

SPECIAL EVENT PERMIT



Thank you for selecting the City of Irvine for your event site. In order to quickly process your Special Event Permit Application, carefully review the information below. Submit your completed documents to the Irvine Police Department, Special Events Coordinator. After evaluation of your application, you will be directed to the appropriate City departments that may be concerned with your event. Once you have obtained all required signatures for approval, you must meet with the Special Events Coordinator, no later than 30 days prior to your event, for final approval. Late applications may result in denial of your Special Event Permit Application. A \$150 (non-refundable) application fee will be charged upon receipt of the application. There may be additional fees associated from other City departments requiring an onsite inspection.

As a general rule, the applicant should not advertise an event prior to the event plan having "in concept" approval. This "in concept" approval would occur after the Special Events Coordinator ensures the following:

- All required contracts with land owners have been executed.
- All required insurance certificates have been issued.
- Irvine Police Department has determined the proposed plan will not have an unreasonable impact on traffic, parking, noise, or other quality of life or safety issues.
- Traffic Plan has been approved by Public Works (if required).
- Community Development has agreed that the plans for any grading, construction, or other plans after completion and final approval would be appropriate. NOTE: Even with "in concept" approval, the Special Event Permit will not be issued without all required inspections.

APPLICANT INSTRUCTIONS

YOU MUST OBTAIN THE REQUIRED CLEARANCES NOTED ON YOUR PERMIT APPLICATION. It is your responsibility to walk the application through the process and obtain all the necessary signatures, then meet back with the Special Events Coordinator for final approval. Please do not leave your application with any City department. Additional requirements include, but are not limited to:

- 1. Completed Special Event Permit Application (Application Fee form, Application, Checklist, Questionnaire).
- 2. Certificate of Insurance and Policy Endorsement naming the City of Irvine as an additional insured, and in an amount not less than one million dollars (\$1,000,000) or in an amount determined by the City's Risk Manager.
- 3. Signed Indemnification Agreement.
- 4. If your event will require the closure of any portion of City roadways (i.e. partial lane or complete road closures), you will be required to:
 - a. Obtain an Encroachment Permit from the City's Community Development Department;
 - b. Submit a Map and Traffic Control Plan showing road and lane closures, delineation, and detour routes;
 - c. Post approved signs advising motorists of the dates and times of road closures, at minimum 14 days prior to event; and
 - d. Notify Orange County Fire Department, Orange County Transit District, local businesses, churches, and residents.
- 5. Site plan showing the location of any structures (i.e. bleachers, tents, etc.), electrical, plumbing, and sanitation plans.

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- 6. Structural plans of any structures (i.e. bleachers, stages, platforms, etc.) to be reviewed by City plan check.
- 7. Approvals from City departments and other agencies as required.
- 8. If City personnel/resources are to be used, you will be required to sign an agreement for the use of City Services. In addition, you will be required to pre-pay certain fees and/or provide the City with a surety bond prior to the start of your event.

Because your application may be reviewed by several departments within the City of Irvine, Irvine Police Department, and outside agencies, it is important that you meet all time requirements and include all necessary documents when submitting your Special Event Permit Application.

The following list of department and agency contacts is provided to assist you in obtaining required approvals:

CITY OF IRVINE	
DEPARTMENT	PHONE
COMMUNITY SERVICES	949-724-6600
COMMUNITY DEVELOPMENT - BUILDING & SAFETY AND ENGINEERING	949-724-6453
COMMUNITY DEVELOPMENT - ZONING	949-724-6308
ORANGE COUNTY GREAT PARK	949-724-7418
POLICE DEPARTMENT - SPECIAL EVENTS	949-724-7022
PUBLIC WORKS	949-724-7365
REGULATORY AFFAIRS / BUSINESS PERMITS	949-724-7128
RISK MANAGEMENT	949-724-6060
TRANSPORTATION SERVICES	949-724-7645

EXTERNAL AGENCIES	
AGENCY	PHONE
ORANGE COUNTY PUBLIC WORKS	714-573-6263
ORANGE COUNTY HEALTH DEPARTMENT	714-433-6170
ORANGE COUNTY TRANSIT DISTRICT	714-265-4331
STATE ALCOHOLIC BEVERAGE CONTROL (ABC)	714-558-4101
IRVINE RANCH WATER DISTRICT (IRWD)	949-453-5300

Again, thank you for selecting the City of Irvine as the site for your event. We hope your experience with the City will be a memorable one, and plan events again with us in the future.

