



CITY OF MOORPARK

COMMUNITY DEVELOPMENT DEPARTMENT | 323 Science Drive, Moorpark, California 93021
 Main City Phone Number (805) 517-6200 | Fax (805) 532-2540 | www.moorparkca.gov

TEMPORARY USE PERMIT APPLICATION

MOORPARK MUNICIPAL CODE SECTION 17.44.040(A) | Minor Temporary Use Permit need to be submitted at least **2 weeks prior** to activity.
 Major Temporary Use Permit need to be submitted at least **30 days prior** to activity.

APPLICANT
Name
Address
City, State and Zip Code
Phone
Email
501(c)(3) Non-profit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY OWNER
Name
Address
City, State and Zip Code
Phone
Email
Signature <i>or</i> Date
<input type="checkbox"/> Attached property owner's authorization / Landlord approval

LOCATION ADDRESS (Describe location if no street address):	
DATE(S) OF PROPOSED EVENT:	HOURS OF PROPOSED EVENT:
DESCRIPTION OF ACTIVITIES (Describe event to be conducted):	

I hereby acknowledge that I have completed this application in its entirety and state that the information given is correct and agree to comply with all provisions of the City Code and any special conditions as may be included by staff. My signature below and inauguration of this use indicates understanding and acceptance of all conditions that may be included. Further, I understand that the temporary use permit is not assignable and does not run with the land, that the temporary use permit shall expire upon its termination date, and that regardless of the degree or amount of use undertaken pursuant to the temporary use permit, no vested rights shall be acquired in any such use.

Applicant Signature: _____ **Date:** _____

ATTACHMENTS REQUIRED:

- Copy of Insurance Policy/Rider and certificates. (Endorsement form ISO Form CG 20-12 must name "City of Moorpark and its officers, employees, servants, and agents" as additionally insured). (example provided)
 - [Seller's Permit](#) issued by the California Department of Tax & Fee Administration is required for temporary sales.
 - Scaled site plan outlining the location of the activities, all walkways, roadways, parking areas, temporary structures, signage, and location of sanitary facilities. Site plan shall include labels, scale, and north arrow.
- *Note: Other permits, such as a Sign, Building, ABC, or Health Permit, may be required.**

STAFF USE ONLY BELOW THIS LINE

Received By: _____ Case No.: _____
 Fee Amount: \$ _____ Business Registration No.: _____

SUPPLEMENTAL INFORMATION

1. Number of attendees expected per day: _____
2. Number of event employees: _____
3. Will there be an Admission Fee? Yes \$ _____ No
4. Date of final clean-up of site: _____
5. Number of security guards/parking attendants/traffic control: _____
6. Will any temporary structures or tents be used? Yes No
If yes, describe: _____
7. Will alcoholic beverages be served? Yes No
If yes, describe type, locations, and license information (California Department of Alcoholic Beverage Control):

8. Will streets or sidewalks to be closed? Yes No
If yes, where? _____
9. Will offsite parking be required? Yes No
If yes, where? _____
10. Will street/traffic travel patterns be modified? Yes No
If yes, name streets and describe change: _____

11. Number of vehicles expected: _____
12. Is the site paved? Yes No
13. Are signs proposed? Yes No
If yes, where will they be placed? Include size, text, color, materials. _____

14. Do you require any City Services? Yes No
If yes, please state which services and duration: _____

15. Please describe type, variety, and location of food vendors: _____

16. What is the source of water? _____
17. Will electricity/lighting be needed? Yes No
If yes, please state where electricity or lighting will be needed: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Moorpark, its officials, employees, and agents
 323 Science Drive
 Moorpark, CA 93021

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

The City of Moorpark, its officials, employees, and agents

If nothing is listed in the schedule, then a Declarations page adding the The City of Moorpark, its officials, employees, and agents to the endorsement must be provided.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.