

CONTACT

Community & Economic
Development Department
Arts & Cultural Affairs Division

(951)826-2427 specialevents@riversideca.gov

SUBMISSIONS

Submit your completed application via email to: specialevents@riversideca.gov or in person to the address below:

Attn: Special Event Permits Arts & Cultural Affairs Division 3900 Main Street, 5th floor Riverside, CA 92522

SPECIAL EVENT PERMIT APPLICATION

PLEASE TAKE TIME TO REVIEW THE APPLICATION AND INSTRUCTIONS <u>BEFORE</u> YOU BEGIN COMPLETING THE APPLICATION.

The City of Riverside is proud to have its residents and visitors host a multitude of community events in order to improve the quality of life and contribute to the economic vitality of the City. The following pages include the City of Riverside's Transitional Special Events Permit Application and accompanying instructions developed to guide you through the permit process.

Applications can be found at www.riversdieca.gov/.

ANY ORGANIZED ACTIVITY INCUDING THE USE OF. OR HAVING IMPACT UPON **PUBLIC** PROPERTY, STREET AREAS OR THE TEMPORARY USE OF PRIVATE PROPERTY IN A MANNER THAT **VARIES FROM ITS CURRENT LAND USE, REQUIRES** A PERMIT. THERE ARE NO SHORTCUTS TO THE PROCESSING OF A TRANSITIONAL SPECIAL EVENTS PERMIT APPLICATION. COMPLETED APPLICATIONS MUST BE RECEIVED NO LATER THAN SIXTY (60) DAYS PRIOR TO AN EVENT START DATE AND MAY BE SUBMITTED AS EARLY AS (6) MONTHS PRIOR TO THE EVENT START DATE. FOR THE PROCESSING OF THE APPLICATION. A LATE FEE IN ADDITION TO THE APPLICATION FEE WILL APPLY TO ANY SUBMITTAL RECEIVED LESS THAN SIXTY (60) DAYS PRIOR TO THE EVENT DATE.

Please review the application in its entirety.



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APPLICATION INSTRUCTIONS

PERMIT APPLICATION PROCESS

The Permit Application Process begins when the Event Organizer submits a completed Application and Non-Refundable Permit Fee. During the initial application screening process you will be allowed time to provide all pending documents (e.g. Liability Insurance, secondary permits, etc.). Upon receipt of your completed Application, a representative from the City will contact you. Thereafter, this person will serve as your City Liaison and will be your primary point of contact for the processing of your permit.

A completed application must have all applicable sections of the application complete and must include a detailed site plan / map including a side legend of the event layout. Any application that is submitted without a site plan / map of the event layout will be deemed incomplete and returned to the applicant.

Your City Liaison will distribute, for review, copies of your Application to all City Departments affected by your event. You may be contacted individually by these departments only if they have specific questions or concerns about your event. Please be aware that in some cases you may need to contact federal, state or county agencies in addition to the City of Riverside.

Throughout the Application Process you will be notified if your event requires any additional information, permits, licenses or insurance. Delays in providing the requested items often delay theability to finish the Application Process and approve an Application in a timely manner and could result in denial of the application.

Note: Keep in mind that acceptance of your Application should in no way be construed as final approval or confirmation of your Permit.

NON-REFUNDABLE PERMIT FEE

Fees are determined taking into consideration the status of the Host Organization. The Fee is established by resolution of the City Council and may not be waived. Payments must be made by check made payable to the "City of Riverside" or by credit card.

*A late fee will be applied in addition to the permit fee if the application is submitted less than sixty (60) days from the date of the special event.

Non-Profit Organizations								
Permit Fee	Late Fee*							
\$100.00	\$300.00							
Professional Corporation/	Business/Organization							
Permit Fee	Late Fee*							
\$500.00	\$300.00							

CANCELLATION POLICY

Should Event Organizer, for any reason, need to cancel their event they must first notify their City Liaison. Written notice of cancellation must be received in our office no later than thirty (30) days prior to the event start date. Cancellations must be in written form; verbal cancellations will not be accepted.

