

Temporary Use Permit Application (TUP)



TUP No: _____

Security Deposit Received: \$ _____

WHEN APPROVED, THIS FORM IS YOUR PERMIT AND MUST BE KEPT AT EVENT SITE AND MADE AVAILABLE UPON REQUEST

Please type or PRINT legibly. Provide all information for your event or write "not applicable" or "N/A." where appropriate. The City cannot review this application unless all required information is provided. Refer to: "Temporary Use Permit Information" for additional information and requirements.

Please allow for at least 30-days processing in advance. Larger events may require up to 90-day processing. Events on public property require General Liability Insurance. Any application involving a public street/sidewalk closure requires at least 30 days for review and may require an encroachment permit. For TUP submittal information, applicable fees, or to submit online please contact Oxnard Planning Division at planning@oxnard.org

All businesses, vendors, service providers, contractors, etc. that are conducting business in the City are required to have a valid City of Oxnard Business Tax Certificate (BTC). All businesses including non-profit organizations must be registered and approved by Licensing Services prior to TUP application approval. Businesses without a current business tax certificate must obtain one from the City's License Services located at 214 South C Street. 805-385-7817 or may apply online <https://www.oxnard.gov/finance/business-licensing>

APPLICANT INFORMATION

Applicant Name _____

Applicant Phone _____

Business/Organization Name _____ BTC# _____

Non-Profit Organization? YES ___ NO ___ If yes, provide 501(C) Corporate No. _____

Mailing Address _____

Email Address _____

EVENT LOCATION/ACTIVITY INFORMATION

Description of Event _____

Event Location/Address _____

Event Contact Person _____ Contact Phone _____

Event Date(s) From _____ to _____ Event Hours _____ to _____

Set-Up: Date and Time _____ Finish/Clean-Up: Date and Time _____

Will the event be open to the general public? YES ___ NO___ Anticipated number of guests _____

Organizations Volunteering? YES ___ NO___

Will there be on-site security? YES ___ NO ___ (if YES, please include security information below)

Security Company Name _____ Contact Phone _____

Contact Person _____ How Many Officers? _____

TUP PZ No. _____

FOOD & DRINK

Are you planning to serve food or drink? YES ___ NO ___

(if YES, please include required information and initial below). Events with food booths/tents/trucks require the applicant to obtain a Food Truck/Food Booth Vendor Agreement from the Oxnard Fire Department.

Will there be cooking at the event? YES ___ NO ___

If yes, indicate: ___ Booth ___ Food Truck ___ Other: _____

If there will be cooking, please describe how food will be cooked and state how many cooking stations/food trucks/stands. (Include food stand stations in event map):

I, the applicant/applicant's representative, understand that it is my responsibility to contact the Ventura County Environmental Health Department at (805) 654-2647 before the start of this event to secure necessary approvals and inspections.

Applicant _____ Date _____

EVENTS WITH ALCOHOL SERVED

Are you planning to serve alcohol? YES ___ NO ___

(if YES, please include required information and initial below)

Catering Company Name _____

Catering Contact Name _____

Catering Contact Phone _____ *BTC#* _____

Check One:

___ Servers have received RBSS (Responsible Beverage Sales and Service) training.

___ Training arrangements for alcohol servers have been made with the Alcohol Coalition.

Number of Servers _____ Training Date _____ Contact Name _____

CONTRACTORS, SUB-CONTRACTORS, VENDORS, INSTALLERS, PROMOTERS, SECURITY

List the all businesses participating in the event and include Business License # (BTC). Attach a separate sheet if additional space is needed.

<u>BUSINESS NAME</u>	<u>CONTACT NAME</u>	<u>PHONE NUMBER</u>	<u>BTC#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ENTERTAINMENT

List names and contact information for individuals or groups performing at event and include Business License # (BTC). Attach a separate sheet if additional space is needed.

<u>BUSINESS NAME</u>	<u>CONTACT NAME</u>	<u>PHONE NUMBER</u>	<u>BTC#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STREETS & TRAFFIC

Will the event occur on city streets and/or sidewalks? YES ___ NO ___
 (if YES, please include information below. Show all affected streets and sidewalks on Site Plan)

List the affected streets and sidewalks _____

Will the streets need to be partially or completely closed? ___ YES ___ NO

If yes, list the closures _____

Hours of street closure _____

Will there be excessive traffic before/during/after the event? ___ YES ___ NO

If yes, explain how this will be mitigated _____

PARKING

List all on-site and off-site parking locations and include parking plan if event will exceed 100 attendees:

Number of parking spaces provided _____

For off-site parking locations on private property, please provide authorization letter from property owner.

