

**DIRECTOR'S PERMIT  
TEMPORARY USE**

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DIR-

1. Location: \_\_\_\_\_
2. Business Name: \_\_\_\_\_
3. Date of Event: \_\_\_\_\_ Time (From): \_\_\_\_\_ am/pm (To): \_\_\_\_\_ am/pm
4. Type of Event: \_\_\_\_\_  
\_\_\_\_\_
5. Name of contact person on site day of event: \_\_\_\_\_  
Telephone (daytime): \_\_\_\_\_ (evening): \_\_\_\_\_ (on-site): \_\_\_\_\_
6. Estimated number of participants: \_\_\_\_\_ Number under 21: \_\_\_\_\_ 21 & over: \_\_\_\_\_
7. Describe the event in as much detail as possible. Include site plan.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. How much time do you need for set up and break down before and after the scheduled event time?  
\_\_\_\_\_  
\_\_\_\_\_
9. Are you planning on serving food/drink?  Yes  No  
(If yes, contact County Environmental Health Department at 805-654-2437.)
10. Are you planning on having a canopy or tent?  Yes  No  
(If yes, contact the City Fire Department at 805-658-4717.)  
Number of Tents: \_\_\_\_\_ Size of Tents: \_\_\_\_\_
11. Are generators going to be used for the event:  Yes  No  
(If yes, contact the City Fire Department at 805-658-4717.)
12. What is your security plan for the area (i.e. number of security personnel)?  
\_\_\_\_\_  
\_\_\_\_\_

13. Will there be entertainment at the event? If so, describe in detail (i.e. band name, type of music, etc.).

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14. Are you planning on having amplified sound? If so, describe: \_\_\_\_\_

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15. Hours of entertainment: \_\_\_\_\_

16. Will alcohol be consumed, sold or served?  Yes  No

(If yes, contact the State of California Alcohol Control Department at 805-289-0100 or review and approval. Provide copy of license.)

**AUTHORIZATION:**

**Property Owner:**

\_\_\_\_\_  
Name in which property held (print) \_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Mailing Address City State Zip Code

*I hereby certify that the information herein and any exhibits and supplemental forms herewith submitted are true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature of Property Owner (must be original) \_\_\_\_\_  
Date

**Applicant:**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Daytime Phone Number Fax Number Email

\_\_\_\_\_  
Driver's License No.

**HOURS:** Monday, Tuesday, Wednesday and Friday, 8:00 a.m. to 5:00 p.m.  
Thursday 9:00 a.m. to 5:00 p.m.

**LOCATION:** Ventura City Hall, 501 Poli Street, Room 117

**PHONE:** (805) 654-7894 or (805) 654-7893

**MAILING ADDRESS:** P.O. Box 99, Ventura, CA 93002-0099