

PLANNING DEPARTMENT

Voice - (760) 770-0340 Fax - (760) 202-1460

E-mail – <u>planning@cathedralcity.gov</u> 68-700 Avenida Lalo Guerrero - Cathedral City, CA 92234 (Staff Use Only)
Case No.:
Related Case(s):

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)

IYPE)						
	CHEC	CK TYPE(S) OF	USE OR EVE	NT:		
☐ Festival	_	Parade/Race/Marat	hon	□ Concert		
☐ Other Special						
Event:						
	DES	CRIPTION OF	JSE OR EVEN	NT:		
Location:						
Date(s) of Event: / / through: / /						
Start of Set Up: am/pm Tear Down:: am/pm						
Hours of Event: Start: : am/pm through : am/pm						
Anticipated attendees: 1-50 51-100 101-500 501-1,000 over 1,000						
Will food be prepared or	served:	No				
Will alcohol be served:	☐ Yes ☐	No				
Will there be live enterta	inment: 🔲 Yes 🗖	No Recurring E	vent: 🛮 Yes 🗅] No		
Will there be searchlight	s: Q Yes* C] No				
*Searchlights need FA	*Searchlights need FAA approval and completion of their application. (See staff for FAA application).					
If yes, provide a description of the live entertainment						
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:						
What kinds of temporary structures will be used and how will they be fastened to the ground? Will the event require Police, Fire, or Public Works Department assistance? □ Yes □ No						
Will the event require Will there be private s		Works Department	assistance?	□ Yes □ Yes	□ No □ No	
		hour and will be hil	ed to the applica		LI NO	
The billable rate for police officers is \$65 an hour and will be billed to the applicant. SUBMITTAL REQUIREMENTS:						
OSDMIT TAL REGULETTO.						
☐ Application Fee: \$2,473.						
□ Non-Profit License.						
□ Clean-Up/Damage Deposit of \$600 may be required.						
Date/Time Received:	Receive	od By:	Amount Recei	ved:	Receipt No(s):	
Date/Tille Necelveu.	Neceive	ш by.	Amount Necei	VGU.	Neceipt No(3).	
☐ Provide 4 copies of	of Site Plan using form	provided by staff ()	Attached):			

	 Please show location of the event, includ locations, parking areas and driveways. 		, portable restrooms, vendor			
	☐ Show any street closures on your Site Pl					
	☐ Show the location of any lighting, genera					
	☐ Show location of refuse containers and d	·				
	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	<i>I</i> .				
	Provision of Health Permits, ABC License, Building Permits and/or Resale Permits. All Riverside County Health					
	Department requirements must be satisfied.					
	A quarterly schedule needs to be approv	ed by the City for recurring events.	This includes dates, times, and			
	entertainers.					
AD	DITIONAL INFORMATION:					
(Provide any necessary general information regarding event or any special needs for the event. Attach additional sheets if necessary.)						
	PROJE	CT REPRESENTATIVE(S):				
API	PLICANT/					
	PRESENTATIVE Name:	Telephone No.:				
	ress:	Fax No.:				
City			Zip Code:			
Con	tact Person:	E-mail Address:				
I certify under penalty of perjury that all the application information is true and correct:						
	licant's Signature:		Date:			
	ERGENCY CONTACT					
	ntact person should there be an emergency					
Nan		Telephone No.:				
Add	ress:	Fax No.:				
City	:	State:	Zip Code:			
Con	tact Person:	E-mail Address:				
The	The City will provide the applicant with hearing notices and staff reports unless another party is identified.					

I/we certify (or declare under penalty of perjury under the laws of the State of California) that the foregoing is true and correct.					
Print Name:					
Signature:					
DETERMINATION OF APPLICATION (Staff Use Only):					
ACTION TAKEN: APPROVED DENIED					
If approved, see attached Conditions of Approval.					
If denied, provide reasons					
APPROVED BY: DATE:					