Please keep in mind that Permit Fees are non-refundable. It is also possible that fees related to Police Services will still be incurred. Please contact your City Liaison for more details.

Should, before or upon the date of the event, Public Health Regulations change to prohibit such event or gathering, the City will notify Event Organizer of the public health closures via email by 3:00 pm on the reserved date.

INSURANCE

Host Organization and/or Event Organizer must provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 combined single limit, \$2,000,000 aggregate AND \$1,000,000 Auto Liability if the event includes any moving vehicles including golf carts AND an additional insured endorsement naming the City of Riverside, its officers, employees and agents' as additional insured. \$1,000,000 Liquor Liability if the event is selling alcohol. \$1,000,000 Liquor Host if the event is distributing alcohol at no charge. All vendors participating in the event and service providers must provide insurance as well as all contracted services for the event i.e. Security services, rentals, traffic management, etc. This document must be submitted no later than fifteen (15) days prior to the event start date.

SPECIAL EVENT PERMIT APPLICATION										
SECTION I: Contact Information. Required information. Please complete entire section.										
Host Organization: the organization accepting all financial responsibility for the event and provides the required insurance.										
Organization Name:										
Type of Organization:	Corporation	LLC								
Address:										
Phone Number:										
Website Address:										
Event Organizer: Only those be able to make changes t		nizer and secondary event o	rganizer will							
Name & Title:										
Phone Number:										
Mobile Number:										
Email:										
Secondary Event Organizer organizer will be able to ma		<u> </u>	ndary event							
Name & Title:										
Phone Number:										
Mobile Number:										
Email:										
On-Site Contact: person whethe event.	no will be on-site and will b	e the primary contact on th	ne day(s) of							
Name:										
Title:										
Check if same as above for	Event Organizer or Second	ary Event Organizer								
Phone Number:										
Mobile Number:										
Email:										

SECTION II: Eve	ent Informa	ation. F	Require	ed Informati	on. Plea	se comp	olete	e entire s	ectio	on.		
Event Details												
Event Name:												
Type of	Athletic/F	Recrea	ation	Farmer	s/Outdo	or	С	ar/Moto	rcyc	le Show		
Event:				Market								
	Festival/C	Celebra	ation/	Parade	Parade/Procession/ Cor			oncert				
	Ceremon	ıy		March								
	Other:	-		<u>.</u>			•					
Detailed Event Description (50 word minimum):												
20.aea 210 2000p.io (00 No.a minimum).												
Event Location	า:											
Is this an annu		YES					N	0				
event?												
Is this a multi-	dav event?	? If so.	how					No. Da	VS:			
many days?		,							,			
Anticipated A	ttendance		Total:					Daily:				
•												
Previous Years	Attendan	ce	Total:					Daily:				
Event Cet IIn 9	Toor Dow	ın.										
Event Set-Up &	leal Dow		Time		Δ Ν Δ	DM	T	Dov. of th	••			
Set-Up Date:			Time:		AM	PM		Day of th	1e	1		
F Ct t			T!		0.04	DN 4		Week:				
Event Start			Time:		AM	PM		Day of th	ne	1		
Date:			- .			D. 4		Week:				
Event Ends			Time:		AM	PM		Day of th	ne	1		
Date:								Week:				
Tear Down			Time:		AM	PM		Day of th	ne	1		
Date:								Week:				
If your event is		•				_				•		
date. If event	is longer th	nan fiv	e (3) da	ays, please	attach a	additiona	al sh	neets with	n the	e requested		
information.												
Additional Day	y One:				T	1						
Set-Up Date:			Time:		AM	PM		Day of the	n e	1		
								Week:				
Event Start		'	Time:		AM	PM		Day of the	n e	1		
Date:								Week:				
Event Ends			Time:		AM	PM		Day of the	1 e	1		
Date:								Week:				
Tear Down			Time:		AM	PM		Day of the	ne	1		
Date:								Week:				
Additional Day	y Two:											
Set-Up Date:			Time:		AM	PM		Day of th	n e	1		
								Week:				
Event Start			Time:		AM	PM		Day of th	n e			
Date:								Week:		<u></u>		
Event Ends			Time:		AM	PM		Day of th	ne			
Date:								Week:				
Tear Down			Time:		AM	PM		Day of th	ne			
Date:								Week:		1		

SECTION III: Site Plan/Map Instructions

To ensure appropriate review of your event, it is preferred that you submit blueprints or computer assisted drawings (CAD) of the event site plan.

