

Approval stamp here

CITY OF OXNARD TEMPORARY USE PERMIT APPLICATION



Permit Number: _____

When approved, this form is your permit and must be kept at the event site and made available upon request. **Please allow at least 30 days processing. Larger events and events on city property may require 90 days processing.**

APPLICANT/ORGANIZATION INFORMATION

Group/Organization Name: _____ BTC #: _____

Applicant Name: _____ Contact #: _____

Address: _____ City: _____ Zip: _____

Email: _____

Contact Person(s) that will be on site the day of the event:

Name: _____ Mobile Phone: _____

Name: _____ Mobile Phone: _____

Type of Organization:

- Public
- Private
- For Profit/Business
- City Organized
- Non-Profit, 501(c)(3) (Provide Number: _____)
- Non-Profit, community service group, organization, or club without a 501(c)(3) designation

EVENT INFORMATION

Name/Title of Event: _____

Type of event: _____

(Cycling, Parade, Run/Walk, Concert, Street/Craft Fair, Festival, etc.)

Location: _____ Event Date: _____ Time: _____

If the location is private, property owner permission is required

Set-up Date & Time: _____ Breakdown Date & Time: _____

- This event is free and open to the public
- This event will charge an admission fee to participate

Anticipated Total Attendance: _____ Anticipated Highest Attendance at one time: _____

Event Description (please be specific and submit a site map with application):

Will your event have any of the following elements or activities? Select all that apply. If any proposed activities are not on this list, indicate them in the "other" option. All selected activities or elements must be shown on the site map.

- Food Booths/Trucks/Vendors
- Jolly Jumper(s)
- Temporary Fencing
- Blocking Parking Areas
- Serving or selling alcohol
- Open Flame/Candles
- Street/Lane Closures
- Use of Propane
- Drones
- Traffic Barricades
- Amplified Sound/Live Music
- Electrical Connections
- Stage/Bleachers/Grandstand
- Tents or Canopies
- Electrical Generators
- Vendor Booths
- Type: _____ Quantity: _____ Size: _____ -Information Tables
- Size: _____ Size(s): _____ Location(s): _____ -Merchant Stands
- Game Booths
- Other: _____

All **generators, stages, bleachers, and grandstands** require a permit through Building & Safety. Other elements may require building permits. Contact Building & Safety directly to submit plans and obtain approval at 805-385-7925.

EVENT SECURITY

Will there be on-site security? YES NO

Security Company Name: _____

Contact Person: _____ Contact Phone: _____

How many total security officers? _____

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STREET CLOSURES/TRAFFIC CONTROL

Please list the proposed street/lane/sidewalk closures:

Time of street/lane/sidewalk closures: _____

- A traffic control plan indicating all proposed closures and traffic control devices must be submitted for any event with closures. After review, the Oxnard Police Department will determine if Police Services for traffic control are required.
- All street closures (partial or full), blocking of parking areas (no parking signage), and blocking of sidewalks must be indicated on the traffic control plan. "No Parking" areas must be indicated on the application below.
- Plaza Park: Permittee is responsible to notify all businesses and private properties in the Downtown Core area of the event. Staff will provide a notice and list of businesses upon review. Notice must be provided 1+ week prior to the event.**

RUN/WALK/CYCLE EVENTS OR PARADES

Will this event impact public access to streets and/or sidewalks? Yes No

Will police be required to stop traffic? Yes No

Do groups of participants start at the same time? Yes No

Indicate how you will be cleaning up the streets/sidewalks to ensure they are returned to pre-event condition: _____

PARKING

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

If off-site parking is being utilized, indicate how attendees will safely travel between parking site and event location

Number of parking spaces provided: _____

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

If "no parking" signage is requested, list the proposed location(s):

All "no parking" signage must be placed by Oxnard Police Department. It is the responsibility of the applicant to coordinate "no parking" requests with Oxnard Police Department. Associated costs will be billed to the applicant.

RESTROOMS/HANDWASHING STATIONS

Events with an expected attendance of 50+ are required to provide portable restrooms and handwashing stations. Indicate where restrooms and handwashing stations will be located on the site map.

- Yes:** we are supplying portable restrooms and handwashing stations
Vendor Name: _____ Vendor Contact Number: _____
Number of Restrooms: _____ Number of ADA Restrooms: _____ Number of Handwashing Stations: _____
- No:** we are not required to provide portable restrooms based on the expected event attendance

TRASH/RECYCLING/ORGANIC WASTE

Permittee is responsible for clean-up of all trash, organic waste, and recyclable materials that may accumulate as a result of this event. No materials shall be put in City or privately owned bins without permission.

Trash, recycling, and organic waste containers can be rented through the City's Environmental Resources Division at 805-385-8060. It is the responsibility of the event organizer to reserve the necessary containers for their event.

- I acknowledge that I am responsible for contacting Environmental Resources to coordinate required trash, recycling, and organic waste containers for my event.

