



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. A late fee in addition to the application fee will apply to any submittal received less than **sixty (60) days** prior to the event date. Keep in mind that depending on the scope of each event, the City may require earlier submittal.

APPLICANT AND ORGANIZATION INFORMATION

Applicant Name:	Day Time Phone: ()
Organization Name:	Evening Phone: ()
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 City-owned Facility Within Public Street Other: _____

Event Times:

Day 1:

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: _____	Time: _____	to	_____

Type of Event: 5k or 10k Run Bike Races Block Party Celebration
 Ceremony Concert Festival Fundraiser
 Farmers Market Marathon Half-Marathon Parade
 Procession Street Fair Walkathons Car Show
 Other: _____

Expected Attendance: _____

Less than 50 50-75 76-300 301-1000 1001-2500 Over 2500

Is this event open to the public? Yes No

Is there an admission charge? Yes* No

If yes, how much? _____

Event Description (50-Word Minimum):

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**

Does your event include food concessionaires? Yes No

Do you or your concessionaires intend to cook food at the event area? Yes No

If yes, please specify method: Electric Gas Propane Other: _____

Please provide a separate sheet with **ALL** vendor info 30 days before the event date in the following format:

Company Name: _____

Contact Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (____) _____ Fax Number: (____) _____

NON-FOOD:

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**

Will non-food items or services be sold at your event? Yes No

If yes, please list non-food items or services sold: _____

Please list the number of booths:

Number of Food Vendors: _____

Number of Non-Food Vendors: _____

Games/Activity Booths: _____

Sales Booth: _____

Informational Booths: _____

Will you require the use of potable water? Yes No

If yes, explain how/what you will use the water for? _____

ENTERTAINMENT
Planning/Building & Safety Division

MUSIC OR SOUND AMPLIFICATION:

All venues will have certain sound level restrictions set by the City of Moreno Valley. Amplification shall be oriented away from sensitive uses, such as residences. Mitigation to minimize noise impacts may be required.

Will there be musical entertainment featured at your event? Yes No

If yes, will you be requesting to use the City's electricity to power your entertainment needs?

Yes No

Total of amps needed: _____

Hours of music or sound amplification: ____: ____ am/pm **to** ____: ____ am/pm

If you anticipate in using generators, please provide the make, model and size. Keep in mind that Fire & Building and Safety Departments may need to inspect generators according to their regulations.

1. Make: _____ Model: _____ Size: _____
2. Make: _____ Model: _____ Size: _____
3. Make: _____ Model: _____ Size: _____

If yes, please complete the following information for all bands, performers, DJ, type of music, and sound equipment. (Provide an attachment listing all vendors/performers.)

Company Name: _____

Contact Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (____) _____ Fax Number: (____) _____

Total Number of performing groups/bands: _____

Will there be a professional sound engineer? Yes No

If yes, what company will you be using? _____

Will sound check be conducted prior to the event?

If yes: Start Time: _____ End Time: _____

STAGE:

Will there be a stage(s) at the event?

If so, please provide dimensions of stage: _____

Provide vendor information:

Company Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: () _____ Fax Number: () _____

RELATED ACTIVITIES:

Will inflatables, rides, trains, or similar devices be used at your event? Yes No

If yes, please describe: _____

Will any animals be present or used at your event? Yes No

If yes, please describe: _____

***YOU WILL BE REQUIRED TO PROVIDE ADDITIONAL INSURANCE FOR THE VENDORS/ACTIVITIES STATED ABOVE. SEE ATTACHED INSURANCE REQUIREMENTS.**

Will you be using any of the City's approved inflatable companies? Yes No

If yes, which one? _____

If no, please provide vendor information:

Company Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: () _____ Fax Number: () _____

Please provide a fully dimensioned site plan, identifying the following:

- Vehicular and/or pedestrian access points
- Driveway entrance(s), exit(s), and pedestrian aisles (show curb, if any)
- Loading/unloading area(s)

- Location of on-street/off-street parking area(s)
- Location of lighting, fencing (6' high maximum), and gates
- Location(s) of tents/canopies, food services, alcoholic beverage areas, restrooms/portable toilet facilities, etc.
- Location of grandstand, inclusive of speaker locations
- Location of any flammable liquids
- Location of nearest fire hydrant (distance), fire lanes, water meter, electric boxes, telephone poles, and any utility boxes which adjoin the property and/or street
- Location of signage
- Temporary signs or banners up to a maximum of 80 square feet
 - No signs are permitted within 10 feet of any vehicular access or within of any public right of way, and shall not exceed 30 inches in height above the street curb
 - Pennants and A frame signs are prohibited
- Helium filled balloons shall not exceed a maximum height of 50 feet above grade
- Cold air balloons and blimps are permitted in commercial zones only
- Map showing check points (if applicable)
- Map illustrating route of walk/run/race and proposed signage (if any)

TRANSPORTATION/LAND DEVELOPMENT

Public Works

- 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 needs to make sure that all 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:

Are you planning on closing down any City streets? Yes No

Type of Closure: Street Closure Sidewalk Closure

If yes, please fill out the information below:

Street Name: _____

From (cross street): _____

To (cross street): _____

TRAFFIC CONTROL

● Barricades, cones or other traffic control devices being requested Yes No

● It may be necessary for the Event Organizer to obtain a Professional Traffic Plan.

