 07 / 18 / 2015

Start of Set Up 9:00 am/~~pm~~ Tear Down 11:30 am/~~pm~~

Hours of Event: Start: 10:00 am/~~pm~~ through 11:00 am/~~pm~~

Anticipated attendees:  1-100  100-500  500-1,000  1,000-4,000  over 4,000

Will food be prepared or served:  Yes  No

Will alcohol be served:  Yes  No

Will there be live entertainment:  Yes  No

Will there be searchlights:  Yes\*  No

\*Searchlights need FAA approval and completion of their application. (See staff for FAA application).

If yes, provide a description of the live entertainment.

N/A

For the following, please use an attached sheet of paper to complete the responses (if necessary).

Will there be loud speakers or amplification:  Yes  No

Will streets or driveways be temporarily closed:  Yes  No (If yes, provide details on attached Site Plan)

What kinds of temporary structures will be used 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~~ - *Waive*
- 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.
- Food is prohibited from being served on the steps of City Hall.
- 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** This is a FREE exercise/dance demonstration open to the public. HIGH Fitness is a new aerobic style exercise/dance format for all ages and all levels. Our exercise/dance demonstration will be taught by its Co-Founders: Amber Zenith & Emily Nelson and California's only certified license instructor: Jaime Mendez of Dynamic Dance & Fitness Cathedral City.

This FREE HIGH Fitness exercise/demonstration will help to excite individuals, promote exercise and good health to all those who attend.

Dynamic Dance & Fitness Cathedral City (DDF) will hand out class schedules & Free Class Coupons for those who wish to take one. DDF is the only authorized studio in California to teach this new energetic and highly effective HIGH Fitness exercise format and we hope to spark an exercise interest in all those who attend this FREE demonstration.

Both the Co-Founders and DDF Instructors are CPR certified.

[www.DDFCathedralCity.com](http://www.DDFCathedralCity.com) [www.HighFitness.com](http://www.HighFitness.com)

---

### APPLICANT

Name: Matt Torres

Phone Number: 760/ 880-3704

Company: Dynamic Dance & Fitness Cathedral City

Fax Number: 760/ 832-6203

Address: 68-100 Ramon Road, Ste A7 City: Cathedral City Zip Code: 92234

**EMERGENCY CONTACT**

(Contact person should there be an emergency during the event)

Name: Matt Torres or Dolores Hernandez

Phone Number: Matt's cell 760/ 880-3704

Company: Dynamic Dance & Fitness Cathedral City

Cell Number: Dolores cell 760/992-1466

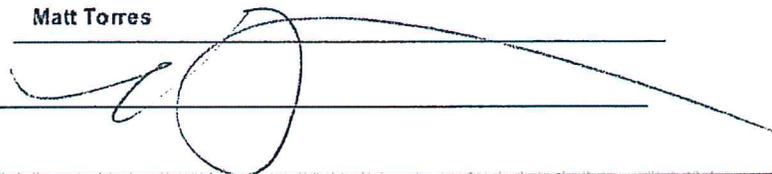
Address: 68-100 Ramon Road, Ste A7

City: Cathedral City

Zip Code: 92234

I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.

Print Name: Matt Torres

Signature: 

**DETERMINATION OF APPLICATION (Staff Use Only)**

ACTION TAKEN:  APPROVED  DENIED

If approved, see attach Conditions of Approval.

