



Cathedral City

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.:
50P # 17-020
 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

- | | |
|--|---|
| <input type="checkbox"/> Sidewalk/Rummage/Parking Lot Sale | <input type="checkbox"/> Construction/Sales/Storage Trailer |
| <input type="checkbox"/> Carnival/Circus* | <input type="checkbox"/> Block Party |
| <input type="checkbox"/> Festival | <input type="checkbox"/> Special Shows (vehicle display/auctions) |
| <input type="checkbox"/> Car Washes | <input type="checkbox"/> Extension of Hours |
| <input checked="" type="checkbox"/> Parade/Race/Marathon | <input checked="" type="checkbox"/> Other: <u>Procession</u> |

*Per the City Council, Carnivals and Circuses are not allowed between Date Palm Drive to the east, B Street to the South, Officer David Vasquez to the north, and Cathedral Canyon Drive to the west.

DESCRIPTION OF USE OR EVENT

Location: Hwy 111

Date(s) of Event: 12/12/17 through: 12/12/17

Hours of Event: Start: ____:____ am/pm through ____:____ am/pm

Anticipated attendees: ☐ 1-50 ☐ 51-100 ☐ 101-500 ☐ 501-1,000 ☒ Over 1,000

Will food be prepared or served: ☐ Yes ☒ No

Will alcohol be served: ☐ Yes ☒ No

Will there be live entertainment: ☐ Yes ☒ No

Recurring Event: ☐ 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.

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 detail on your Site Plan)

What kinds of temporary structures will be used and how will they be fastened to the ground?

SUBMITTAL REQUIREMENTS:

- ☐ Application Fee: \$300 if fewer than 500 attendees; \$600 if more than 500 attendees.
- ☐ Recurring Events or Events with more than 500 attendees must also submit a \$600 deposit.
- ☐ Provide 4 copies of Site Plan:
 - ☐ Please show location of the event, including buildings, temporary improvements, portable restrooms, vendor locations, parking areas and driveways.
 - ☐ Show any street closures on your Site Plan.
 - ☐ Show the location 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 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.)

APPLICANT

Name: Rev David Foxen msc Phone Number: 760 325 3816
Company: Dur Lady of Solitude Church Fax Number: 760 325 5316
Address: 151 W Alejo Rd City: Palm Springs Zip Code: 92262

PROPERTY OWNER

Name: _____ Phone Number: _____
Company: _____ Fax Number: _____
Address: _____ City: _____ Zip Code: _____

OTHER PARTIES

Name: _____ Phone Number: _____

Company: _____ Fax Number: _____

Address: _____ City: _____ Zip Code: _____

EMERGENCY CONTACT(Contact person should there be an emergency during the event)Name: Carmen Tapia Phone Number: 760 275 9967

Company: _____ Fax Number: _____

Address: 151 W Alejo Rd City: Palm Springs Zip Code: 92262

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: ~~David Foxen, MS~~ FR. DAVID FOXEN, MSCSignature: ~~David Foxen, MS~~**DETERMINATION OF APPLICATION (Staff Use Only)**ACTION TAKEN: ☐ APPROVED ☐ DENIEDIf approved, see attached Conditions of Approval. ☐

If denied, provide reasons: _____

APPROVED BY: _____ DATE: _____

Date/Time Received:

Received By:

Amount Received:

Receipt No(s):

Certificate of Coverage

Date: 7/19/2017

Certificate Holder

The Roman Catholic Bishop of San Bernardino, CA
A Corporation Sole
1201 East Highland Avenue
San Bernardino, CA 92404

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location

Diocese of San Bernardino/Riverside
1201 East Highland Avenue
San Bernardino, Ca. 92404

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	8571	7/1/2017	7/1/2018	Each Occurrence	1,000,000
<input checked="" type="checkbox"/> Occurrence				General Aggregate	
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
				Personal & Adv Injury	
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability				Each Occurrence	
				Annual Aggregate	
Other				Each Occurrence	
				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage only extends for claims directly arising out of the Parishes within the Diocese of San Bernardino's participation in the Our Lady of Guadalupe Procession on December 12, 2017. Liability coverage only extends for claims occurring during the date and times of the listed event. The City of Cathedral City, its officers, agents and employees are listed as additional protected person(s) throughout the event duration, including setup and breakdown as it pertains to passive negligence only.

Holder of Certificate

Cancellation

Additional Protected Person(s)

City of Cathedral City
68700 Avenida Lalo Guerrero
Cathedral City, CA 92234-7031

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Michael A. Antun

0309006204

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 12/12/2017

Cancellation Date of Endorsement: 12/12/2017

Certificate Holder: The Roman Catholic Bishop of San Bernardino, CA
A Corporation Sole
1201 East Highland Avenue
San Bernardino, CA 92404

Location: Diocese of San Bernardino/Riverside
1201 East Highland Avenue
San Bernardino, Ca. 92404

Certificate No. 8571 of The Catholic Mutual Relief Society of America is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

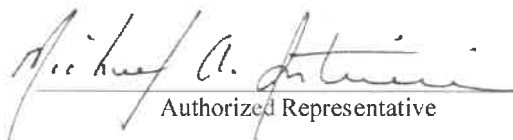
It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)

City of Cathedral City
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Cathedral City, CA 92234-7031

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

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Authorized Representative