



City of Torrance

Special Event Application (Non-Filming)

EVENT NAME _____ EVENT DATE _____

Event Request Instructions

APPLICATION FEES:

Non-profit events - \$50 (with letter from non-profit); Private or for-profit events - \$100

STEP 1: Complete pages 1-3 of the application. The form is also available at www.TorranceCA.Gov/SEFO. Please submit a site plan and available marketing information with the application.

STEP 2: Submit the application with payment of the application fee (check or credit card authorization form) along with appropriate supporting documents to the Special Events & Filming Office (SEFO) by email or in person. Email is SEFO@TorranceCA.Gov.

STEP 3: As the complexity of events varies, all applications should be submitted 12 weeks prior to the requested date. If the event has previously received approval from the Special Events Committee, a lead time of six weeks may be allowed. Events that require use of public streets or facilities, special effects, food vendors, food trucks, alcohol, or amplified sound, will require a 12-week lead time.

STEP 4: Depending on the nature/complexity of the event, and whether or not it has been approved previously, the application may require a planning meeting with the Special Events Committee. All conditions for the Special Event will be explained at that meeting. Please come prepared to answer any questions from the Committee. Fees and conditions will be discussed at that time.

STEP 5: Once conditionally approved, the **Applicant (Permittee)** is to follow-up at the Permit Center to process and pay for the permit requirements (i.e. sound permits, safety inspections, police coverage, etc.). The Special Event Application fee is separate from all Permit Fees.

Insurance Requirements

A. The Applicant (Permittee) must provide, at its sole expense, the following insurance:

1. If applicable, **Automobile Liability** covering Symbol 1 (any auto) with at least the following limits of liability:
 - a) Primary Bodily Injury with limits of at least \$500,000 per person, \$500,000 per occurrence; and
 - b) Property Damage of at least \$250,000 per occurrence; or
 - c) Combined single limits of at least \$1,000,000.
2. **General Liability** including coverage for premises, products and completed operations, independent contractors and vendors, personal injury and contractual obligations with combined single limits of at least \$1,000,000 per occurrence, aggregate \$2,000,000 without exclusion of Event Holders; Bystanders or Participants (performers, employees, volunteers or individuals compensated by Insured) and sports/athletic contest/exhibitions not excluding athletic participants). Applicant/Permittee must identify each vendor to be on City property for this event and will name these vendors as additional insureds or provide proof vendor has met minimum insurance requirements and naming City of Torrance additional insured.
3. **Workers' Compensation** with limits as required by the State of California and Employers liability with limits of at least \$1,000,000 per accident or illness. The policy shall be endorsed to waive the insurer's rights of subrogation against the City of Torrance, the City Council, and each member thereof, members of boards and commissions, every officer, official, and employee.

B. The Applicant's (Permittee's) insurance must be primary and non-contributory.

C. The City of Torrance, City Council, members of boards and commissions, every officer, agent, official, employee and volunteer must be named an additional insured under the automobile and general liability policies.

D. Each insurance policy must contain a provision that no termination, cancellation or change of coverage can be made without prior notice to the City.

E. The insurers must be admitted to do business in California and rated B+ or better in the most recent addition of the Best's Key Rating Guide and only if they are a financial class of VII or better.

F. Applicant (Permittee) hereby grants to City a waiver of any right to subrogation which any insurer of said Applicant may acquire against the City by virtue of the payment of any loss under such insurance. Applicant (Permittee) agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer.

G. At the City's sole discretion additional insurance may be required.

As of 9/2019



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Applicant (Permittee) Information

Name of Event: _____ Date: _____

Requesting Organization: _____

Name of Applicant/Permittee: _____

Profit Non-Profit Non-Profit ID _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Contact Person _____ Cell _____

Event Information

Type of Event:

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> 5K/10K/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Charity Event | <input type="checkbox"/> Demonstration |
| <input type="checkbox"/> Circus/Carnival | <input type="checkbox"/> Street Fair | <input type="checkbox"/> Boutique | <input type="checkbox"/> Car Show |
| <input type="checkbox"/> Outdoor Market | <input type="checkbox"/> Parade | <input type="checkbox"/> Concert | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Other _____ | | | |

Date: _____ Time: _____

Location: _____

Anticipated Attendance: _____ Anticipated Participants: _____

Describe Event's Activities: Provide flyer if available

Additional Elements (Check all that apply):

- | | | | |
|--|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Amplified Sound | <input type="checkbox"/> Generator | <input type="checkbox"/> Barricades | <input type="checkbox"/> No Parking |
| <input type="checkbox"/> Street Closure | <input type="checkbox"/> Lane Closure | <input type="checkbox"/> Food Sales | <input type="checkbox"/> Restrooms |
| <input type="checkbox"/> Tent | <input type="checkbox"/> Games | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Vendors |
| <input type="checkbox"/> Stage | <input type="checkbox"/> Bouncers | <input type="checkbox"/> Pyrotechnics | <input type="checkbox"/> Laser shows |
| <input type="checkbox"/> Acrobatics | <input type="checkbox"/> Rides | <input type="checkbox"/> Animals | <input type="checkbox"/> Other |