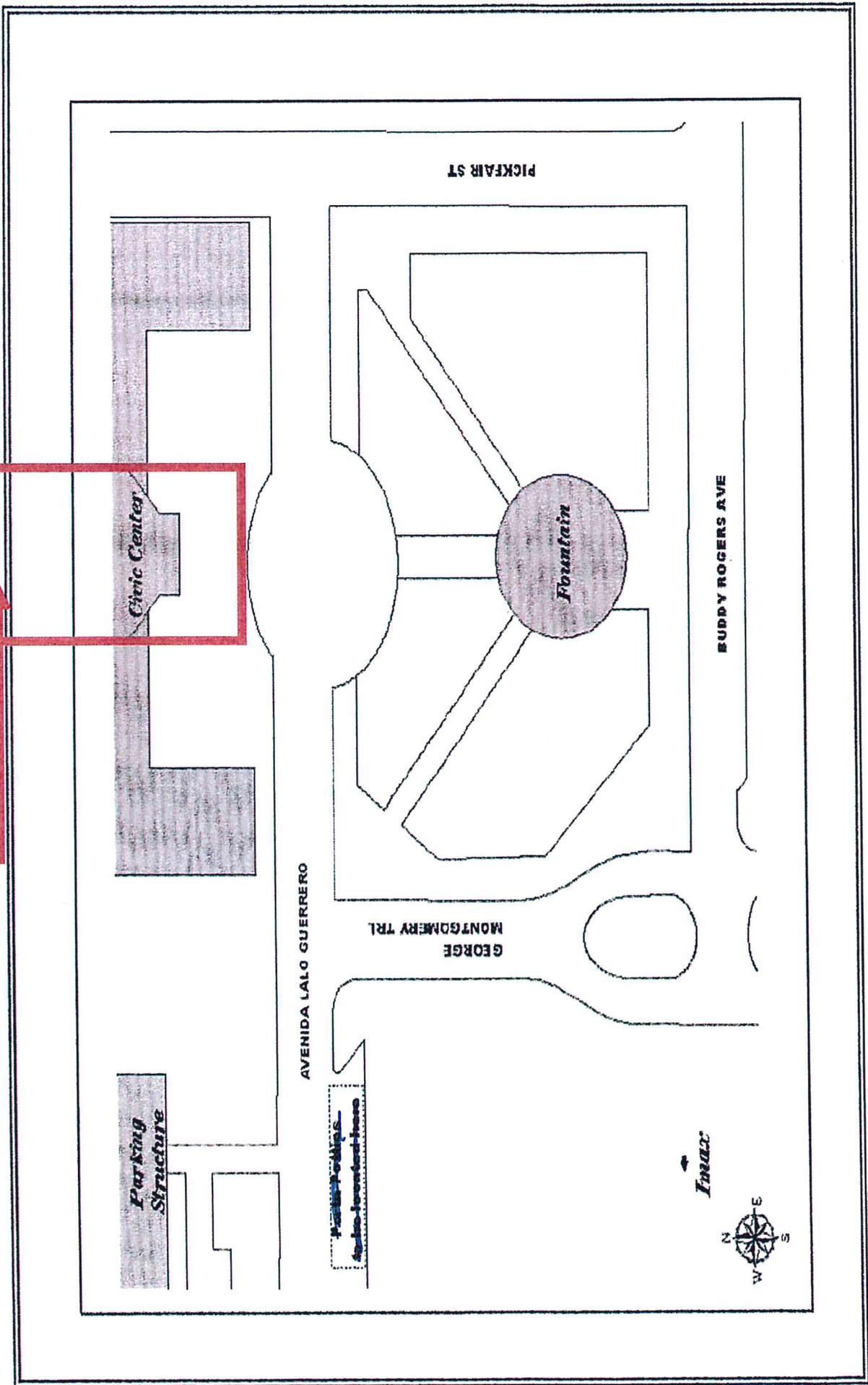
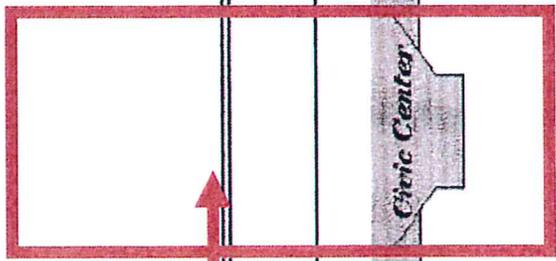
If denied, provide reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Date/Time Received:	Received By:	Amount Received:	Receipt No(s):
---------------------	--------------	------------------	----------------

*Cathedral City Civic Center  
"Paseo Area"*



North Entrance

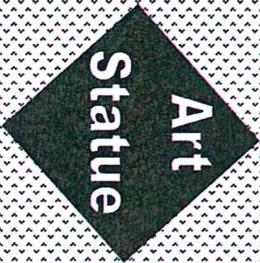
City Hall  
Restrooms



# HIGH Fitness Instructors Dance Balcony Area

City Hall Balcony Area

Dance Area



Police Balcony Area

South Entrance

Dance Area





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/29/2015

<b>PRODUCER</b> Maguire Insurance Agency, Inc. 27101 Puerta Real Suite 200 Mission Viejo, CA 92691- 877.438.7459	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Dynamic Dance and Fitness Cathedral 68543 B St Cathedral City, CA 92234-1809	INSURER A: Philadelphia Indemnity Insurance Company	18058
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## 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 CERTIFICATION 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 LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	PHPK1207449-000	07/21/2014	07/21/2015	EACH OCCURENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$2,500 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000
		<b>AUTOMOBILE LIABILITY</b> <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)
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURENCE AGGREGATE
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
		<b>OTHER</b>				

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

It is understood and agreed that the following entity is added as an additional insured but only with respect(s) to the operations of the named insured except that liability resulting from the additional insured's sole negligence.

## CERTIFICATE HOLDER

City of Cathedral City  
 68700 Avenida Lalo Guerrero  
 Cathedral City, CA 92234-

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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