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EVENTS IN PUBLIC PARKS

- I acknowledge that I have completed an online **Parks Special Event Permit** application and submitted a \$1,000 refundable deposit for my requested date.
- I understand that my requested location will not be reserved until my application and deposit has been received online.
- I understand that my TUP application will not be approved without a completed **Parks Special Event Permit** and deposit.

Applications must be completed online at facilitron.com/oxnardparks (select the **Parks Special Event Permit** from the drop down menu). Contact the Parks Division at 805-385-7950 with any questions.

FOOD & DRINK

- I understand that it is my responsibility to obtain all necessary food and drink approvals through the Ventura County Environmental Health Department. I must provide proof to the City before the TUP is approved.
- I understand that all food vendors must complete a Food Truck/Food Booth Vendor Agreement through the Oxnard Fire Department

Please describe how food will be cooked and state how many cooking stations/food trucks/stands. Include the location(s) on the site map:

EVENTS WITH ALCOHOL

- I understand that it is my responsibility to obtain the necessary permit from the Department of Alcoholic Beverage Control (ABC). I must provide proof to the City before the TUP is approved.

Who will be serving alcohol? _____ Contact Name: _____

Contact Phone: _____ Contact Email: _____

Check one:

- Servers have received RBSS Training
- Training arrangements for servers have been made with the Alcohol Coalition

Number of Servers: _____ Training Date: _____

ENTERTAINMENT

Type of music, amplified sound, and entertainment:

Please be specific and include a description of entertainment activities, including a schedule of music/performances, type of music/performances, length/time of expected amplified sound, and related details. Any presentations, speeches, or announcements made through a speaker or noise enhancing device must be listed here.

VENDOR LIST

A final vendor list must be submitted at least thirty (30) days prior to the proposed event. Vendors include concessionaires, non-profit organizations, entertainment, sound/light/stage providers, etc. Include the vendor's business name, contact person, email, phone number and BTC # (if a blanket BTC has not been obtained). All vendors must have a business tax certificate with the City to participate in the event. Vendor names can be listed below or provided on a separate document.

Business Name:

Contact Name:

Phone Number:

BTC #:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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INSURANCE REQUIREMENTS

Insurance is required for special events as they have the potential to impact the public right-of-way. A certificate of insurance, additional insured endorsement, and a primary noncontributory endorsement are required prior to the release of any TUP. For specific event insurance requirements, refer to **Insurance Matrix - Attachment 1** in the information packet. Insurance coverage limit are subject to change based upon the unique characteristics of each event.

For special events held on City property, the City has insurance coverage available **for purchase**. Please contact the Risk Management Division of the Human Resources Department at 805-385-7590 for more information. Insurance certificates can be sent to insurance@oxnard.org for processing and approval.

INDEMNIFICATION AGREEMENT

Event organizer, to the fullest extent permitted by law, shall immediately defend, indemnify, and hold harmless the City, its officers, employees, representatives, and agents (the "City Indemnitees"), from and against those actions, suits, proceedings, claims, demands, losses, costs, and expenses, including legal costs and reasonable attorney's fees, for any personal injuries, deaths, property damage, including property owned by the City (collectively "Claims") which may arise out of Event Organizer's negligence or willful misconduct in the performance of the services described in this Temporary Use Permit, unless such Claims are proven to be caused by the negligence or willful misconduct of the City Indemnitees.

ACKNOWLEDGMENT & AGREEMENT

I hereby certify under penalty of perjury that the 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's Temporary Use Permit resource information and agree to comply with the laws, regulations, and policies set forth therein and any conditions of approval placed upon this event. I further agree that this event will not result in the violation of any local, state, and/or federal regulations.

Print Name: _____ Contact Phone: _____
Signature: _____ Date: _____

APPLICATION CHECKLIST

The following materials must be submitted or completed for your Temporary Use Permit to be eligible to move through the review process:

1. **Completed Temporary Use Permit**
2. **Detailed Site Plan**
3. **Fire Department Temporary Use Permit**
4. **Emergency Plan**
5. **City of Oxnard Business Tax Certificate:** for your organization and any vendors participating in your event
6. **Parks Special Event Permit** (if applicable): for events taking place in City of Oxnard parks
7. **Detailed Route Map** (if applicable): for events such as walks, marathons, parades, etc.
8. **Professional Traffic Control Plan (TCP)** (if applicable): for events involving street closures
9. **Certificate of Insurance**

Additional details about these requirements can be found at oxnard.gov/specialevents. Note: The City may deny any permit due to an incomplete or incorrect application, applications submitted after the defined deadlines, lack of qualified insurance, limited resources, or previously scheduled events. Contact specialevents@oxnard.org or 805-385-7447 with any questions.