If a blueprint or CAD plans are not submitted, all site plans/maps must be produced in a clear and legible manner using 8 $\frac{1}{2}$ " x 11" or 8 $\frac{1}{2}$ " x 14" white paper. All applicants are required to submit a detailed Site Plan/Map.

*Site plans/maps must also include a key showing the use of symbols for people, vehicles, first aid station(s), cooking station(s), food tables, stage(s), platform(s), barricades, 12 foot fire lane, etc.

If using CAD for the site plan/map please ensure the use of Arial Fonts no smaller than size 10.

Must include names of ALL street closures. Events with moving parade or procession, please include start/end locations and direction of
travel.
Location of street closure barricades.
Designated twelve foot (12') emergency access lane throughout the length of the street closure(s).
Location of first aid station and emergency services (if applicable).
Location of stage(s) (include dimensions), platforms, canopies and tents (include sizes), portable toilets, vendor / exhibitor booths, alcohol gardens, cooking areas/vendors, trash/recycle dumpsters and any other temporary structures.
Generator locations.
Location of inflatables, animals, carnival rides, pyrotechnics, vehicles (if applicable).
Other related event components not listed above.

SECTION IV: Parking & Shuttle Service. Required information, Please complete entire section.

Parking Encroachment Details. Be advised that no parking zones, disabled parking and loading zones may not be reserved.

- Temporary No Parking Signs must indicate the Date and Time of Restriction AND the RMC 10.52.100 and CVC 22651 (I), (n).
- Temporary No Parking Signs must be posted by the permittee a maximum of 72 hours and a minimum of 24 hours before the date and time they are to take effect. Per California Vehicle Code Section 22651 (I) and (n).
- Temporary No Parking Signs SHALL NOT cover or obscure existing signs or parking meter heads.
- Temporary No Parking Signs must be unobstructed and clearly visible by drivers on the street or affected parking patrons. Post the Temporary No Parking Signs:
 - Facing oncoming traffic, directly below the existing signage, and at a 45-degree angle to the street
 - Fastened at both top and bottom
 - Signs must include "Entire Parking Lot" if an entire parking lot will be closed
 - Signs must include "Entire Block" if an entire block will be closed
- All Temporary "No Parking Signs" must be removed by the permittee upon the expiration of the signs or at the end of the event, whichever comes first.

YES	NO												
		Parking Garag	ge?	Location:									
		Metered on st	reet?	Location:									
		Street Parking	?	Location:									
		Parking Lot?		Location:									
		Impacts ADA	/Disable	d Parking St	Stal	II(s) or I	Pedes	strian	Acce	ess Ram	ps?		
Date/T	ime Me	ter									AM	PM	
Encroa	chmen	t Begins:											
Date/T	ime Me	ter									AM	PM	
Encroa	chmen	t Ends:											
For Me	or Metered Areas - Please note that meter rates may apply. Please describe Public Parking												
	_	/=·		. ()				_				_	

For Metered Areas - Please note that meter rates may apply. Please describe Public Parking arrangements. (Please indicate location(s) on Site Plan/Map) If parking is located on private property, please provide a copy of written authorization.

Shuttle Service Details. Complete if shuttle services is provided for this event. If providing a private shuttle service, please provide the following information and attach copies of the company's Business Tax Certificate, Liability Insurance Certificate and California State License.