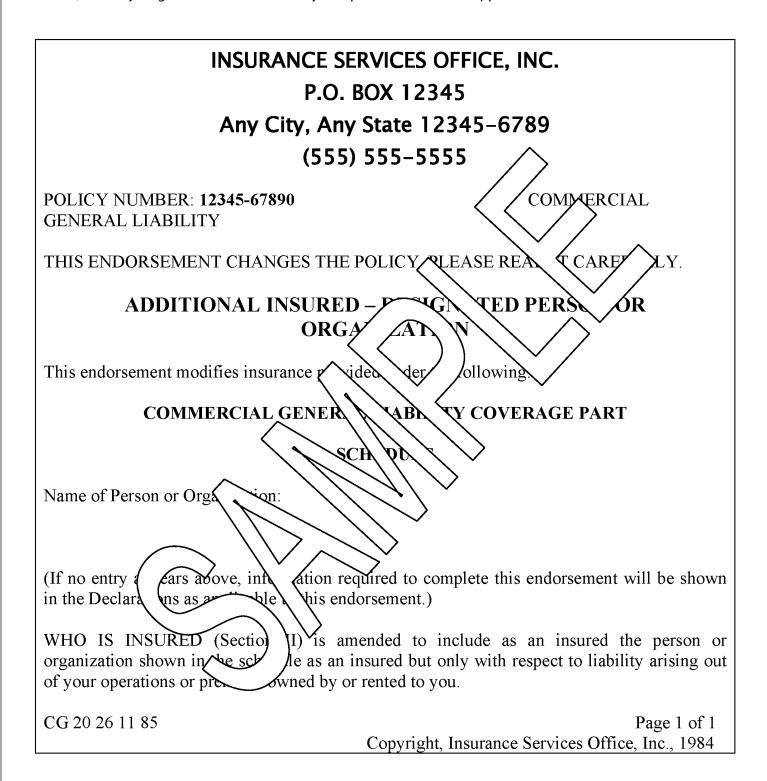
CERTIFICATE OF INSURANCE SAMPLE

Please note that failure to provide a Certificate of Insurance and Policy Endorsement amounts to a violation of City ordinance, and may be grounds for the denial of your Special Event Permit Application.

