CITY OF RIVERSIDE FIRE DEPARTMENT
SPECIAL EVENT PERMIT APPLICATION
3900 MAIN STREET 3RD FLOOR
RIVERSIDE, CA 92522
Ph. (951)826-5737 FAX (951)826-2539
**APPLICATION SHALL BE SUBMITTED NO LATER THAN
10 BUSINESS DAYS PRIOR TO THE EVENT**

APPLICANT INFORMATION

Applicant Name: _____ Date: _____

Company Name: _____

Phone No: _____ Email: _____

EVENT INFORMATION

Event Name: _____ Event Contact: _____

Event Address: _____

Cell Number: _____ Email: _____

Type of Event: _____ ☐ Indoor ☐ Outdoor ☐ Both

Date(s) of Event: ____/____/____ to ____/____/____ Event Times(s): Start: _____ End: _____

Food & beverage: ☐ **Not applicable**

☐ Cooking on-site ☐ Barbeques /grill ☐ Deep fryers ☐ Ranges ☐ Woks ☐ Propane (shall be secured from tipping *over*)

☐ Alcohol being served ☐ Yes ☐ No ☐ Food truck(s)/trailer – How many ___

☐ Use of C02 (carbon dioxide gas) cylinder(s) (shall be secured from tipping over)

Tents: ☐ Yes ☐ No (Over 400 square feet): <u>with sidewalls</u>: Number of tent(s): ___ (Copy of the fire-retardant certification is required)

Tents: ☐ Yes ☐ No (Over 700 square feet): <u>with sidewalls</u>: Number of tent(s): _ (Copy of the fire-retardant certification is required)

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Decorative materials: In all assembly occupancies all decorative materials shall be flame retardant treated, shall bear a State Fire Marshal tag on each panel and/or provide a certificate of flame retardant treatment for that product(s).

Will you be cooking in the tent: ☐ Yes ☐ No

Propane heaters: in tent(s): ☐ Yes ☐ No   **Indoor vehicle/motorcycle display:** ☐ Yes ☐ No

Booths/canopies: Number of booth(s)/canopies: _____

Maximum number of (7) 10'X10' booth(s)/canopies assembled, requires a minimum clearance of 12 feet between each group of 7 booth(s)/canopies.   Note: Indicate location on required site map.

Generators: ☐ None / ☐ Small portable generator – How many _____   ☐ Lg. gen. on a trailer – # of_kW __

Pyrotechnics/fireworks: ☐ Yes ☐ No **Mock gunfire/cannon/special effects:** ☐ Yes ☐ No

REQUIRED WITH THIS APPLICATION:

The following plans shall be submitted in a clear and legible manner to scale/dimensions and on a standard 8 ½" X 11" or 8 ½" X 14 format; larger maps or blueprints may be necessary

Site map - • Indicating locations of event activities • tent(s) and/or booth(s)/canopies • distance from other temporary structures, buildings, property lines or booths • location of generators • vehicle parking areas • fire lanes • fire hydrants

• fire department connections • roadways

Floor plan - • Exit locations and dimensions • exit doors •curtain(s) • placement of exit signs and emergency lighting

• portable fire extinguishers • no smoking signs • cooking/open flames/candles/gel fuel/heaters • number of table(s)/chairs • table dimension • chair spacing • chair bonding • aisle locations - length & width • flooring material(s)

 • stage(s) or platforms

Emergency Medical provided: ☐ Yes ☐ No

If yes, what type:

☐ First Aid ☐ (BLS) Basic Life Support - Provided by: _____ ☐ (ALS) Advance Life Support – Provided by:____

☐ Fire Department standby (may require additional fees)

PERMIT ISSUANCE INFORMATION

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All applications and fees (if applicable) shall be submitted a minimum of 10 business days in advance of the beginning date of the display or event. Permit fee: small $338, large $591 with inspection or $85 no inspection. Additional fees may be required for multiple inspections. Failure to comply with the requirements(s) of the application and approved site map may result in an Administrative Citation with monetary fines and/or cancellation of your event. The Administrative Citation will be issued to the applicant and/or vendor.

I CERTIFY THAT ALL THE INFORMATION SUBMITTED IS CORRECT. I AGREE TO COMPLY WITH ALL LOCAL LAWS RELATED TO FIRE PREVENTION, AND TO THE RULES AND REGUATIONS ADOPTED BY THE CALIFORNIA STATE FIRE MARSHAL. I HEREBY AUTHORIZE REPRESENTATIVE OF THE FIRE DEPARTMENT TO ENTER UPON THE ABOVE-MENTIONED EVENT PREMISES FOR INSPECTION PURPOSES.

DATE: ____/____/____

APPLICANT'S NAME: _____

APPLICANT'S SIGNATURE: _____

OFFICE USE ONLY

Permit required: ☐ Yes ☐ No   Permit number: _____

Inspection required: ☐ Yes ☐ No

Denied by: _____

Comment: _____

Approved by: _____Date: ____/____/____

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