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Describe where you will be parking the vehicles for your event – please show parking areas on Site Map:

Describe your plan for after event clean up:

Private Security

Private Security:

<i>Name of Firm</i>		<i>Contact Person</i>	
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone</i>		<i>License Number</i>	
<i>Number of Guards</i>		<i>Armed</i>	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Department Conditions (For City Use Only)

Police Department

CONDITIONS:

1. There is a minimum 72 hour notice required for any changes in permit conditions.
2. Minimum staffing is 6 hours per officer shift.
3. There will be a non-refundable minimum charge of 6 hours per officer shift for cancellations within 48 hours of permit start time.
4. Officer staffing may be required at all times while production equipment or personnel are on location and only within the times approved on the permit.
5. The police department has the right to deny a permit request or cancel a permit within 48 hours of the permit start time in cases of unexpected staffing shortages or city emergencies.

Applicant/Permittee Signature I have read and understand these conditions	
	<i>Date</i>
<i>Department Signature</i>	<i>Date</i>



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Community Development – Building and Safety Division

CONDITIONS:

Department Signature

Date

Community Development – Planning Division

DEPARTMENT:

Department Signature

Date

Community Development – Environmental

DEPARTMENT:

Department Signature

Date



City of Torrance

Special Event Application (Non-Filming)

Fire Department

DEPARTMENT:

Department Signature

Date

Public Works

DEPARTMENT:

Department Signature

Date

Business License

CONDITIONS:

Department Signature

Date

City Manager Approval

COMMENTS:

Signature

Date

Finance Department

Conditions Met And Fees Paid

Signature

Date



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Agreement

I hereby certify that (1) the information in this application is true to the best of my knowledge; (2) I will ensure compliance with the conditions of the permit, including any attachments, and obtain approval for changes in the original permit; and (3) Failure to comply with these requirements may result in the immediate cancellation of this agreement.

I, as Applicant (Permittee), shall indemnify, defend, and hold harmless the City, the City Council, each member thereof, present and future, its officers, agents and employees from and against any and all liability, expenses, including defense costs and legal fees, and claims for damages whatsoever, including, but not limited to, those arising from breach of contract, bodily injury, death, personal injury, property damage, loss of use, or property loss arising out of the exercise of my rights under this Permit, unless caused by the sole negligence or willful misconduct of the City. The obligation to indemnify, defend and hold harmless includes, but is not limited to, any liability or expense, including defense costs and legal fees, arising from the negligent acts or omissions, or willful misconduct of the Permittee, its officers, employees, agents, subcontractors or vendors in the exercise of its rights under this Permit. It is further agreed, Permittee's obligations to indemnify, defend and hold harmless will apply except to the extent of concurrent negligence, sole negligence, or willful misconduct, on the part of City, the City Council, each member thereof, present and future, or its officers, agents and employees. In the event of any dispute between Permittee and City, as to whether liability arises from the negligence of the City or its officers, employees, agents, subcontractors or vendors, Permittee will be obligated to pay for City's defense until such time as a final judgment has been entered adjudicating the City as negligent. Permittee's obligation to indemnify, defend, and hold harmless the City, as set forth in this section of this Permit, shall survive the revocation, expiration, termination, or cancellation of this Permit.

<i>Applicant/Permittee Name (Print)</i>	<i>Title</i>
<i>Signature</i>	<i>Date</i>

Contact Information

Special Events and Filming Office City Manager's Office 3031 Torrance Blvd. Torrance, CA 90503 310.618.2456 SEFO@TorranceCA.Gov	City of Torrance Business License Finance Department 3031 Torrance Blvd. Torrance, CA 90503 310.618.5923 Attn: Suzanne Bittner
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Action Check List (to be completed by Special Events Team)

<i>Event Element</i>		<i>Action Required</i>
<input type="checkbox"/>	Sound Permit	
<input type="checkbox"/>	No Parking	
<input type="checkbox"/>	Lane Closure	
<input type="checkbox"/>	Street Closure	
<input type="checkbox"/>	Barricades	
<input type="checkbox"/>	Tent	
<input type="checkbox"/>	Vendors	
<input type="checkbox"/>	Food Preparation	
<input type="checkbox"/>	Food Sales	
<input type="checkbox"/>	Food Truck(s)	
<input type="checkbox"/>	Alcohol	Provide copy of ABC license 1-2 weeks prior to event
<input type="checkbox"/>	Insurance Certificate(s)	
<input type="checkbox"/>	Notifications	
<input type="checkbox"/>	Generator	
<input type="checkbox"/>	Games/Rides/Bouncers	
<input type="checkbox"/>	Restrooms	
<input type="checkbox"/>	Airport	
<input type="checkbox"/>	Parks	
<input type="checkbox"/>	Repeating Event	
<input type="checkbox"/>	Animals	
<input type="checkbox"/>	Private Property	
<input type="checkbox"/>	Public Property	
<input type="checkbox"/>	Pyrotechnics	
	Casino	The City does not approve casino events
<input type="checkbox"/>	Other	
<input type="checkbox"/>	Other	