

CITY USE ONLY
DATE:
INITIALS:

CITY OF MORENO VALLEY SPECIAL EVENT PERMIT APPLICATION

Applications shall be filed prior to the event date in accordance with Section V of the Special Event Policy. **Applications must be submitted <u>ninety (90) days</u> prior to the event date**. Keep in mind that depending on the scope of each event, the City may require earlier submittal.

APPLICANT	TAND ORGANIZATION INF	ORMATION
Applicant Name:		Day Time Phone: ()
Organization Name:		Evening Phone: ()
Address: City:		State: Zip:
Fax Number:		Website:
Day of Event Contact Name:		Telephone: (
E-Mail:		Cell Phone: ()
	EVENT INFORMATION	
Event Title:		
Date(s) of Event:		
Location of Event:		
☐ City Park ☐ City-leased Facility ☐		<u>_</u>
	<u> </u>	
Day 1:	Event Times:	
Set up Date:	Time: to	
Event Date:	Time: to	
Clean-Up Date:	Time: to	
Day 2:		
Set up Date:	Time: to	
Event Date:	Time: to	
Clean-Up Date:		

Type of Event:	☐ 5k or 10k Run ☐ Ceremony ☐ Farmers Market ☐ Procession ☐ Other:	☐ Bike Races ☐ Concert ☐ Marathon ☐ Street Fair	☐ Block Party ☐ Festival ☐ Half-Marathon ☐ Walkathons	☐ Celebration☐ Fundraiser☐ Parade☐ Car Show
•	ndance: 76-300		001-2500 🗖 Over 2500	0
	s event open to the pere an admission cha	ge ś		
Event Descripti	on (50-Word Minimun	n):		
		SITE PLAN/RO	OUTE MAP	
Your event site checklist below	·	d be submitted in	PDF format and includ	le but not be limited to the
 □ An outline of the entire event venue including the names of all streets or areas that are part of the venue surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street or lane closures □ The location of fencing, barriers and/or barricades. Indicate any removable fencing for emergency 				
☐ The location☐ The location booths, beer☐ A detail or clall vendors c	of first aid facilities an of all stages, platform gardens, cooking are	d ambulances s, scaffolding, bled eas, trash containe both and cooking of e gases or barbed	achers, grandstands, c ers and dumpsters, and area configuration inc	ghout the event venue canopies, tents, portable toilets, d other temporary structures cluding booth identification of
☐ Placement o☐ Exit locations	of vehicles and/or trail of for outdoor events the of all event compon	ers at are fenced and		ents and tent structures
	ortable restrooms			

CONCESSIONAIRES			
FOOD:			
All food services within the City of Moreno Valley, must follow the County of Riverside Department of Environmental Health regulations. Contact the health department at (951) 358-5172 or visit www.rivcoeh.org for more information. It is the responsibility of the applicant to obtain the appropriate Health Department release, if food is being provided.			
If a professional caterer(s) will be hired for this event, please provide the following: • Health Permit- (TFF Temporary Food Facility Permit) • Liability insurance (MUST meet City Requirements)- (see attached for insurance requirements). • City of Moreno Valley Business License or Special Event Temporary License			
YES NO Does your event include food concessionaires?			
☐ ☐ Do you or your concessionaires intend to cook food at the event area? If yes, please specify method:☐ Electric ☐ Gas ☐ Propane ☐ Other			
Please refer to Contact Vendor Form on page 11			
All non-food vendors must provide the City of Moreno Valley with the following: • Liability insurance (MUST meet City Requirements)- (see attached for insurance requirements). • City of Moreno Valley Business License or Special Event Temporary License YES NO Will non-food items or services be sold at your event? *If yes, please refer to the Contact Vendor Form on Page 11			
Please list the number of booths:			
Number of Food Vendors: Number of Retail/craft Vendors: Games/Activity Booths: Ticket Booth: Informational Booths:			
YES NO Will you require the use of potable water? If yes, explain how/what you will use the water for? ———————————————————————————————————			

PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event, unless you can substantiate the sufficient availability of both ADA accessible and non-accessible facilities in the immediate area of the event site, which will be available to the public during your event.			
YES NO	Do you plan to provide portable restroom fac If yes: Total number of portable toilets Number of ADA accessible portable toilets	<u> </u>	
*Please a	add vendor info on C <i>ontact Vendor Form</i> on <u>Pa</u>	<u>ge 11</u>	
	ENTERTAINMENT AND R	RELATED ACTIVITIES	
Venues m Amplifica	R SOUND AMPLIFICATION: may have certain sound level restrictions for the ation shall be oriented away from sensitive uses, may be required.	e municipal code of the City of Moreno Valley. , such as residences. Mitigation to minimize noise	
YES NO	Will there be musical entertainment featured		
If you ant Departme	ents may inspect generators for adherence to	make, model and size. Fire & Building and Safety regulations.	
2. Mal	ke: Model: lke: Model: lke: Model:	Size:	
*Please refer to Band Contact Form on <u>Page 12</u>			
Total Number of performing groups/bands:			
YES NO Will there be a professional sound engineer? *If yes, what company will you be using? (add contact info to Contact Vendor Form on Page 11			
☐ Will a sound check be conducted prior to the event?			
	*If yes: Start Time:	End Time:	

STA	GE:	<u>.</u>
YES		 Will there be a stage(s) at the event? If so, please provide dimensions of stage(s) and quantity: Will the stage be ADA accessible?
*	Plec	ase refer to the Contact Vendor Form on <u>Page 11</u>
<u>REL</u>	<u>ATE</u>	D ACTIVITIES:
		 All vendors must provide the City of Moreno Valley with the following: Liability insurance (MUST meet City Requirements) - (see attached for insurance requirements). City of Moreno Valley Business License or Special Event Temporary License
YES	N	
		Will you be using any of the City's approved inflatable companies? If yes, which one? *If no, please provide vendor information on page 11
		ACCESSIBILITY PLAN
		ecklist is intended to serve as a planning guideline and may not be inclusive of all City, County, and Federal access requirements. You may attach more detailed information if necessary.
YES	N(Will there be a Clear Path of Travel throughout your event venue? Please describe
		Have you developed a Disabled Parking and/or Transportation Plan (including the use of public transportation or shuttle services) for your event? Please describe
		Will all food, beverage and vending areas be accessible? Please describe
		Will all signage be provided in highly contrasting colors and placed so pedestrian flow will not obstruct its visibility? Please describe
		If telephones are provided, will at least one telephone at each phone bank have a volume control and is hearing aid compatible? Please describe
		If an information center is provided at your event will customer service representatives be available to assist disabled individuals? Please describe

☐ ☐ If all areas of your event venue cannot be made accessible will maps or programs be made available to show the location of accessible restrooms, parking, phones (if any), drinking fountains, and first aid stations? Please describe
*Depending on the amount of attendees you may be required to provide additional ADA parking stalls in accordance to City of Moreno Valley regulations.
TRANSPORTATION/LAND DEVELOPMENT
 All participants must obey all traffic laws when using public streets. Event signs or markings must not be permanently placed on City property. Emergency and resident access must be maintained. The event parking and traffic circulation should not overflow into surrounding residential areas. The applicant must ensure ADA parking, access, and path of travel requirements are followed. If there are any questions concerning the Park's facilities, they should contact the City's Building and Safety Department.
Street Closures:
YES NO Are you planning on closing any City streets?
Type of Closure: Street Closure Sidewalk Closure If yes, please fill out the information below:
Street Name:
From (cross street):
To(cross street):
*All street closures must be approved by the City of Moreno Valley
SAFETY EQUIPMENT/TRAFFIC CONTROL
YES NO ☐ Will your event involve the use of traffic safety equipment? If yes, please list vendor on Contact Vendor Form on Page 11
• It may be necessary for the Event Organizer to obtain a Professional Traffic Plan.
• Streets must be closed from intersection to intersection; streets cannot be closed mid-block. Event Organizer is responsible for posting Temporary "No Parking" Signs according to requirements a minimum of 72 hours prior to the event set-up time.
• Please list the streets, from intersection to intersection, which will be closed for your event. Please attach an additional sheet of paper with the requested information below. Your Site Plan/Map must show all streets, street closures, and must include a designated 12-foot wide emergency lane.

