



**Community Development Department
Planning Division**
14177 Frederick Street
P. O. Box 88005
Moreno Valley, CA 92552-0805
(951) 413-3206

MINOR TEMPORARY USE PERMIT APPLICATION

Permit No.:

TYPE OF APPLICATION

Applications for temporary use permits shall be filed a minimum of thirty (30) days prior to the date of the proposed event.

- | | |
|---|---|
| <input type="checkbox"/> Parking Lot/Sidewalk Sale | <input type="checkbox"/> Ground Breaking / Ribbon Cutting / Grand Opening |
| <input type="checkbox"/> Inflatable (fixed, & stationary) | <input type="checkbox"/> Other _____ |

EVENT INFORMATION

Business Name (if any): _____	
Event Description: _____	
Address / Location: _____	APN: _____
Tents/Canopies: Yes <input type="checkbox"/> No <input type="checkbox"/>	Food Services: Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcoholic Beverages: Yes <input type="checkbox"/> No <input type="checkbox"/>	Animals Involved: Yes <input type="checkbox"/> No <input type="checkbox"/>
Event Date(s): ___/___/___ - ___/___/___ Attendance: Less than 50 Yes <input type="checkbox"/> (Required for Minor TUP)	

CONTACT PERSON

APPLICANT Name: _____		Telephone: () _____	
Address: _____		Fax No. () _____	
City: _____	State: _____	Zip: _____	E-Mail Address: _____
Contact Person: _____			

PROPERTY OWNER Name: _____		Telephone: () _____	
Address: _____		Fax No. () _____	
City: _____	State: _____	Zip: _____	E-Mail Address: _____
Contact Person: _____			

CONTACT Name: _____		Telephone: () _____	
Address: _____		Fax No. () _____	
City: _____	State: _____	Zip: _____	E-Mail Address: _____

Approved by:	Business License Division: _____	Date: _____
Comments: _____		
Approved by:	Planning Division: _____	Date: _____
Comments: _____		
Approved by:	Community Enhancement & Neighborhood Services Division: _____	Date: _____
Comments: _____		

***** PERMIT IS NOT VALID UNTIL SIGNED BY
A REPRESENTATIVE OF THE CITY OF MORENO VALLEY, PLANNING DIVISION *****

PERMIT SUBMITTAL REQUIREMENTS

- Fully dimensioned site plan, identifying the following:
 - ✓ Nearest street intersection(s)
 - ✓ Location of onsite/offsite parking – **accessible spaces need to be clearly identified**
 - ✓ Location of vehicular and pedestrian access to the parcel (driveways)
 - ✓ Location of proposed lighting and fencing (fencing not to exceed 6 feet in height)
 - ✓ Location of fire hydrant(s); fire lanes; utility poles and pedestals on site
 - ✓ Label and locate all participating vendors
 - ✓ Location and dimensions of tents, canopies and the distance between temporary structures
 - ✓ Location of restrooms/portable bathroom facilities, and trash receptacles
 - ✓ Location of generators and temporary electrical poles (if any)
 - ✓ Location of any proposed signage (Total signage area not to exceed 80 square feet temporary signage is approved under a separate permit)

- Letter from property owner or leasing agent authorizing the proposed temporary event

- Letter of “Intent”, describing the proposed event, including the following details:
 - ✓ Type of Event
 - ✓ Date(s) event will be held and hours of operations
 - ✓ Anticipated attendance

- Planning Division staff will fax a copy of the approved TUP to (951) 656-2662, if animals are involved with this approval.

CONDITIONS OF APPROVAL

1. The merchandise sale is in conjunction with permanently “established businesses” on the premises of that business (or upon immediately adjacent common area of a shopping or commercial center. NOTE: This section does not apply to merchandise sales on the premises of a bank). MC 9.02.150 D1

2. Access to buildings shall **NOT** be obstructed.

3. Fire lanes or access to fire hydrants are **NOT** blocked or obstructed.

4. Title 24/ADA accessibility is maintained. A minimum of 4’ sidewalk clearance adjacent to store fronts shall be maintained. All accessible parking is made available and **NOT** obstructed by merchandise or temporary structures.

5. Temporary structures, i.e. tents, canopies or the like having a combined square footage of 400 sq ft for canopies (without sidewalls), and 200 sq ft for tents (with sidewalls) are spaced a minimum of 20’ apart. Minor TUP applications do not permit cooking under any temporary structure. **NOTE:** Should tents or canopies exceed the noted area or square feet or are less than 20’ apart, a fire code permit will be required.

