

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.: 5 up at 18-012 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			
Will food be prepared or served: Will alcohol be served: Will there be live entertainment: Will there be searchlights: □ Yes □ No □ Yes □ No	own 9:00 am/pm 1 =am/pm 2 500-1,000			
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? **Approximately** **Approximately**				

FENCER

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. Bill CURey of Not Wall Use 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 bylighings, temporary improvements, portable restrooms, vendor locations, parking arease and arriveways. TST (VAL ALW) 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 — Duce — Time 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 8/8-399-				
Name: 408 C/ARRUSCO Phone Number: 8017				
Company: CURCH / NEMTRE Fax Number:				
Address: 69930 Hwy 111 City: RM, RAGE Zip Code: 92270				

I SHOW HE RESIDENCE TO SEE			
EMERGENCY CONTAC (Contact person should t	T here be an emergency during the eve	nt)	31.0 -
Name: TARY	PALMER	Phone Number:	68-1933
Company:	Rop	Cell Number:	
Address: 69930	Hey 11) City: 1	R. MIRALE Zip	Code: 92270
I/we certify (or declare a foregoing is true and co	under penalty of perjury under the learnest.	aws of the State of Cali	fornia) that the
Print Name:	2 SIARRUSS		
Signature:			
	PPLICATION (Staff Use Only)		
	APPROVED DENIED		
If approved, see attach Could denied, provide reasons			
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APPROVED BY:		DATE:	
Date/Time Received:	Received By:	Amount Received:	Receipt No(s):