CERTIFICATE OF INSURANCE		0055	50 DATE 07.	(MM/DD/YY) /03/2002
PRODUCER:	RIGHTS UPON T	TE IS ISSUED AS A MA	ATTER OF INFORMATION ONLY AF	
UNFORM INSURANCE COMPANY		OVERAGE AFFORDED B	DING COVERAGE	=
P.O. Box 12345	COMPANY	OOMI AME	IDINO GOVERNOL	=
Any city, Any state 12345-6789	A			
INSURED:	COMPANY	$\overline{}$		
	В	//		
	COMPANY		\forall /	
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COVERAGES: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONT OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.	TRACE CONTRACT	OCUM O ALL TRMS, I		RIOD INDICATED, E MAY BE ISSUED F BOTH POLICIES.
TYPE OF INSURANCE POLICY NUMBER POLICY NUMBER	DD/YY)	DA EXPIRA	LIMITS	
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY		/ / \	TS COMP OF AGG	\$ 1,000,000 \$ 1,000,000
	····	<i>L</i> 10010000	PE ONAL & ADV INJURY	\$ 1,000,000
OWNER & CCNT PROT	(03/200	7/03/2003	EACH OCCURRENCE	\$ 1,000,000
LIABILITY ARISTING OUT OF ATHLETIC PARICIPATION	//		FIRE DAMAGE MEDICAL	\$ 50,000 \$ 5,000
AUTOMOBILE LIABILITY	$H \leftarrow H$	$\overline{}$	COMBINED SINGLE LIMIT	\$ 5,000
□ ANY AUTO	V/V		BODILY INJURY (Per person)	\$
ALL OWNED AUTOS SCHEDULED AUTOS	////	$\overline{}$	` ' '	
RENTED AUTOS		\ `	BODILY INJURY (Per inc)	\$
NON-OWNED AUTOS	$\mathcal{A} \vdash$	\searrow	PROPERTY DAMAGE	\$
DAMAGE LIABILITY ANY AUTO	11	•	AUTO ONLY – EA ACCIDENT OTHER THAN AUTO ONLY	\$
	$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		EACH ACCIDENT	\$
EVOESO LIADILIEV	\backslash		AGGREGATE	\$ 1,000,000
EXCESS LIABILITY UMBRELLA FORM C1239	7/03, }	07/03/2003	EACH OCCURRENCE AGGREGATE	\$ 1,000,000
OTHER THAN U				\$
WORKER'S CON TO	✓		STATUTORY LIMITS EACH ACCIDENT	\$
EMPLOYERS' L			DISEASE - POLICY LIMIT	\$ \$
			DISEASE - EACH EMPLOYEE	\$
OTHER				
POSITION OF OPERATIONS/LOCATIONS/SPEC TEMS EVENT: IRVINE MARA	DATE	07/03/2002	SANC: #1234	
Certificate hole nal insured for	this sanctione	d event		
CERTIFICATE HOLDER		ANCELLATION	OVE DESCRIBED POLICIES AS CAN	ICELLED BEEORE
CITY OF IRVINE AND ITS OFFICERS,	T⊦	IE EXPIRATION DATE TH	HEREOF, THE ISSUING COMPANY	TO MAIL 30 DAYS
EMPLOYEES, AGENTS, VOLUNTEERS, AND	I ^w	KILLEN NOTICE TO THE	CERTIFICATE HOLDER NAMED TO	IHE LEFT
REPRESENTATIVES	A	JTHORIZED REPRES	ENTATIVE	
ONE CIVIC CENTER PLAZA	[/"	11 1 X	<u>)</u>	
P.O. BOX 19575		WHM /	19P	
IRVINE, CALIFORNIA 92623-9575	/		<u> </u>	
		/ JNIFORM INSURA	NCE COMPANY	

ADDITIONAL INSURED POLICY ENDORSEMENT SAMPLE

Please note that failure to provide a Certificate of Insurance and Policy Endorsement amounts to a violation of City ordinance, and may be grounds for the denial of your Special Event Permit Application.



SPECIAL EVENT ROAD CLOSURE SIGNS

The following is an example of a road closure sign approved by the City of Irvine:

This road will be closed on

(Day of Week), (Month) (Day), (Year)
(Time Start) to (Time End)

Please use alternate routes. Thank you.

For information, call:

(Organization's Name)

(Organization Contact Phone Number)

SIGN SPECIFICATIONS:

- Sign blank shall be of aluminum, wood, or other approved materials
- Minimum size shall be no less than 36" x 36" (3 feet x 3 feet)
- Background color shall be reflective orange engineering grade
- Letters shall be black in color and a minimum of three (3) inches in height
- Your organization's name and phone number must appear on the sign

Any variation of this design **MUST** be pre-approved. The lettering size and sign dimensions may not be changed. All required signs must be purchased and erected by your organization. These signs are intended to provide advanced notifications to the public, alerting them as to what streets will be impacted by your event, what date that will occur, and for what duration. Please refer to the Police Department for the required number and placement of these signs. This will be based upon your proposed route. The signs must be erected no less than two (2) weeks prior to the event date.

Please note that failure to post these signs amounts to a violation of City ordinance, and may be grounds for the denial of your Special Event Permit Application.





SPECIAL EVENT/FILM PERMIT APPLICATION FEES

APPLICANT	INFORMATIO	N					
APPLICANT NAME		COMPANY NAME					
ADDRESS				PHONE			
CITY		STATE	ZIP	EMAIL			
EVENT INFO	RMATION						
EVENT NAME		EVENT DATE					
		-					
EVENT DESCRIPTION							
ACTUAL EVENT LOCAT	ION(S)						
ACTORE EVERY LOCAL	011(3)						
FOR PS USE ONLY	REQUESTOR:			DATE:			
	DEPARTMENT:						
DESCRIPTION/EXPLANAT	ION OF CHARGES:						
SPE	CIAL EVENT PERMITS			FILM PERMITS			
SPECIAL EVENT PERMIT A	PPLICATION FEE (\$150)		FILE PERM	FILE PERMIT APPLICATION FEE (\$50)			
EXPEDITED PROCESSING	FEE (\$10/day)		EXPEDITE	EXPEDITED PROCESSING FEE (\$10/day)			
BUSINESS LICENSING FEE			BUSINESS	BUSINESS LICENSING FEE			
VENDOR FEES			VENDOR F	EES SEES			
	TOTAL:	TOTAL:					
INVOICE DISTRIBUTION.	MAIL TO CUSTOME	D OT	HED, DI EACE EVE	DI ATRI			
INVOICE DISTRIBUTION:		$\times \times $	HER; PLEASE EXF	CAIN			
	EMAIL TO CUSTOM	ER					
FOR FM USE ONLY							
ACCOUNT#:	FNT	ERED DATE:		CUST#:			
		INVOICE#:		DIV CODE:			





All applications must be accompanied by site plans and vicinity maps.						DATE	DATE			
APPLICANT INF	OR	MATIO	N							
			MIDDLE	PHONE	PHONE					
	STIV UNL					77.57.12				
ADDRESS						FAX				
ADDRESS						FAX				
CITY		S	TATE		ZIP	EMAIL				
EVENT INFORM	ΑT	ON								
EVENT NAME						EVENT WEBS	TF			
						272111 17255	-			
EVENIT ADDDESC					710	TOTAL EVENI	TIN 4 F	-		
EVENT ADDRESS					ZIP	TOTAL EVENT	HIVIE			
								НС	DURS	
EVENT START					EVENT END)				
DATE	TIME		A.M.	□ P.M.	DATE	7	IME		□ A	.M. □ P.M.
ORGANIZATION NAME						ORGANIZATI	W NC	EBSITE		
ORGANIZATION ADDRESS						DLIONE				
ORGANIZATION ADDRESS						PHONE				
CITY		S	TATE		ZIP	FAX				
FOR CITY USE ONLY										
CLEARANCES					REQUIR	ED INSPECTI	O N S			
AGENCY/DEPT	REQ	CLEARED BY	[DATE		ECTION TYPE	REQ		RED BY	DATE
ALCOHOLIC BEVERAGE CONTROL					ANIMAL SERV	(ICES				
ANIMAL SERVICES					BUILDING/STI	RUCTURAL				
BUILDING & SAFETY					ELECTRICAL					
IRWD					MECHANICAL					
COMMUNITY SERVICES					OCCUPANCY					
OCFA					OCFA					
OC GREAT PARK					OFFSITE GRAI	DING/CONSTRUCTION				
ORANGE COUNTY HEALTH DEPT					ORANGE COU	INTY HEALTH DEPT				
ORANGE COUNTY TRANSIT DIST					PLUMBING					
PUBLIC SAFETY					SPECIAL REQU	JIREMENTS				
PUBLIC WORKS					APPROVAL	TO OPERATE SPECI	AL EV	ENT?	YES	□ NO
REGULATORY AFFAIRS (PS)							$\times\!\!\times\!\!\!\times$	$\times \times \times$	<u> </u>	
RISK MANAGEMENT					SIGNATURE				DATE	
TRANSPORTATION SERVICES							$\times\!\!\times\!\!\times$	$\times \times \times$	\times	
ZONING (CD)					SPECIAL EVENTS COORDINATOR NAME					

ITEM CHECKLIST		
PLEASE CHECK AND PROVIDE A BRIEF D	ESCRIPTION	OF EACH ITEM THAT WILL BE HOSTED AT YOUR EVENT
ITEM	YES/NO	BRIEF DESCRIPTION
ALCOHOLIC BEVERAGES	□Y □N	
ANIMALS	□Y □N	
AUTOMOBILES/TRUCKS	□Y □N	
BICYCLES/FOOT RACES	□Y □N	
BLOCK PARTY	□Y □N	
BUILDINGS/STRUCTURES	□Y □N	
CAMPGROUNDS/RV AREAS	□Y □N	
CITY PROPERTY OR FACILITY USED	□Y □N	
CONCESSIONS	□Y □N	
DANCE/PARTY/CONCERT	□Y □N	
ELECTRICAL/MECHANICAL/PLUMBING	□Y □N	
EMERGENCY ACCESS REQUIRED	□Y □N	
FILM PRODUCTION	□Y □N	
FLAMMABLE MATERIALS	□Y □N	
FOOD SUPPLIES/SALES	□Y □N	
LIGHTING/ILLUMINATION	□Y □N	
MEDICAL/FIRST AID STATIONS	□Y □N	
ONSITE GRADING/CONSTRUCTION	□Y □N	
PARKING	□Y □N	
POLICE/SECURITY PROTECTION	□Y □N	
PYROTECHNICS (FIREWORKS)	□Y □N	
RIDES	□Y □N	
SANITATION	□Y □N	
SIGNS/BANNERS/BALLOONS	□Y □N	
STREET/LANE CLOSURES	□Y □N	
TENTS	□Y □N	
WATER SUPPLY USED OR AFFECTED	□Y □N	

QUESTION	NAIRE	
TYPE OF EVENT		
DESCRIBE PLANNE	D ACTIVITIES	ESTIMATED # OF PERSONS AT EVENT
		ESTIMATED # OF VEHICLES AT EVENT
		ESTIMATED # OF PARKING SPACES REQUIRED
ROUTE OR LOCATION	ON OF EVENT	
ROUTE OR LOCATIO	ON OF EVENT	
DDE ADDDOVED DC	OUTE NUMBER (If not pre-approved, attach map of proposed	d routo)
PNE-APPROVED NO	ore Nowber (if not pre-approved, attach map of proposed	d Toute)
WILL ALL OR A POP	RTION OF THE EVENT OCCUR ON PRIVATE PROPERTY WITHII	N THE CITY OF IRVINE?
YES NO	If YES, where?	VIIIE CITT OF INVINCE.
	ED WRITTEN APPROVAL FROM THE OWNERS FOR USE OF T	HE DRODERTY FOR THE EVENT?
	If YES, attach a copy of the written approval to your appli-	
YES NO	.,	
	If NO, you must file written approval with the Irvine Poli will be issued. Please include your name, date of event, a	·
	the written approval.	and the special Event Application Hamsel on
WILL THERE BE AN	Y WATER "AID" STATIONS DISPENSING BEVERAGES IN DISPO	DSABLE CUPS?
☐ YES ☐ NO	If YES, where?	
WILL FOOD OR ALC	COHOLIC BEVERAGES BE SERVED OR SOLD AT THE EVENT?	
☐ YES ☐ NO	If YES, describe:	
HAVE YOU OBTAIN	ED A PERMIT FOR THE SALE OF FOOD OR ALCOHOL?	
☐ YES ☐ NO	If YES, what governmental agencies issued the permits?	
	S BE DISPLAYED AND/OR EXHIBITED AT THE EVENT?	
YES NO	If YES, describe:	
	ii 125, describe.	
	JRES (i.e. tents, booths, stages) BE ERECTED AT THE EVENT?	
YES NO	If YES, describe:	

WILL THE	RE BE ANY	SOUND AMPLIFICA	TION EQUIPMENT AT THE EVENT?	
YES	□ NO	If YES, describe:		
	25 25 1401			
WILL THE	KE BE MOI	NITORS OR SECURIT	Y PERSONNEL AT THE EVENT?	
YES	NO	If YES, provide number and duties:		
HAVE YO	U OBTAINE	D A CITY OF IRVINE	BUSINESS PERMIT, IF THERE IS GOING	TO BE ANY MERCHANDISE SOLD AT THE EVENT?
☐ YES	☐ NO	If YES, provide info	ormation: BUSINESS LICENSE#:	DATE ISSUED:
-		wing section if you t or right-of-way.	ur event will involve a parade, cycling	g event, foot race, or other activity which will
ASSEMBL	Y TIME		START TIME OF EVENT	ESTIMATED DURATION OF EVENT
ASSEMBL	Y LOCATIO	ON		
DISBAND	ING LOCA	ΠΟΝ		
DESCRIBE	VEHICLES	/ FLOATS (i.e. how	many, size, powered by)	
NUMBER	AND TYPE	OF MARCHING UNIT	TC ((f	
NUMBER	AND TYPE	OF MARCHING UNI	13 (іт арріісаріе)	
INTERVAL	S OR SPAC	CING IN FEET BETWE	EN UNITS	
ANY PAR	ADE ANIM	ALS?		
YES	NO	If YES, describe:		