6. All driveway approaches, main drive aisles, and fire lanes shall **NOT** be obstructed.

7. There shall be **NO** activities conducted within the City of Moreno Valley’s Public Right-of-Way.

APPLICANT’S 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.

Applicant _____

Date _____

Written Consent Form

Date: _____

TO: CITY OF MORENO VALLEY

I, _____, authorize
(PRINT: Property Owner's Name)

_____ to operate
(PRINT: Tenant's Name)

the business _____,
(PRINT: Name of Business)

at _____, Moreno Valley, California.
(PRINT: Property Address)

FROM:

(PROPERTY OWNER'S SIGNATURE) *

*** WHEN APPLICABLE** - Property Owners' Authorization for Apartment Complexes or Management Companies will require a Business Card with contact information for verification.

Please attach Business Card here



City of Moreno Valley Police Department

22850 Calle San Juan de Los Lagos

Moreno Valley, CA 92553

Phone: (951) 486-6700

FAX: (951) 486-6750

EMERGENCY CONTACT INFORMATION

In the event of an emergency at your place of business, we will contact you and have you respond.

DATE: _____

Business Name: _____ Business Phone: _____

Address: _____

Cross Street: _____ Alarm: Yes No Audible Silent Both

Alarm Co. Name: _____ Alarm Co. Phone: _____

Alarm Co. Address: _____

Emergency Contact:

1. _____ Title: _____ Phone: _____

2. _____ Title: _____ Phone: _____

3. _____ Title: _____ Phone: _____

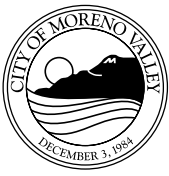
Type of Business: Commercial Building Home Occupation Peddler/Solicitor

Other _____

Hazards/Special Instructions:

-OFFICE USE ONLY -

Beat _____ Reporting Dist. _____ Date _____ By _____



CITY OF MORENO VALLEY

14177 Frederick Street • P.O. Box 88005 • Moreno Valley, CA 92552-0805
Phone: 951.413.3080 • Fax 951.413.3096

Please Check One

- New Application
- Change of Address
- Change of Business Name

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY:

Business Name _____

Business Location _____
(No P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Health Permit No. _____

Bus. Phone () _____ **Bus. Fax** () _____

Cell No. () _____

E-Mail Address _____

No. of Employees _____ (F/T) _____ (P/T)

Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Trust

Date business started: _____	Description of Business: _____
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State Lic. No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Federal I.D. No.** _____ **State I.D. No.** _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Corporate or Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____ **Cell Phone** () _____

City _____ **State** _____ **Zip** _____

Social Security No. _____ **Driver's License No.** _____ **Date of Birth** _____

Corporate or Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____ **Cell Phone** () _____

City _____ **State** _____ **Zip** _____

Social Security No. _____ **Driver's License No.** _____ **Date of Birth** _____

EMERGENCY CONTACT:

Name _____ **Title** _____ **Phone** () _____

Address _____ **Cell Phone** () _____

If your surname is not included in the name of your business, you will need proof of a fictitious name registration and publishing or articles of incorporation.

If your business requires a resale number or any type of license or permit, you will need to provide documentation that you have completed these required actions.

All of the above requirements must be completed before processing of the business license application can be initiated.

All businesses are subject to audit.

CALCULATE GROSS RECEIPTS TAX: Office Use Only

(1) Enter current year's Gross Receipts \$ _____

(2) Gross Receipts Tax Rate \$ _____

(3) Gross Receipts Tax Due \$ _____
(TOTAL of line 1 x line 2)

CALCULATE TOTAL OF FEES AND TAX DUE:

Required Processing Fee \$ **61.00**

Gross Receipts Tax Due \$ _____
(ENTER AMOUNT FROM LINE 3 ABOVE;
IF LINE 3 ABOVE IS \$99.99 OR LESS, ENTER ZERO)

No. of business vehicles _____ x \$6.00 \$ _____

TOTAL AMOUNT DUE \$ **4.00**

TOTAL AMOUNT DUE \$ _____

I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature of Owner or Representative: _____ **Date:** _____

For Office Use Only

Order of Approval	Department	Date	Permit # Home Occ # Encroach #, etc.	Expires	Approved By
	Planning				
	Building				
	Police				
	Health				
	Fire				
	Fictitious Name				
	Proof of Publication				
	Articles of Incorporation ID #				

Comments: