



## City of Desert Hot Springs

65950 Pierson Blvd. • Desert Hot Springs, CA 92240  
Telephone (760) 329-6411 x219 www.cityofdhs.org

OFFICE USE ONLY	
Case No.	SEP 05-18
Permit No.	2018-067
Fee	exempt
Check#/Cash/CC	N/A
Approved/Denied	APC

### SPECIAL EVENT PERMIT APPLICATION

**SPECIAL EVENT PERMIT** applications must be submitted not less than 60 days before the date of the Special Event and are required for conducting or managing any Special Event for all outdoor events or promotions of a limited duration and frequency which are located on public or private property. Such events include, but are not limited to, festivals, parades, carnivals, car shows, etc. and seasonal or promotional events. Such events require permits to ensure that they are operated in a safe and orderly manner and are not a detriment to the community.

#### Applicant Information

APPLICANT/RESPONSIBLE PARTY IN CHARGE: Donna Poyuzina, Chair - Barbara Eastman Co-Chair

CONTACT PHONE: 760-580-53-52 Donna 760-671-8680 Barbara

CONTACT E-MAIL: donnapoyuzina@twc.com lbeastman@yahoo.com

SPONSORING ORGANIZATION: City of Desert Hot Springs CCAC

ADDRESS: 65950 Pierson Blvd, DHS, Ca 92240

RECEIVED  
PUBLIC WORKS DEPT

MAR ~ 5 2018

CITY OF  
DESERT HOT SPRINGS

#### Event Information

TYPE OF EVENT: Memorial Day

DATE OF EVENT: 5/28/2018

TIME(S) OF EVENT:

SET-UP START TIME: 8 AM

EVENT START TIME: 10 AM

EVENT END TIME: 11 AM

BREAK DOWN END TIME: 12:00 PM

NATURE AND PURPOSE OF EVENT: Memorial Day

EVENT LOCATION: 10101 Palm Dr. Veterans Park, DHS

PROPERTY OWNER: City of Desert Hot Springs

MAILING ADDRESS: 65950 Pierson Blvd

CITY, STATE, ZIP: DHS, Ca 92240

- ☐ NUMBER OF STREET CLOSURES - NEED TRAFFIC CONTROL PLAN FOR REVIEW AND APPROVAL  
(LIST ALL STREETS PROPOSED TO BE CLOSED)

None

cones for handicap drop off & parking on Palm & Cactus

PW will provide to CCAC

- ☐ NUMBER OF GENERATORS - FIRE DEPARTMENT PERMIT IS REQUIRED 0

- ☐ NUMBER OF TENTS LARGER THAN 400 SQUARE FEET - FIRE DEPARTMENT PERMIT IS REQUIRED

0

- ☐ NUMBER OF STAGES - FIRE DEPARTMENT PERMIT IS REQUIRED 0

- ☐ NUMBER OF FOOD VENDORS - FIRE DEPARTMENT/HEALTH PERMITS ARE REQUIRED

0

- ☐ NUMBER OF COOKING OPERATIONS - FIRE DEPARTMENT/HEALTH PERMITS ARE REQUIRED

0

- ☐ ALCOHOL BEVERAGES - ALCOHOL BEVERAGE CONTROL LICENSE (ABC) IS REQUIRED

0

- ☒ DESCRIPTION OF SOUND EQUIPMENT TO BE USED:

PA System from Police Dept

Podium Provided by the City

- ☒ DESCRIPTION OF SECURITY MEASURES TO BE TAKEN DURING EVENT:

Police Dept

Requesting COP's for traffic direction

Commissioner Eastman will arrange

- ☐ SAMPLE MARKETING MATERIAL ATTACHED no flyer, program yet

- ☒ SITE PLAN ATTACHED (SEE SAMPLE BELOW)
- ☒ CERTIFICATE OF LIABILITY INSURANCE, *City Provider*

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and understand the guidelines by which a Special Event is permitted on the attached sheet and acknowledge that false or misleading information on this application shall be grounds for denying a Special Event Permit, or failure to comply with any conditions shall be grounds for the revocation of a permit.

