



CITY OF HUNTINGTON PARK
 Community Development Dept. • Planning Division
 6550 Miles Avenue, Huntington Park, CA 90255
 Tel. (323) 584-6210 • planning@hpca.gov

ACTIVITY IN PUBLIC PLACES PERMIT APPLICATION

FILING FEE: Minor Events: \$280.00 plus \$10.00 per day;
 Non-Profits - \$95.00 plus \$10.00 per day.
Major Events: \$1,875.00 plus \$10.00 per day;
 Non-Profits - \$625.00 plus \$10.00 per day.

PERMIT NO. _____

1. **APPLICANT** (If the applicant is an organization or business, also include the name of a contact person):

Mailing Address: _____

Phone 1: _____ Phone 2: _____ email: _____

Huntington Park Business License No: _____

Non-profit organization? Yes No If yes, Tax I.D. No? _____

Emergency Contact (name and telephone): _____

2. **ADDRESS / LOCATION OF EVENT/ACTIVITY** (Describe on which portion of the public-right-of-ways the event/activity will take place, i.e. – sidewalk, street alley, etc.):

3. **DESCRIPTION OF EVENT/ACTIVITY** (Describe purpose of event/activity. Include all activities such as meetings, assembly, parade, procession, or entertainment, etc., if more space is needed please attach a separate sheet of paper):

4. **DATE(S) OF EVENT/ACTIVITY:**

5. **TIME(S) OF EVENT/ACTIVITY (for each day):**

6. **Have you conducted this event/activity in the past twelve (12) months, in this or a neighboring city?**

Yes No If yes, where? _____

Date(s) _____

7. **Have you requested or obtained a permit from any other city within which the event/activity shall commence, terminate or occur in part?**

Yes No If yes, which city? _____

8. **Number of persons expected to attend event/activity?** _____

9. **Number and type of vehicles, equipment, and animals that will be used at the event/activity?**

10. Will there be vendors that will be participating in the event/activity?

Yes No If yes, how many? _____

11. Do you have insurance for the event/activity?

Yes No If yes, provide information and attach proof: _____

12. Applicant's authorized representative(s) for management of event/activity. If more than one, please list on a separate sheet of paper. (Note: Applicant or authorized representative(s) must be present at all times during the event/activity)

Representative's Name: _____

Contact Number: _____

Mailing Address: _____

13. Do you anticipate the involvement of any City officials and/or departments in the event/activity?

Yes No If yes, please describe in detail: _____

Please Note:

- *Submittal of a plan/map showing the location of the event/activity, including pedestrian and/or vehicle circulation is required.*
- *A fully completed application with all required approvals must be submitted to the Community Development Department a minimum of thirty (30) days prior to the date of the event/activity, or a minimum of ninety (90) days prior to the date of the event/activity if City Council approval is required.*

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I/We understand and agree to abide by all of the Activity in Public Places Permit regulations of the City of Huntington Park and any other conditions imposed for the event/activity requested. I/We certify that all statements made on this application are true and complete. I/We understand that any false statement may result in denial of the requested permit or revocation of any issued permit.

Applicant's Signature

Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Submitted: _____

Received By: _____

Filing Fee: _____

Receipt No.: _____

City Council Approval Required? No Yes If yes, tentative meeting date? _____

Departmental/Division Approvals Required:

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Building and Safety | <input type="checkbox"/> City Clerk | <input type="checkbox"/> Engineering | <input type="checkbox"/> Parks & Recreation |
| <input type="checkbox"/> Planning | <input type="checkbox"/> Police Department | <input type="checkbox"/> Public Works | <input type="checkbox"/> Revenue Collections |

Outside Agency Approvals Required:

- | | | |
|---|---|--|
| <input type="checkbox"/> L.A. County Fire Dept. | <input type="checkbox"/> L.A. County Health Dept. | <input type="checkbox"/> Dept. of Alcoholic Beverage Control (ABC) |
|---|---|--|