Please describe plan:	
Company Name:	
Contact Name:	
Address:	
Phone Number:	
Email:	

TOW-AWAY ZONE

Parking

SECTION V: Street Closu	re(s)											
Complete this section only if your event will include a street closure, if not please proceed to Section VI.												
Does host organization have its own barricades and signage YES NO equipment?												
Host Organization will re	ent barricade	e and s	ignage	equipment.	YES		NO					
If renting from or hiring a private company, please provide the following information.												
Company Name:												
Contact Name:	ontact Name:											
Address:												
Phone Number:												
Email:												
Notice of Temporary Str												
•	•			dents/businesses both o	n and a	adjace	nt to a					
proposed street closure	be notified	of such	a stree	et closure.								
	C. T.	0.1	. 01									
				re" form located in the A								
		e. Inis	S " NOTIC	e of Temporary Street C	losure"	' docur	ment m	ay be				
reproduced as needed	l .											
Closure(s) Closure Start Date:	T			Closure End Date:								
Closure start date:				Closure End Date:								
Closure Start Time:		AM	PM	Closure End Time:			AM PM					
If your event requires m	ulti-day stree	et closu	res, ple	ase complete the follov	ving inf	formati	on for e	ach				
separate date. If your e	vent require	s street	closure	es longer than five (5)	days, p	olease a	attach	an				
additional sheet of pap	er with the re	equest	ed info	rmation.								
Additional Day One	1											
Closure Start Date:				Closure End Date:								
Closure Start Time:		AM	PM	Closure End Time:			AM	PM				
Additional Day Two			<u> </u>									
Closure Start Date:				Closure End Date:								
Closure Start Time:		AM	PM	Closure End Time:			AM	PM				
Additional Day Three			<u> </u>									
Closure Start Date:				Closure End Date:								
0.0000				0.000.0 2.10.2 0.10.								
Closure Start Time:		AM	PM	Closure End Time:			AM	PM				
Additional Day Four	1	L	1	<u>I</u>				1				
Closure Start Date:				Closure End Date:								
Closure Start Time:		AM	PM	Closure End Time:			AM	PM				

Traffic Plan

It may be necessary for the Event Organizer to obtain a Professional Traffic Plan.

Please keep in mind that streets must be closed from intersection to intersection; streets cannot be closed mid-block. Event Organizer is responsible for posting Temporary "No Parking" Signs according to requirements on page 7.

Please list the streets, from intersection to intersection, which will be closed for your event. Space is provided for up to five (7) entries. If you need more space, please attach an additional sheet of paper with the requested information. Your Site Plan/Map must show all streets, street closures, and must include a designated 12-foot wide emergency access lane.

1	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
2	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
3	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
4	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
5	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
6	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure
7	Street Name:			
	From (cross street):			
	To (cross street):			
	Type of Closure:	Street Closure	Sidewalk Closure	Lane Closure

			information. Please	comple	te entire secti	on.
Will this event take park?	place in a	YES			NO	
If yes, a Facility Perr	mit Application	n must	be submitted.			
division or facility m coordinate the sch	anager within edule of your ply. For more i	the Pa event. nforma	park it is your respons arks, Recreation and Rules, regulations ar ation please contact	Comm nd restri	unity Services ctions unique	Department to to each
Staging Details						
Please mark all that apply:	Amplified Music		Bleachers	Dance	e Floor(s)	Live Entertainment
	Microphone((s)	Disk Jockey (DJ)	Balloo	ns	Animals
	Loud Speaker(s)		Jumper	Moving Vehicles (including golf carts)		Stage
Stage Number & Size:						
Provided by:						
Balloons/Balloon La	unching: Will I	ballooi	ns be launched/sold	at eve	nt? YES	NO
information regardi	ng weather ai	nd timi	ontact the Riverside A ing of air flights in the e not permitted whe	e directi	on of the laur	nch. Mylar
Animals: Will there I	be any kind of	anima	als at this event? YE	S	NO	
If animals will be pro	esent, please l	ist the	type of animals:			
Food service canop Organizer provide p			least fifty (50) feet a	ıway. It	will also be re	quired that Event
Plan/Map with Lege	end. Use of the	e abov	used, please indicate ve items may require rance requirements.			