NAME AND SIGNATURE OF APPLICANT:

Barbara Eastman, Co-chair  
(please print)

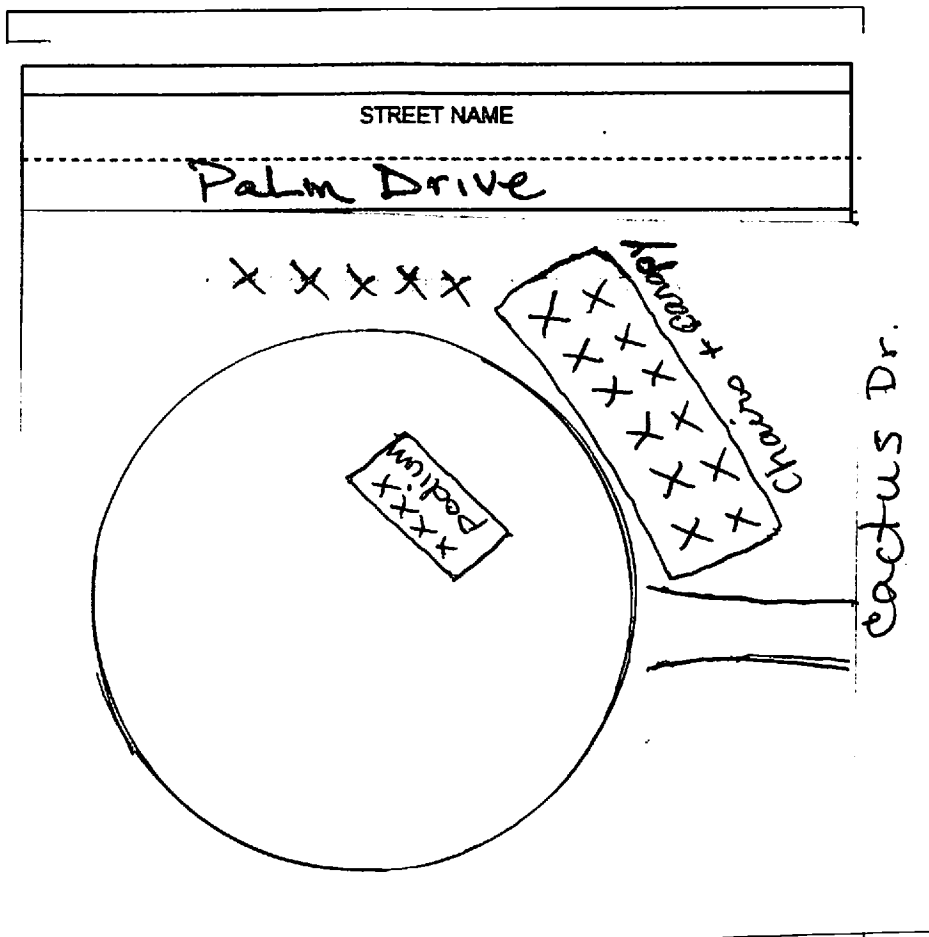
*Barbara Eastman*  
(signature)

NAME AND SIGNATURE OF PROPERTY OWNER:

(please print)

(signature)

SAMPLE SITE PLAN



**ENDORSEMENT NO. U-1**

**CSAC EXCESS INSURANCE AUTHORITY  
GENERAL LIABILITY 1**

**ADDITIONAL COVERED PARTY AMENDATORY ENDORSEMENT**

It is agreed that the "Covered Party, Covered Persons or Entities" section of the Memorandum is amended to include the person or organization named on the Certificate of Coverage, but only with respect to liability arising out of premises owned by or rented to the Member, or operations performed by or on behalf of the Member or such person or organization so designated.

Coverage provided under this endorsement is limited to the lesser of the limits stated on the Certificate of Coverage or the minimum limits required by contract.

**ADDITIONAL COVERED PARTY:**

**NAME OF PERSON OR ORGANIZATION SCHEDULED PER ATTACHED CERTIFICATE OF COVERAGE**

**AS RESPECTS:**

**PER ATTACHED CERTIFICATE OF COVERAGE**

It is further agreed that nothing herein shall act to increase the Authority's limit of liability.

This endorsement is part of the Memorandum and takes effect on the effective date of the Memorandum unless another effective date is shown below. All other terms and conditions remain unchanged.

Effective Date: \_\_\_\_\_

Memorandum No.: **PER ATTACHED CERTIFICATE OF COVERAGE**

Issue Date: **June 26, 2017**

  
\_\_\_\_\_  
Authorized Representative  
CSAC Excess Insurance Authority