

# 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](http://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](http://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

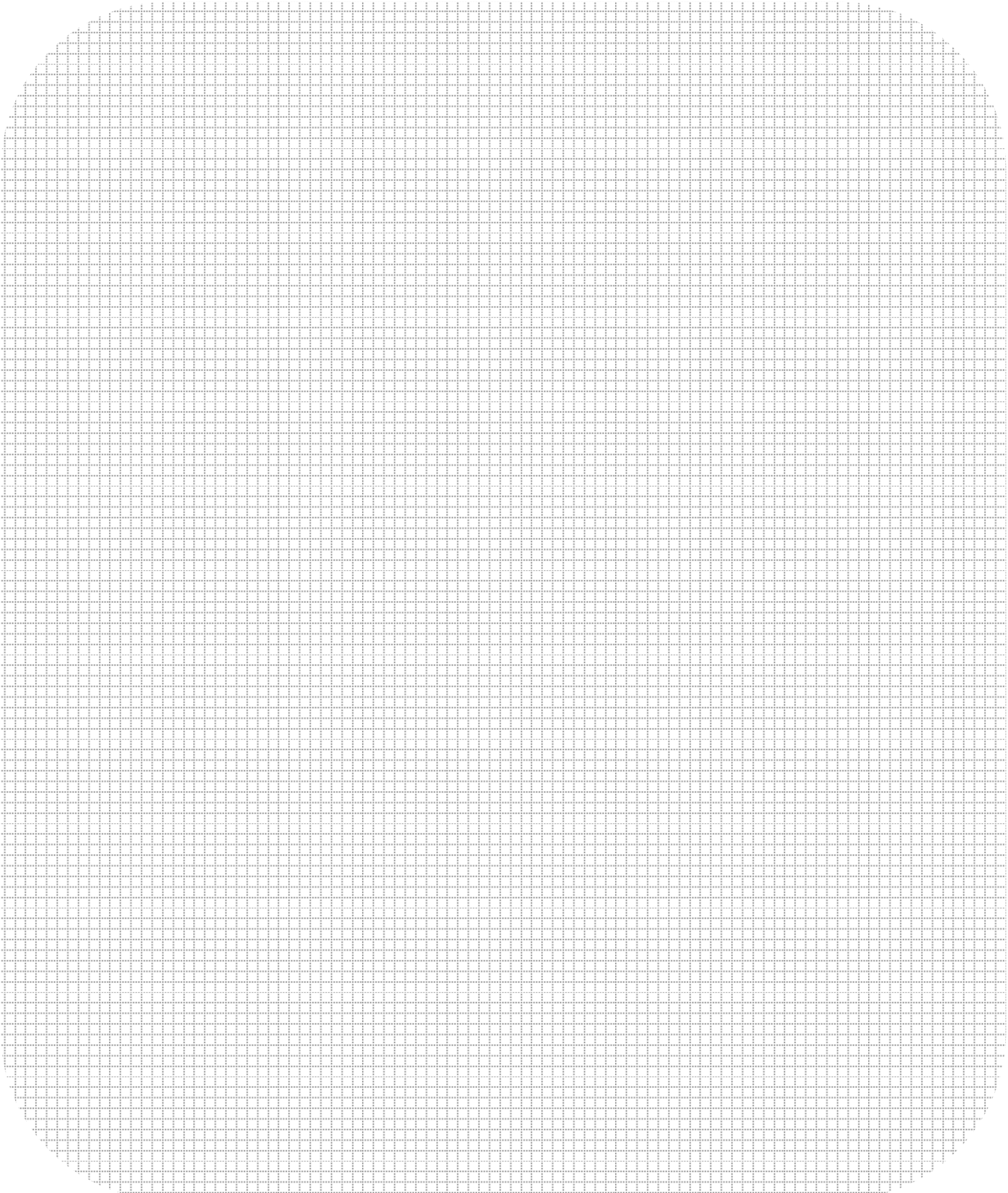
Numbers in (parenthesis) on this form refer to instructions and requirements in document, "Temporary Use Permit Information".

<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	Kathleen Mallory	(805) 385-8370	(805) 385-7858	214 S. C St		
	Business Licensing	Paul Weinstein	(805) 385-7809	(805) 385-7817	214 S. C St		
	Community/Economic Development	Adam Smith	(805) 385-3918	(805) 385-7407	214 S. C St		
	Development Services	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 <sup>nd</sup> St		
	Gold Coast Transit	Andy Mikkelson	(805) 483-3959	(805) 483-3959	301 E. 3 <sup>rd</sup> St		
	Parks & Facilities	Gene Gonzales	(805) 385-8245	(805) 385-7950	1060 Pacific Av		
	Police	Tim Kelley	(805) 200-2337	(805) 385-7600	251 S. C St		
	Police (Alcohol)	Tim Kelley	(805) 200-2337	(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	George Roberts	(805) 385-7890	(805) 385-8280	214 S. C St		
	Recreation	Yolanda Pina	(805) 385-7439	(805) 385-7995	545 S. A St		
	Risk Management (Insurance)	Amelia Pacheco	(805) 385-7470	(805) 385-7590	300 W. 3 <sup>rd</sup> St (1 <sup>st</sup> flr)		
	Traffic Engineer	Ryan Kim	(805) 200-5258	(805) 385-7866	214 S. C St		
	Other/Final Review						
	Other/Final Review						
	Other/Final Review						
	<b>Planning Final Action</b>	Planning Staff		(805) 385-7858	214 S. C St		

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

Previous TUP No. \_\_\_\_\_

Notes \_\_\_\_\_  
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