



City of Santa Fe Springs Department of Police Services

11576 Telegraph Road • Santa Fe Springs, CA 90670 • (562) 409-1850 • Fax (562) 409-1854

Special Events Permit

Check One: Corporation Partnership Sole Proprietor

1. Applicant's Name: _____
Doing Business As: _____
Business Address: _____ Phone: _____
Mailing Address: _____
Residence Address: _____ Phone: _____

Age	Sex	Ht.	Wt.	Eyes	Hair	Date of Birth	Place of Birth	Drivers Lic.#
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2. Date of Events(s) _____ Time of Event(s) _____

3. Estimated Attendance: _____

4. Give the name and the address of the owner(s) of the premises where the event(s) will be held:

5. Describe the type of event(s) you will be conducting:

4. Give the name of the person exercising authority or control over the location/event and authorized to accept legal notice of process: _____

5. Will minors be permitted on the premises? Yes No

6. Are other Federal, State, or County Licenses required to operate the event? Yes No

If yes, state type and license #: _____

(Continued on the back)

7. Do you plan to contract for security service? Yes No

If yes, give the name and the telephone number of the security company: _____

* The Director of Police Services or his designee may require other documents to be provided or apply conditions of approval upon the applicant for this request, including insurance and indemnification requirements.

I solemnly swear that the information contained herein is true and correct to the best of my knowledge and belief. I agree that there shall be full compliance with all state and city laws in the conduct of the activities for which the permit is granted.

Applicant's Signature

Date