		he event, an ABC Pe			
	to the city for appro	oval a minimum of 30	days prior to th	ne event. Po	olice services
may be required.	fallanda - /alaaa				
		mark all that apply):	<u> </u>	Dath	
Alcoholic	Beer	Wine		Both	
beverages				<u> </u>	
Food vendors	How many vendors:	,	How many foot trucks:	od	
Professional	How many	Prepac	kaged Ho	ow many	
Catering	booths:	Items	bo	ooths:	
Pot Luck	How many	Retail	Но	ow many	
Items	booths:	vendor	rs bo	ooths:	
		xhibitors must be promust have a City of R			
SECTION VIII: Sanita	tion & Waste Pemo	val			
		estroom facilities? YE	- S N	0	
Will Everit Organize	piovide portable i		_5 1		
If yes, a copy of the	e rental company's	City of Riverside Busir	ness Tax Certific	ate and Lia	bility Insurance
	, ,	n. Please indicate loc			•
Company Name:					
Contact Name:					
Address:					
Phone Number:					
Mobile Number:					
Email:					
Waste Removal Det	ails				
Event Organizer is re	esponsible for arran	ging for the removal	of all waste rela	ated to the	event. This
		of trash bins and the			
and other affected	areas. A copy of th	ne sanitation compar	ny's City of Rive	erside Busine	ess Tax
Certificate and Liak	oility Insurance must	be attached to App	olication. If not I	hiring a prof	essional
sanitation company	y, please provide th	e following informati	on for the perso	on(s) respon	sible for waste
removal.					
Contact Name & Tit	ile:				
Phone Number:					
Mobile Number:					
Email:					
If hiring a profession	nal sanitation comp	any, please provide t	the following in	formation.	
Contact Name & Tit	ile:				
Phone Number:					
Mobile Number:					
Email:					

SECTION VII: Catering, Food & Retail Vendors. Required information. Please complete entire section.

Event Organizer must obtain a health permit for the event including all food providers. If alcoholic

Vendor Details

SECTION IX: Security, Police & Fire. Required information. Please complete entire selection.									
Security and/or Police									
If necessary, in the call 911.	case of an emerg	I	YES		NO				
Event Organizer is	requesting assista	ince from the Ri	verside Polic	е	YES		NO		
Department. The Ri		oartment will requ	uire a signed						
contract for service									
Event Organizer will		YES		NO					
If providing a private security company, please provide the following information and attach copies of the company's City of Riverside Business Tax Certificate, Liability Insurance and California State License.									
Contact Name:									
Address:									
Phone Number:									
Mobile Number:									
Email:									
Fire (Fire and Buildin	ng & Safety Permit	s may be require	d)						
Will there be firewor	rks, pyrotechnics,	mock gunfire/ot	her weaponr	y	YES		NO		
for special effects?									
Will event require th	ne use of electrica	I generators?	How many?			Size(s):			
Note: Please be ad	vised that a police	e officer is require	ed to be pres	ent a	any time	weapor	ns are lo	oaded	
and/or discharged.	. Please contact y	our City Liaison fo	or more infor	matic	on.				
If hosting the use of	fireworks, explosiv	e devices, pyrot	echnics, mod	ck gu	ınfire ar	d/or the	use of		
weaponry for speci	al effects, please	provide the follo	wing informa	tion.					
Date and Time of D	emonstration:								
Company Providing	g Demonstration:								
Demonstration & Lo	cation Description	n (Please indicate	e the location	n of th	ne show	and/or la	aunchi	ng on	
the Site Plan/Map):									

SECTION X: Emergency Services. Required information. Please complete entire section.						
Medical Plan						
All events are required to have a First Aid Station on-site. Please indicate the location on the Site Plan/Map.						
If necessary, in case of an emergency, the On-Site Contact will dial 911.			NO			
Event Organizer will provide an ambulance company to be on site.			NO			
Event Organizer will provide a medical doctor, registered nurse, and /or EMT staff to be on site.		YES	NO			
If providing an ambulance company, please provide the following information and attach copies of their City of Riverside Business Tax Certificate, Liability Insurance and California State License.						
Ambulance Company:						
Contact Name & Title:						
Address:						
Phone Number:						
Mobile Number:						
Email:						
If providing a medical doctor, RN, and/or EMT Staff, please provide the following information and						
attach a copy of their identification credentials.						
Contact Name & Title:						
Address:						
Phone Number:						
Mobile Number:						
Email:						

