



APPLICATION FOR CITY OF BEVERLY HILLS PERMIT

SPECIAL EVENTS

PLEASE NOTE THAT THE INFORMATION BELOW MUST MATCH THE INFORMATION PROVIDED ON THE CERTIFICATE OF INSURANCE.**

***Applicant must provide a certificate of insurance, reflecting proof of general liability (or general aggregate) insurance coverage of \$2M and naming the City of Beverly Hills as additional insured.**

Organization Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____

On Site Production Contact (Name): _____ **Mobile #:** _____

Email Address: _____

COVID-19 Compliance Officer (Name): _____ **Mobile #:** _____

EVENT TITLE: _____

LOCATION: _____

Venue: *Indoors* *Outdoors* *Both* *Expected Attendance:* _____

ELEMENTS*:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Generator | <input type="checkbox"/> Tent/Canopy | <input type="checkbox"/> Valet Parking | <input type="checkbox"/> Celebrities |
| <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Car Display | <input type="checkbox"/> Food/Alcohol | <input type="checkbox"/> Media |
| <input type="checkbox"/> Lighting/Effects | <input type="checkbox"/> Rides | <input type="checkbox"/> Oven/BBQ | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Outdoor Dining | <input type="checkbox"/> Sidewalk Closure | <input type="checkbox"/> Ticket Sales | <input type="checkbox"/> Security |
| <input type="checkbox"/> Drone | <input type="checkbox"/> Rope/Stanchions | <input type="checkbox"/> Vinyl/Decal | <input type="checkbox"/> Parking Meters |
| <input type="checkbox"/> Food Truck | <input type="checkbox"/> Balloon/Floral Arch | <input type="checkbox"/> Step and Repeat | <input type="checkbox"/> Car Rally |

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(Page 2)

EVENT SETUP:

a.m. a.m.

Dates: _____ Hours: _____ p.m. _____ p.m.
(from) (to) (from) (to)

Describe preparation activity/sidewalk setup: _____

EVENT:

a.m. a.m.

Dates: _____ Hours: _____ p.m. _____ p.m.
(from) (to) (from) (to)

Describe event activity: _____

EVENT BREAKDOWN:

a.m. a.m.

Dates: _____ Hours: _____ p.m. _____ p.m.
(from) (to) (from) (to)

Describe breakdown activity: _____

PARKING REQUIREMENTS:

Number of vehicles _____ Describe types of vehicles _____

Parking location (by address or specific location) of equipment vehicles

Parking location (by address or specific location) for event guests

***YOU MAY BE ASKED TO SUBMIT A DIAGRAM, PLOTTING SPECIFIC LOCATIONS OF EQUIPMENT, TENTS/CANOPIES, BARRICADES, HEDGEROWS, EXITS, ETC.**

CATERING SERVICES:

Describe how food will be prepared/served: _____