TUP APPROVAL CHECKLIST *FOR OFFICE USE ONLY*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Building & Safety | <input type="checkbox"/> Business Licensing | <input type="checkbox"/> City Corps/Recreation | <input type="checkbox"/> Environmental Resources |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Parks | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Police Dept. (alcohol) | <input type="checkbox"/> Risk Management | <input type="checkbox"/> Streets |
| <input type="checkbox"/> Traffic Engineering | <input type="checkbox"/> City Manager's Office | <input type="checkbox"/> Property Owner | |
| <input type="checkbox"/> Other: _____ | | | |



CITY OF OXNARD FIRE DEPARTMENT TEMPORARY USE PERMIT

Fire Prevention Division
360 W. Second Street, Oxnard, CA 93030
805-385-7722

**FIRE DEPARTMENT
USE ONLY**
PERMIT NUMBER: _____
DATE GRANTED: _____
DATE EXPIRED: _____

Permits will not be issued until ALL fees are paid in full to Fire Recovery USA, LLC

LOCATION INFORMATION

Address: _____ City, State, Zip: _____
Name: _____ Contact #: _____ Email: _____
Date(s) of use: _____

APPLICANT INFORMATION

Contact Person(s) that will be on site the day of the event: _____
Email: _____ Mobile Phone: _____
Address: _____ City, State, Zip: _____
Print Name: _____ Signature: _____ Title: _____

PROPERTY OWNER (IF NOT OWNED BY CITY OF OXNARD)

Name of Property Owner/Manager: _____
Email: _____ Mobile Phone: _____
Address: _____ City, State, Zip: _____
Print Name: _____ Signature: _____ Title: _____

For Office Use Only

INSPECTOR SIGNATURE		
DATE:	UNIT: Prevention PHONE: 805-385-7722	
Item	Quantity	Fee
Temporary Use Permit		\$310.00
Inspections after hours/holidays		\$280.00
Fire Operational Permit		\$180.00
Pyrotechnics and Special Events		\$260.00
Open Flames and Candles		\$115.00
<u>Standby Safety Officers:</u> Fire Marshal Deputy Fire Marshal Fire Inspector Fire Suppression/EMS		<u>2 hour min.</u> \$205.34/hr. \$150.30/hr. \$129.00/hr. \$391.63/hr.
TOTAL		

FIRE MARSHAL SIGNATURE

Permit will not be valid unless signed by Fire Marshal

This permit is issued and accepted on condition that all regulations now adopted, or that may hereafter be adopted, shall be complied with.

THIS PERMIT DOES NOT TAKE THE PLACE OF ANY LICENSE REQUIRED BY LAW AND IS NOT TRANSFERRABLE

ANY CHANGE IN THE USE OR OCCUPANCY OF PREMISES SHALL REQUIRE A NEW PERMIT

105.5.3 Amusement buildings
 105.5.5 Carnivals & fairs
 105.5.15 Exhibits & trade shows
 105.5.38 Outdoor assembly events
 105.5.49 Temp. structure, special event structure, tents
 105.5.54(3) Live audiences

This permit must at all times be kept posted on the premises mentioned above.

CITY OF OXNARD INSURANCE MATRIX - EXHIBIT A



	TIER I	TIER II	TIER III
Coverage Types and Limits	NO alcohol present and up to 1,000 attendees	Events with alcohol or 1,000+ attendees	Unusual risks and exposures to be determined by City's Risk Manager and/or attendance greater than 10,000 people
A) Commercial General Liability (CGL)	\$1 million per occurrence AND \$2 million aggregate	\$2 million per occurrence AND \$2 million aggregate if policy is written for a single event OR \$2 million per occurrence AND \$4 million aggregate if policy covers multiple events	\$5 million - \$10 million per occurrence AND aggregate at Risk Manager's Discretion
B) Blanket Additional Insured Endorsement OR Additional Insured Endorsement for Premises and Ongoing Operations such as form CG 20 26 04 13 or equivalent on General Liability, Umbrella and Liquor Liability policies	X <hr/> X	X <hr/> X	X <hr/> X
C) Primary and Noncontributory Endorsement on General Liability, Umbrella and Liquor Liability Policies	X	X	X
D) Liquor Liability per occurrence if alcohol is served or sold at the event	N/A	\$2 million per occurrence/aggregate	Up to \$5 million per occurrence/aggregate
E) Auto Liability for commercial vehicles on City property (other than a public street)	\$1 million per occurrence	\$1 million per occurrence	\$1 million per occurrence

ADDITIONAL REQUIREMENTS.....

- All insurance coverages shall be provided by a California admitted insurance carrier with an **A.M. Best rating of A:VII or better** and shall be endorsed to state that coverage may not be suspended, voided, canceled by either party, or reduced in coverage or limits without 30 days' prior written notice to the Risk Manager.
- Insurance Policy shall be endorsed to name City of Oxnard, its City Council, officers, employees and volunteers as **additional insureds** as respects: liability arising out of activities performed (separately endorsed/not a statement on the certificate)
- The coverages provided to the City shall be **primary and noncontributing** to or in excess of any existing City insurance coverages, and must include a Waiver of Subrogation (separately endorsed/not a statement on the certificate)
- The Description of Operations box on the Certificate of Insurance shall contain this language: **The City of Oxnard, its officials, officers, agents, employees and volunteers shall be named as additional insured under the General Liability Policy.**
- The **certificate holder** section of the Certificate of Insurance shall be addressed as follows:

City of Oxnard
Attn: Risk Manager
300 W Third Street, 1st Floor
Oxnard, CA 93030