SECTION XI: Miscellaneous

Public Health Regulations

Host Organization and Event Organizer(s) must read and adhere to all federal, state, and local guidelines with regards to COVID-19, including the regulations and guidelines attached hereto to this application (collectively "Public Health Regulations"). Host Organization and Event Organizer(s) are responsible for ensuring the safety of event participants and agree to abide by all Public Health Regulations that are in place as of the date of this Application and as of the date of the event. Failure to do so may result in a revocation of access and/or denial of future special event permit applications.

INDEMNIFICATION AGREEMENTINDEMNIFICATION AGREEMENT

	to be held c	on ,
Event N		Event Date(s)
by	of	<u>.</u>
Event Organizer	Primary Applicant	Host Organization
City of Riverside, and members, and volunte lawsuits, judgment exp to any property includinot limited to, attorney Applicant's Special Evesuch injury, death or death or infected by COVI	the City of Riverside's employers harmless from any and all lowers and cost(s) arising from any all reasonable costs for investing all reasonable reasona	defend, indemnify and hold harmless the yees, officers, managers, agents, council sses, damages, claims for damage, liability, by injury or death to any person or damage sigation and defense thereof (including, but ising out of or attributed to the issuance of e injury, death or damage may occur, unless egligence or willful misconduct of the City, assume the risk that they may be exposed int, and that such exposure or infection may diffor death.
thereafter maintain du	ring the specified special event	provide satisfactory evidence of, and shall , such insurance policies and coverages in ity's Risk Manager or City Attorney or their
Print Name		itle
Signature		Date Date

APPLICANT AGREEMENT

Please read each statement. Initialing next to each statement indicates your understanding and

Signature	Date
Print Name	Title
By signing below, Host Organization and/or the above statements.	Event Organizer indicate understanding and agreement to
in support of this application and permit is causagrees that failure to adhere to the policies and 6102, known as the "Special Events Ordinance" Riverside Police Department or the Community of the Special Event Permit. Applicant further a	agree that any false statement or material misrepresentation made se for denial of issuance of a Special Event Permit. Applicant also procedures established by the City of Riverside ordinance number, or any conditions or restrictions imposed upon the permit by the and Economic Development Department, is cause for revocation agrees that the Special Event Permit may be revoked at any time timentor the Community and Economic Development Department
_	gree to supply warning signs and/or barricades and to situate them be maintained in a safe and orderly manner. Barricades must be
	agree to notify all residents and businesses that will be affected by d. Notification also includes the posting of officialtemporary "Nothe event.
ten (10) days prior to the event as a condition of	ree, upon request, to pay a refundable Cleaning Deposit nolater than the issuance of the Special Event Permit. Applicant alsoagrees to pay rred by the City as a result of additional clean-uprequired to return the condition.
	rees, upon request, to provide a copy of their DeterminationLetter, as ed States or State of California, if the application is made on behalf of ot, non-profit and/or charitable organization.
proposed security measures to be taken to prot bystanders and passersby. This plan may be re-	agrees, upon request, to submit a Security Plan setting forth the tect the health, safety and welfare of the participants, spectators viewed by the Police Department who may require alterations to the not limited to the hiring of a private security or Riverside Police
Certificate providing evidence of general liable combined single limit, \$2,000,000 aggregate whicles including golf carts AND an additional	r agree, upon request, to provide a General Liability Insurance bility insurance coverage in the minimum amount of \$1,000,000 AND \$1,000,000 Auto Liability if the event includes any moving al insured endorsement naming the City of Riverside, its officers This document must be submitted no later than fifteen (15) days
agreement to the statement.	

APPENDIX

This section provides you with documents that you may need to complete the application process. This section includes:

Block Party Petition for Temporary Street Closure

Notification of Temporary Street Closure

Notice of Temporary Parking Encroachment

Participating Vendor List

For more information please contact (951) 826-2427 or specialevents@riversideca.gov.

BLOCK PARTY PETITION FOR TEMPORARY STREET CLOSURE

The City of Riverside requires that all affected residents/businesses both on and adjacent to a proposed street closure sign this petition. Therefore, this document serves as a petition for the following proposed street closure.

Name of Person Res	ponsible for Initiating	this Petition:				
A temporary street o	closure has been requ	uested for the fo	ollowing date	(s)/time(s) for the	e streets listed.	
Closure Start Date:			Closure S	Start Time:	AM/PM	
	(Day of Week)	(Date)				
Closure End Date: _	(Day of Week)		Closure E	End Time:	AM/PM	
	(Day of Week)	(Date)				
Street Name(s):						
The purpose of the	proposed street closu	ure is (Event Des	scription):			
indemnify and hold damages, claims fo any injury or damag	s "Petition for Temp harmless the City of or damages, liability, ge of any person or p	Riverside, its of expense or co	ficers, emplogost arising fro	yees and agent m any accider	ts from any and nt or occurrenc	I all losses, e causing
street(s) or the auth						
<u>I.</u> Print Name			nature			
				()		
Address				Phone Nu	ımber	
2						
<u>2.</u> Print Name			nature			
				()		
Address				Phone Nu	ımber	
3.						
s. Print Name		Sigi	nature			
				()		
Address				Phone Nu	ımber	
4						
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NOTICE OF TEMPORARY STREET CLOSURE

The City of Riverside requires that all affected residents/businesses both on and adjacent to a proposed street closure be notified of such a street closure. Therefore, this document serves as proof of notice of the proposed street closure listed.

A temporary street closure has been requested for the following date(s)/time(s) for the streets listed. Closure Start Date: ___ Closure Start Time: _____AM/PM (Day of Week) (Date) Closure End Date: ___ Closure End Time: _____AM/PM (Day of Week) (Date) Street Name(s): The purpose of the proposed street closure is (Event Description): Host Organization Name: _____ Contact Name: _____ Mailing Address: ___ (Street Address) (City) (State) (Zip) Acknowledgement: By signing below, the undersigned acknowledges receipt of the above "Notice of Temporary Street Closure." Print Name Signature Title Date **Phone Number Business Name** Address Print Name Signature Title Date Phone Number **Business Name** Address

NOTICE OF TEMPORARY PARKING ENCROACHMENT

The City of Riverside requires that all affected residents/businesses both on and the adjacent to a proposed parking encroachment be notified. Therefore, this document serves as a template of proof of notice of the proposed parking encroachment listed.

A temporary parking encroachment has been requested for the following date(s) and time(s) at the

location listed below: Parking Encroachment Start Date: _ Parking Encroachment Start Time: _____AM/PM (Day of Week and Date) Parking Encroachment End Date: _____ Parking Encroachment End Time: _____AM/PM (Day of Week and Date) Location (Address, Lot or Garage): Garage: YES □ NO □ Meters On-Street: YES □ NO □ Parking Lot: YES □ NO □ On-Street Parking (not marked): YES □ NO □ Marked Stalls: YES □ NO □ Impacts ADA/Disabled Parking Stall(s) or Pedestrian Access Ramps: YES □ NO □ The purpose of the proposed parking encroachment is (Description): Host Organization Name: _____ Email Address: Acknowledgement: By signing below, the undersigned acknowledges receipt of the above "Notice of Temporary Parking Encroachment." Signature: ______ Print Name: _____ Title: _____ Date: _____ Address: Phone Number:

PARTICIPATING VENDORS

Please list all participating vendors. List of all vendors must be provided a minimum of 15 working days prior to the event. All participating food vendors must have a valid Permit from the County of Riverside Department of Environmental Health, City of Riverside Business Tax Certificate, and Liability Insurance.

				FOR OFFICE USE ONLY		
Vendor Name	Type of Vendor	Address	Phone Number	Health Permit	Business Tax Certificate	Insurance