

## CITY OF CATHEDRAL CITY

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

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(Staff	Use	Or	ıίν

Case No.: 50f#17-022 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  *Per the City Council Compined and Circus*	☐ Construction/Sales/Storage Trailer ☐ Block Party ☐ Special Shows (vehicle display/auctions) ☐ Extension of Hours ☐ Other: Parking Lot Parking					
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.					
DESCRIPTION OF USE OR EVENT						
Location: 67625 E PALM CANON COL CH192234						
Date(s) of Event: 10/27/17 through: / /						
Hours of Event: Start: 5:30 am/pm through 1:30 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 alcohol be served:   ✓ Yes ☐ No  Will there be live entertainment: ☐ Yes ☒ No						
Will there be searchlights: ☐ Yes ☑ No	Treatming Events III 103 II No					
	on of their application. (See staff for FAA application).					
If yes, provide a description of the live entertainment	ent.					
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For the following, please use an attached sheet of paper to complete the responses (if necessary). Will there be loud speakers or amplification: Yes D No						
Will streets or driveways be temporarily closed:   Wes □ 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.)
NO STREET CLOSURE
APPLICANT
Name: KEV/W WINTER Phone Number: 408 806 3185
Company: BARRACKS BAR Fax Number:
Address: 67625 F PALM CANYON City CAT CHY Zip Code: 92334
PROPERTY OWNER
Name: JOHN WESSMAN Phone Number: 7603188089
Company: DBA CANYOWPLAZA Fax Number:  BUSINESS PARK  Address: POBOX 1419 City: Catheonal City Zip Code: 92235
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	5506 city: PaL		
Name: KEVIN Company: BARR Address: 67625  I/we certify (or declare use foregoing is true and company)  Print Name: KEVIN	THE PALM CAMPYON City: Cr	Phone Number:  Fax Number:  Zip  Tws of the State of Cali	Code: 92234
ACTION TAKEN:	PPLICATION (Staff Use Only)  APPROVED □ DENIED  Conditions of Approval. □		
APPROVED BY:		DATE:	
Date/Time Received:	Received By;	Amount Received:	Receipt No(s).: