



# 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.#

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: \_\_\_\_\_

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\* 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.

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