RUN/WALK EVENTS & PARADES

Is this for a Run/Walk event or parade? YES ___ NO ___

(if YES, please include information below. Describe route and show on Site Plan. Show all affected streets)

Will police be required to stop traffic? ___ YES ___ NO

Do groups of participants start at the same time? ___ YES ___ NO

Exact time road closure begins _____ Exact time road closure ends: _____

EVENT SET-UP

- CHECK ALL THE ITEMS BELOW THAT APPLY TO THE EVENT SET-UP
- ADD ANY ADDITIONAL ITEMS NOT ON THIS LIST
- SHOW EACH ITEM ON THE SITE PLAN

Numbers in (parenthesis) on this form refer to instructions and requirements in document, "Temporary Use Permit Information".

<input type="checkbox"/> Food and Game Booths	<input type="checkbox"/> Jolly Jumper(s)	<input type="checkbox"/> Blocking Parking Areas
<input type="checkbox"/> Serving Alcohol Stand/Garden (13,15)	<input type="checkbox"/> Electric Generators (10)	<input type="checkbox"/> Temporary Fencing
<input type="checkbox"/> Merchant Stand(s)	<input type="checkbox"/> Electrical Connections	<input type="checkbox"/> Trash/Recycle Bins (17)
<input type="checkbox"/> Information/Service Tables/Booths	<input type="checkbox"/> Open Flame or Use of Propane	<input type="checkbox"/> Traffic Barricades
<input type="checkbox"/> Mechanical Rides	<input type="checkbox"/> Grandstands, Bleachers, or Stage (Size ____x____)(11)	
<input type="checkbox"/> Amplified Sound/Live Music (7)	<input type="checkbox"/> Banner (Size ____x____)(6)	
<input type="checkbox"/> Portable Restrooms/Handwashing (5)	<input type="checkbox"/> Tent/Canopy (Size ____x____) (9) (For tents larger than 10' x 10')	
<input type="checkbox"/> Additional Parking		
<input type="checkbox"/> Trailers, other vehicles or mobile equipment		
<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:		

EVENT SITE PLAN

Draw or provide a site plan showing location of any checked items above with this application. Include ALL affected streets and sidewalks where applicable. Use additional sheets if necessary. Show a north arrow.



CITY OF OXNARD
FIRE DEPARTMENT TEMPORARY USE PERMIT
Fire Prevention Division
 360 W. Second St.
 Oxnard, CA 93030
 (805) 385-7722
 Fax (805) 385-8009

Permits will not be issued until ALL fees are paid for in full to our third party payment processor, Fire Recovery USA, LLC

To maintain, store, use, handle, or other disposition of highly flammable, combustible, or explosive materials, or to conduct processes which produce conditions hazardous to life or property, to install equipment used in connection with such activities, as stated below:

APPLICATION FOR SPECIFIC ACTION OR PROJECT PERMIT

LOCATION INFORMATION

Address		Date(s) of Use	FIRE DEPARTMENT USE ONLY Date Granted Permit # Date Expired	
Name		Email		
City	State	Zip Code		