FIRE				
YES NO □ □ Event will include canopies/tents with over 200 feet of material but no more than 400 feet of material. □ □ Event will include canopies/tents with over 400 feet of material. □ □ Cooking equipment with excessive heat, spark and/or open flame will be used.				
Event will require the use of electrical generators. How many:Size:				
Event will host the use of fireworks, explosive devices, or pyrotechnics for special effects.				
SECURITY PLAN				
YES NO Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, please provide the following information and attach copies of the company's Business License, Liability Insurance and California State License. Please describe your security plan including crowd control, internal security or venue safety, or attach the plan to this application.				
MEDICAL PLAN				
YES NO Have you hired a licensed professional emergency medical services provider to develop and manage your event's medical plan? If yes, please list on Contact Vendor Form on Page 11 Please describe your medical plan including your communications plan, the number, certification levels (MD, RN, Paramedic, EMT) and types of resources that will be at your event and the manner in which they will be managed and deployed. Your plan should include hours of setup and dismantle of medical aid areas. You may attach the plan to this application if necessary.				

BUSINESS LICENSE

Special Event Coordinator/Organizers are required to obtain a City of Moreno Valley Business License. Coordinator/Organizers are also required to pay a fee based on the number of vendors attending their event, per day. Fees are based on the table below and are paid during the application process. Individual vendors sub-contracting with the Event Coordinator/Organizer are not required to obtain a City of Moreno Valley Business License.

Special Event Coordinator/Organizer (Business License) Fees:

Coordinator/Organizer Event Fees		
Number of Vendors	Fee	
10 or Less	\$100.00 per day	
11-25	\$250.00 per day	
26 - 50	\$500.00 per day	
51 - 100	\$1,000.00 per day	
Over 100	To be Determined by Business License officer	
Non-Profit Organizations Receive a 30% Discount on Fees with Proof of 501(c) 3 Letter		

Please contact the Business License office for questions on obtaining a Business License at (951) 413-3080. or visit https://moval.gov/departments/financial-mgmt-svcs/svc-biz-license.html.

MEDIA

The City of Moreno Valley reserves the right to videotape and/or photograph any and all community events participating in any City facility including City parks. These videos and photographs are to be used to promote the programs to the community of Moreno Valley. The videos will be edited and televised on MVTV-3 and its related media entities at the discretion of the Media & Communications Division, and the photographs will be used in various print mediums. It is further understood and agreed that this waiver, release and assumptions of risk is to be binding on my heirs and assigns.

	MARKETING, PUBLIC RELATIONS AND SPONSORS			
YES	NC	Will this event be marketed, promoted, or advertised in any manner? If yes, please describe		
		Will there by live media coverage during the event? If yes, please describe		
		Will media vehicles be parked within the event venue? If yes, please describe safety plan		
		Do you have a plan to control or limit the placement and/or distribution of promotional signage, stickers, and other items? If yes, please describe		

INSURANCE			
Will you be providing your own liability insurance for this event or do you need to obtain insurance through			
the city? Requesting City Insurance Coverage* Providing my own			
Name of Insurance Agency			
SANITATION AND RECYCLING			
The City of Moreno Valley will advise the event coordinator in regards to the need of sanitation services such as trash, recycling and porta potties. It will be the responsibility of the event coordinator to arrange and pay for any necessary fees. Please contact Waste Management to arrange for these services: Waste Management of Moreno Valley 17700 Indian St. Moreno Valley, CA 92551 (951) 842-3249 Number of Trash Cans			
Number of Dumpsters with Lids (One for every of 400 people)			
Number of Recycling Containers			
Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event.			

APPLICANT SIGNATURE

I certify under penalty of perjury that all information in this application is true and correct, that any false or misleading information shall be grounds for denial, and I agree to comply with any and all Conditions of Approval. I also understand that the City is to be reimbursed for all services rendered, whether required services are rendered at the request of the applicant or as a condition of approval for the Special Event Permit.

The City shall conduct pre-event and post-event inspections. If the post-event condition of the event site is not the same as its pre-event condition, the City shall conduct the necessary work to restore the site and shall bill the applicant for the costs of such work.

Print Name of Applicant/Host Organization	
itle	
ignature	
Date	
Print Name of Professional Event Organizer	
itle	
ignature	
Date	

By signing below, I confirm I have read and agree with the terms stated above:

CONTACT VENDOR FORM

Event Host		Event Name		Eve	nt Date
Vendor Name	Vendor Type	Contact Name	Address	Phone	Description of service
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
I hereby certify, unde	er penalty of p	erjury, the vend	or information o	n this form is t	rue and correct

Applicant Signature:

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BAND CONTACT FORM

Band/Performance Name	Contact Name	Phone #	Address	Description