



CITY OF MOORPARK TEMPORARY USE PERMIT APPLICATION

Please Print or Type

SECTION 17.44.040 A MOORPARK MUNICIPAL CODE

Minor Temporary Use Permit need to be submitted 2 weeks prior to activity
Major Temporary Use Permit need to be submitted 30 days prior to activity

APPLICANT:

PROPERTY OWNER:

(Name)

(Name)

(Street Address) (City, State and Zip Code)

(Street Address) (City, State and Zip Code)

(Phone) (Email)

(Phone) (Email)

Email

Signature Or

Attached property owner's authorization / Landlord Approval

LOCATION ADDRESS (Location description if no street address.):

DESCRIPTION OF ACTIVITIES (Describe event to be conducted):

Date(s) of proposed event: _____ Hours of proposed event: _____

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 Forms CG 20-10 and CG 20-37 must say the following, "City of Moorpark and its officers, employees, servants, and agents").
- State Board of Equalization Form DOE 530-B is required for temporary sales.

For City Use Only:	
Date Submitted: _____	Case No.: _____
Fee Amount: _____	Business Registration No: _____
Received By: _____	Case Planner: _____

SUPPLEMENTAL INFORMATION

Company, policy number, agency, amount of liability insurance agreement, and endorsement, if on public property (submit certificate of insurance naming the City of Moorpark as additional insured):

Attendance expected per day _____ Number of event employees _____

Admission Fee? ___Yes ___No Date of final clean-up of site: _____

Number of security guards/parking attendants/traffic control: _____

Will any temporary structures or tents be used? _____Yes _____No

If so, describe: _____

Will alcoholic beverages be served? _____Yes _____No

If so, describe type, locations, license holder (ABC) _____

_____(Requires an additional permit)

Note: The sale of alcoholic beverages requires a separate permit prior to the event.

1. Streets or sidewalks to be closed: _____

2. Will offsite parking be required? _____Yes _____No

Where provided? _____

3. Will street/traffic travel patterns be modified? _____Yes _____No

Name streets and describe change: _____

4. Are signs proposed? _____Yes _____No

If yes, where will they be placed? _____

5. Do you require any City Services? _____Yes _____No

If yes, please state which services and duration: _____

6. Number of vehicles expected: _____

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

8. Is the site paved? _____Yes _____No

9. What is the source of water? _____

10. Will electricity/lighting be needed? _____Yes _____No

If yes, please state where electricity or lighting will be needed: _____