CONTRACTOR INFORMATION

Name		Email		
Address				
City	State	Zip Code	Phone	
Print Name	Signature		Title	

PROPERTY OWNER / SPONSORING ORGANIZATION IF NOT OWNED BY THE CITY OF OXNARD

Name		Email		
Address				
City	State	Zip Code	Phone	
First Name	Last Name		Title	

****Do not write below this line****

Inspector Signature			FIRE MARSHAL	
			Permit will not be valid unless signed by Fire Marshal.	
Date	Unit	Prevention	<p align="center">This Permit is issued and accepted on condition that all Regulations now adopted, or that may hereafter be adopted, shall be complied with.</p> <p align="center"><u>THIS PERMIT DOES NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW AND IS NOT TRANSFERRABLE</u></p> <p align="center"><u>ANY CHANGE IN THE USE OR OCCUPANCY OF PREMISES SHALL REQUIRE A NEW PERMIT</u></p> <p align="center">THIS PERMIT MUST AT ALL TIMES BE KEPT POSTED ON THE PREMISES MENTIONED ABOVE</p>	
	Phone	(805) 385-7722		
ITEM	QTY	FEE		
Temporary Use Permit		\$310.00		
Inspections After Hours And Holidays		\$280.00		
Fire Operational Permit		\$180.00		
Pyrotechnics and Special Events		\$260.00		
Open Flames and Candles		\$115.00		
Stand By Safety Officers: (2 Hour Minumum)				
Fire Marshal		\$205.00 Per Hour		
Deputy Fire Marshal		\$150.00 Per Hour		
Fire Inspector		\$129.00 Per Hour		
Fire Suppression/EMS		\$392.00 Per Hour		
TOTAL FEES				

ACKNOWLEDGEMENT/AUTHORIZATION FORM**PROPERTY OWNER AUTHORIZATION**

I/We the undersigned, as owner(s), lessee(s) or manager of the above-described property, do hereby request approval of a temporary use permit in accordance with Sections 16-475 through 16-483, inclusive, of the Oxnard City Code. I/We have read the above-referenced sections of the City Code and agree to comply with them, as well as any conditions that may be imposed by any of the approving City Divisions. In addition, I/we do hereby agree to return the area to its condition prior to the temporary use.

Please Check One:

____ Property Owner ____ Management Company

Business Organization Name _____

Business Organization Contact Name _____

Signature _____

Date _____ Contact Phone _____

APPLICANT STATEMENT

I hereby certify under penalty of perjury that the above information provided on this form is true and correct to the best of my knowledge. I also acknowledge that I have read the City of Oxnard temporary use permit handouts provided with this application and agree to comply with the laws, or regulations, and the policies set forth therein. I further agree that this event will not result in the violation of any local, state, and/or federal regulation(s).

Print Applicant Name _____

Signature _____

Date _____ Contact Phone _____

******OFFICE USE ONLY******
DEPARTMENT REVIEW CHECK LIST

Staff will identify and check appropriate departments for review signatures required prior to issuance of TUP application

<input checked="" type="checkbox"/>	Department	Contact	Contact Phone	Department Main Line	Location	Signature	Date
	Planning Counter	Planning Staff	(805) 385-7858	(805) 385-7858	214 S. C St		
	Planning Manager	Joe Pearson II	(805) 385-8370	(805) 385-7858	214 S. C St		
	Business Licensing	Nicholas Salinas	(805) 200-5890	(805) 385-7817	214 S. C St		
	Economic Development	Rosie Ornelas	(805) 385-7932	(805) 385-7407	435 S. D St		
	Community Development	Jeff Pengilley	(805) 385-8208	(805) 385-7925	214 S. C St		
	Facilities	Juan Martinez	(805) 385-8064	(805) 385-7950	1060 Pacific Av		
	Fire Department	Stephen McNaughten	-	(805) 385-7722	360 W. Second St		
	Gold Coast Transit	Austin Novstrup	(805) 489-3959 x118	(805) 483-3959	1901 Auto Center Dr		
	Parks	Kevin Thompson	(805) 385-7951	(805) 385-7950	1060 Pacific Av		
	Police	Jose Diaz	-	(805) 385-7600	251 S. C St		
	Police (Alcohol)	Jose Diaz	-	(805) 385-7600	251 S. C St		
	Code Compliance (After police)	Jeff Pengilley	(805) 385-8208	(805) 385-7940	214 S. C St		
	Public Works Admin	Brian Yanez Steve Howlett	-	(805) 385-78280	305 W Third St		
	Recreation	Yolanda Pina	(805) 385-7439	(805) 385-7995	305 W Third St		
	Risk Management (Insurance)	Carmen Ramirez	(805) 385-7590	(805) 385-7590	300 W. Third St (1 st flr)		
	Traffic Engineer	Miguel Guillen	(805) 385-7927	(805) 385-7866	214 S. C St		
	Streets	Phillip Schwieder	(805) 200-5795	(805) 385-8051	1060 Pacific Av		
	Environmental Resources	Brian Yanes	-	(805) 385-7957	111 S Del Norte		
	Public Works Engineering	Tatiana Arnaut	-	(805) 385-8280	305 W Third St		
	Planning Final Action	Planning Staff	-	(805) 385-7858	214 S. C St		

******OFFICE USE ONLY******

Previous TUP No. _____

Notes _____