● Please keep in mind that 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

Event will include canopies/tents with over 200 feet of material but no more than 400 feet of material.

Yes No

Event will include canopies/tents with over 400 feet of material. Yes No

Cooking equipment with excessive heat, spark and/or open flame will be used. Yes No

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. Yes No

MEDICAL AND ACCESSIBILITY PLAN

YOU MAY BE REQUIRED TO PROVIDE MEDICAL SERVICES, A FIRST AID STATION, AND/OR CERTIFIED EMT'S.

Please illustrate how you will provide the following (attach layout):

- Traffic circulation throughout event
- Disabled parking and/or transportation plan
- Vending areas ADA accessible

POLICE/SECURITY

● If necessary, in case of emergency, the On-Site Contact will call 9-1-1.

● If requesting assistance from the Moreno Valley Police Department, the Moreno Valley Police Department will require a signed contract for services provided.

● Event Organizer will provide a private security company. Yes No

If providing a private security company, please provide the following information and attach copies of

the company's Business License, Liability Insurance and California State License.

Company Name: _____

Contact Name: _____

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Physical Address: _____
(If different) (Street Address) (City) (State) (Zip)

Primary Phone Number: (_____) _____ Cell Phone Number: (_____) _____

Fax Number: (_____) _____ E-Mail address: _____

ALCOHOL

ALCOHOL SERVICES REQUIRE PERMISSION AND APPROVAL OF THE CITY AND MUST BE REQUESTED IN ADVANCE. *PD/SECURITY WILL NEED TO BE PRESENT DURING EVENT.

Will there be alcohol? Yes No

If yes, what type(s)? Beer Wine Other: _____

Will alcohol be sold and/or included in the admission price? Yes No

If yes, applicant will need to obtain necessary State of California Alcohol Beverage Control (A.B.C.) permit. Once ABC permit has been obtained, have City of Moreno Valley PD sign off as well and submit copies to special events staff. Please illustrate this enclosed section on your event layout.

Alcoholic Beverage Control

3737 Main Street, Suite 900

Riverside, CA 92501

951.782.4400

riverside@abc.ca.gov

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**

Describe your alcohol management strategies. How will the alcohol be monitored and distributed?

BUSINESS LICENSE

Please provide copies of business licenses for all participating vendors for your event including yourself.

Visit the City of Moreno Valley Business License Web Page to obtain your application:

<http://www.moval.org/departments/financial-mgmt-svcs/svc-biz-license.html>

or call: 951-413.3080

Email: businesslicense@moval.org

MEDIA

The City of Moreno Valley reserves the right to videotape and/or photograph any and all community events participating in any City facilities 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

EVENTS CANNOT BE MARKETED OR PROMOTED UNTIL THE EVENT HAS BEEN APPROVED BY CITY STAFF.

Will you be distributing promotional flyers or items? Yes No

If yes, please provide a copy of the flyer/items to the special events staff.

Will there be live media coverage during the event? Yes No

If yes, please identify the location: _____

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

*** If requesting City insurance, extra fees will be charged to your account.**

***See attached insurance requirements.**

SANITATION

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

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.

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

Applicant Signature _____ Date _____

Print Name _____

NOTIFICATIONS

- Riverside County Health Department - Environmental Health Division - **(951) 358-5172**
It is the responsibility of the applicant to obtain the appropriate Health Department release, if food is being provided.

- Alcohol Beverage Control Board - **(951) 782-4400** - **It is the responsibility of the applicant to obtain appropriate ABC release, if alcohol is being provided.**

- Moreno Valley Code Compliance Division - **(951) 413-3340**

- Moreno Valley Fire Prevention - **(951) 413-3370**

- Moreno Valley Business License- **(951)413-3080**

- Moreno Valley Special Districts Division - **(951) 413-3480**

- Moreno Valley Police Department –

Emergency	911
Emergency for Cell Phone Callers:	951.684.0911
Non-Emergency dispatch:	951.247.8700
Business Number:	951.486.6700

- Moreno Valley Parks and Community Services-**(951)413-3280** specialevents@moval.org