DECLARATION

I, the undersigned, declare upon penalty of perjury that the above information listed within this City of Irvine Special Event Permit Application and Questionnaire is true and correct to the best of my knowledge. I further understand that knowingly providing any false information is cause for immediate denial of a Special Event Permit, the suspension of a Special Event Permit if one has already been issued, and/or the denial of future Special Event Permits being issued. I have fully read City of Irvine Resolution No. 94-56 and agree to adhere to the conditions set out by the City of Irvine and its representatives. I understand that in the event of a major incident, my event may be postponed or terminated for the sake of public safety and welfare (e.g. major crime incident, fire, flood, or any act of God). I have attached the following documents to this applications that are, to the best of my knowledge, true and correct: COMPLETED APPLICATION (Checklist, Questionnaire, Application Fee form) CERTIFICATE OF INSURANCE COMMERCIAL GENERAL LIABILITY CERTIFICATE SIGNED INDEMNIFICATION AGREEMENT **ENCROACHMENT PERMIT** MAP AND TRAFFIC CONTROL PLAN COPIES OF NOTIFICATIONS (to OCFA, OC Transit District, local businesses, churches, and residents) SITE PLAN SHOWING LOCATIONS OF ANY STRUCTURES (i.e. bleachers, tents, etc.), ELECTRICAL, PLUMBING, AND **SANITATION** STRUCTURAL PLANS OF ANY STRUCTURES (i.e. bleachers, stages, platforms, etc.) TO BE REVIEWED BY THE CITY At the conclusion of the event, I promise to return the Special Event Attendance Report (enclosed within this Special Event Permit Application) to the Irvine Police Department, Special Event Coordinator within five (5) days. I understand that failure to do so may result in the denial of future Special Event Permit Applications by the City of Irvine. **APPLICANT SIGNATURE** SPECIAL EVENTS COORDINATOR SIGNATURE APPLICANT NAME SPECIAL EVENTS COORDINATOR NAME DATE DATE

NO FM NIELCATION A COFFMENT							
NDEMNIFICATION AGREEMENT							
l,							
City of Irvine (hereinafter called the "City"), its officers, and employees, against and will hold and save them and each of							
them harmless from and all action, claims, damages to persons, property, penalties, obligations, or liabilities that may be							
asserted or claimed by any person, firm, entity, corporation,	, political subdivision, or other organization arising out of the						
willful or negligent acts, errors, or omission of the applicant,	its agents, employees, subcontractors, or invitees.						
A. The Applicant will pay all costs and expenses insurred i	in connection with any of the said claims, damages, penalties,						
	,						
or obligations or liabilities, including attorney's fees inc	urrea in connection therewith.						
	lered against the City, its officers, or employees for any said						
	es; and the Applicant agrees to save and hold the City, its						
officers, and employees harmless therefrom.							
• • •	de a party to any action or proceeding filed or prosecuted						
against the Applicant for said claims, damages, penalti	ies, or obligations or liabilities, the Applicant agrees to pay to						
the City, its officers, or employees, any and all costs a	nd expenses incurred by the City, it officers, or employees in						
such action or proceeding, including but not limited to	reasonable attorney's fees.						
D. The Applicant shall maintain a Commercial General Lia	bility Policy with limits of liability not less than \$1,000,000 per						
occurrence and the policy shall be endorse to name t	he City of Irvine and its employees, representatives, officers,						
and agents (collectively hereinafter the "City and City	Personnel") as additional insured. This insurance is primary						
and non-contributing with any other valid and collectib	ole insurance or self-insurance available to the City.						
Fully executed this day of	in the year of , by:						
SIGNATURE							
PRINT NAME							
TITLE							
DATE							

BUSINESS LICENSE REQUIREMENTS

One of the key elements of any successful event is making sure your event complies with all City and State regulations. The City of Irvine's Municipal Code, Section 4-6-207, states any person (or entity) who wishes to conduct business activity in Irvine must first obtain a City business license. The following information is provided to assist you with complying with the business license requirement.

Promoter - The promoter is the person(s) who(m) organizes the event. The promoter must have a City of Irvine business license. If the promoter does not have a current and valid business license, a new application and payment must be submitted immediately. Applications can be downloaded from the City's website at *cityofirvine.org* or obtained at the Irvine Police Department.

Contracted Businesses - Any business, located in Irvine or in another city, who is involved with the event by providing a service (DJ, porta potty, caterer, tent rental/set up, security company, etc.) must have a current City of Irvine business license. If the business is already licensed by the City, please provide the business license number to the promoter. Any business that does not have a current license must submit a new application and payment prior to the event.

Event Vendors - Any person or business who will be setting up a booth (or something comparable) to sell, advertise, or give away items at the event will be covered under a Special Event Umbrella license. Each vendor (except for non-profit) will be charged \$15. Businesses that currently have a valid City business license will be exempt from paying the vendor fee.

How to Comply - It is the promoter's responsibility to collect and submit vendor information to Regulatory Affairs. When submitting contracted business and event vendor information, include a business name, business address, business phone number, contact name, and business description (please use the provided, Contracted Business and Event Vendor Information form). Regulatory Affairs staff will verify and calculate vendor fees and notify you, as soon as possible, regarding the appropriate amount due.

If at any time during the Special Event Permit Application process you have a question pertaining to business licensing, please contact Regulatory Affairs at 949-724-7128.

CONTRACTED BUSINESS AND EVENT VENDOR INFORMATION

PROMOTER NAME		EVENT NAME			EVENT DATE		
							-
CONTRACTED BUSINESS OR EVENT VENDOR NAME	BUSINESS LICENSE#	EXP DATE	CONTACT NAME	COMPLETE ADDRESS AND SUITE	CITY	PHONE	DESCRIPTION OF PRODUCT OR SERVICE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
I hereby certify, under penalty of perjury, the vendor information on this form is true and correct.							
APPLICANT SIGNATURE		F	PRINT NAME	TITLE		DATE	·
FOR REGULATORY AFFAIRS US	SE ONLY T	OTAL DUE:		DATE PAID:			FORM 80-10 REV 08/22



SPECIAL EVENT ATTENDANCE REPORT



This Special Event Attendance Report shall be submitted to the Irvine Police Department, Special Events Coordinator within **five (5) days** after your event. Failure to comply may result in the denial of future Special Event Permit Applications by the City of Irvine.

GENERAL IN	FORMAT	ION						
DAY OF EVENT	EVENT DATE		START TIME	END TIME	TOTAL TIME OF EVENT			
LOCATION OF EVENT			EXPECTED ATTE	 NDANCE				
LOCATION OF EVERY			EXI ECILD XIII	IND/IIVEE				
			ACTUAL ATTEN	DANCE				
			CHECK HERE IF SAME AS EXE					
			VERIFICATION (e.g. Ticketmaster)				
CONTACT IN	IFORMAT	ION						
FULL TRUE NAME OF	THE BUSINESS C	ONDUCTING THE EVEN	T (If Corporation o	r Partnership)				
CURRENT ADDRESS O	F THE BUSINESS	HOSTING THE EVENT						
CONTACT(S) AT THE B	USINESS HOSTII							
LAST NAME		FIRST NAME	MID	DLE	PHONE			
1.								
2.								
DECLARATIO) N							
				Police documer	nt and that the information			
provided is true and	raccurate to the	best of my knowledge	•					
APPLICANT SIGNAT	URE		SPECIAL EVENTS COORDINATOR SIGNATURE					
APPLICANT NAME			SPECIAL EVENTS COORDINATOR NAME					
DATE			DATE					
DATE			DATE					