

**DIRECTOR'S PERMIT
 TEMPORARY USE**

Permit must be submitted 3 (three) weeks prior to event.

PROJ#-
TUP-

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 Fire Prevention at 805/658-4717.
 (A canopy with more than one side is considered a tent.)
 Number of Tents: _____ Size of Tents: _____
 Number of Canopies: _____ Size of Canopies: _____
 Rental Company Name: _____ Phone Number: _____
 Is Rental Company applying for Fire Permit? Yes No
11. Are generators going to be used for the event? Yes No If yes, contact Fire Prevention at 805/658-4717.
 Is Rental Company applying for Generator Permit from Fire Prevention? Yes No
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.).

14. Will there be a stage? Yes No If yes, provide length, width, height, power source, etc. _____

15. Are you planning on having amplified sound? If so, describe: _____

16. Hours of entertainment: _____

17. Will alcohol be consumed, sold or served? Yes No If yes, describe what system will be used to assure alcoholic beverages will be consumed by those persons 21 years and older. Contact State Alcoholic Beverage Control at 805/289-0100.

Has a State Liquor License been issued? Yes No To whom? _____

License No. _____ **(PROVIDE A COPY OF LICENSE & CONDITIONS)**

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

INCOMPLETE APPLICATIONS OR POOR QUALITY GRAPHICS WILL NOT BE ACCEPTED.

HOURS: Monday, Tuesday, Wednesday and Friday, 7:30 a.m. to 5 p.m.
Thursday 9 a.m. to 5 p.m. Closed alternate Fridays.
Check City website at www.cityofventura.net

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

PHONE: (805) 654-7725

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

This document is available in alternate formats by calling the City of Ventura Community Development Department at 805/654-7894 or by contacting the California Relay Service.