

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.

Plaza Park or Downtown events, uses specific forms available here: oxnard.org/planning under Planning Handouts & Applications.

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 oxnard.org/city-department/city-treasurer/business-license

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? _____

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

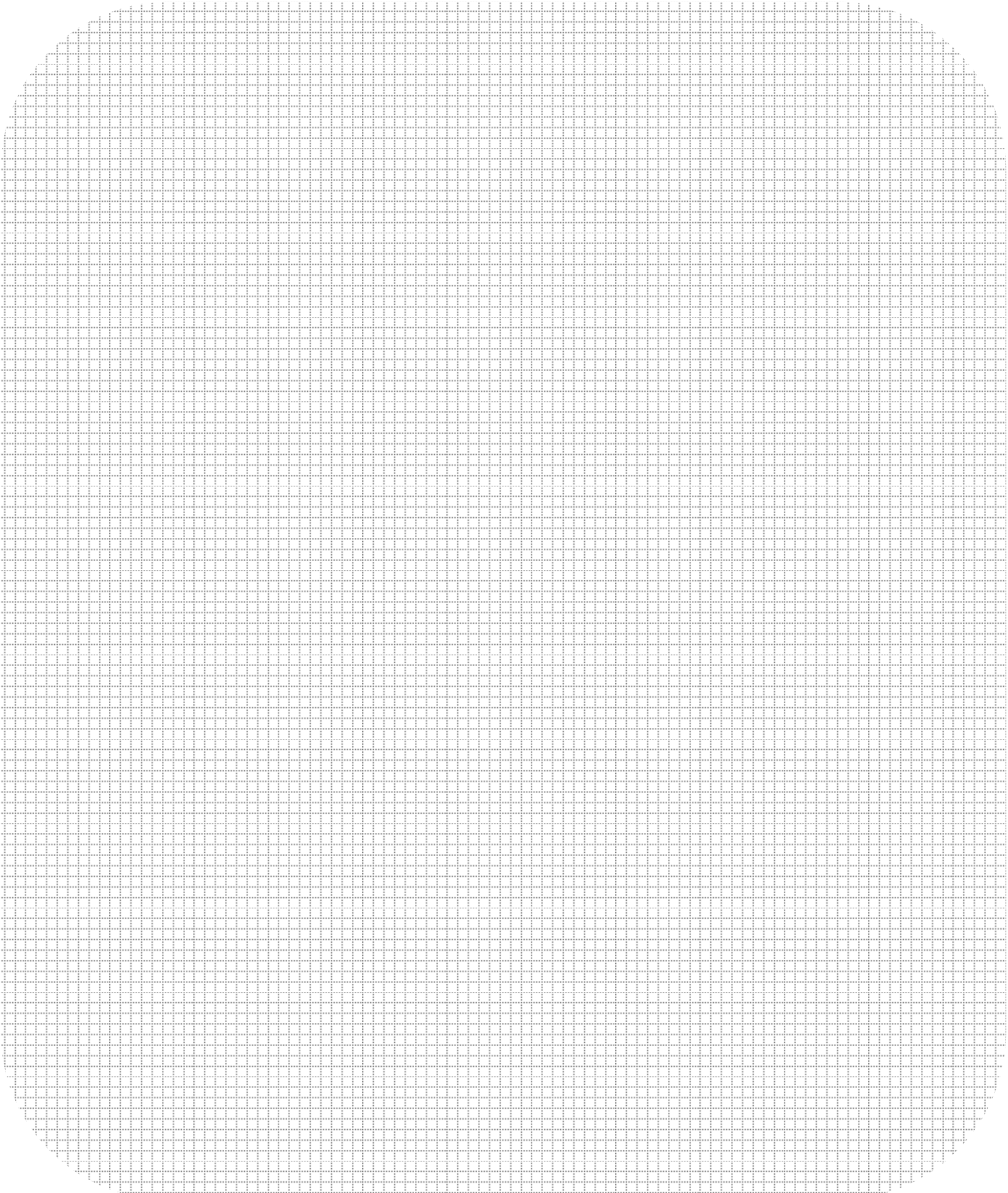
- CHECK ALL THE ITEMS BELOW THAT APPLY TO THE EVENT SET-UP
- ADD ANY ADDITIONAL ITEMS NOT ON THIS LIST
- SHOW EACH ITEM ON THE SITE PLAN

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.



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

When applying, Planning 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	Scott Kolwitz	(805) 385-8370	(805) 385-7858	214 S. C St		
	Business Licensing	Paul Weinstein	(805) 385-7809	(805) 385-7817	214 S. C St		
	Economic Development	Rosie Ornelas	(805) 385-7932	(805) 385-7407	214 S. C St		
	Community Development	Jeff Pengilley	(805) 385-8208	(805) 385-7925	214 S. C St		
	Facilities	Art Gutierrez	(805) 385-8082	(805) 385-7950	1060 Pacific Av		
	Fire Department	Roy Peacock	(805) 385-7787	(805) 385-7722	360 W. 2 nd St		
	Gold Coast Transit	John Kelley	(805) 489-3959 x189	(805) 483-3959	301 E. 3 rd St		
	Parks & Facilities	Gene Gonzales	(805) 385-8245	(805) 385-7950	1060 Pacific Av		
	Police	Dale McAlpine	-	(805) 385-7600	251 S. C St		
	Police (Alcohol)	Dale McAlpine	-	(805) 385-7600	251 S. C St		
	Code Compliance (After police)	Roger Brooks	(805) 385-7944	(805) 385-7940	214 S. C St		
	Public Works	Jessica Smith	(805) 385-7890	(805) 385-7925	214 S. C St		
	Recreation	Yolanda Pina	(805) 385-7439	(805) 385-7995	305 W. 3 rd St		
	Risk Management (Insurance)	Amelia Pacheco	(805) 385-7470	(805) 385-7590	300 W. 3 rd St (1 st flr)		
	Traffic Engineer	Call office	(805) 200-5258	(805) 385-7866	214 S. C St		
	Other/Final Review						
	Other/Final Review						
	Other/Final Review						
	Planning Final Action	Planning Staff		(805) 385-7858	214 S. C St		

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

Previous TUP No. _____

Notes _____

