

APPLICATION FOR  
**SPECIAL EVENT  
PERMIT**

CITY OF BANNING  
Parks & Recreation Dept.  
P.O. Box 998  
789 N. San Gorgonio Avenue  
Banning, CA 92220  
(951) 922-3242  
recreation@banningca.gov



**Instructions:** Type or print using black ink only. *Incomplete applications will be returned.*

Applications must be turned in at least 30 days prior to the event date. If you have any questions, contact the Banning Parks & Recreation Department at 951-922-3242.

**Pricing:** The application permit fee is \$130.00 for one event or \$65.00 per recurring event. Additional fees may be incurred if City Staff is requested or required for an event.

**Staff Fees:**

- Police Officer: \$180.00 per hour
- Engineering (Street closure): \$212.00 per hour
- Fire Standby: Fees may Vary
- Fire Marshall Review: Fees may Vary
- Parks: \$156.00 per hour
- Recreation: \$134.00 per hour
- Water: \$202.00 per hour
- Electric: \$225.00 per hour

**Event Organizer Information**

Event's Sponsor/Organization: \_\_\_\_\_

Organization's Non-Profit Tax Identification Number (if applicable): \_\_\_\_\_

Organization's Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person's Email Address: \_\_\_\_\_

Person in charge day of event (on site): \_\_\_\_\_

Public Information Phone Number: \_\_\_\_\_

**Event Information**

Type of Event/Event Title: \_\_\_\_\_

(Examples: *block party, concert, parade, carnival*)

Location of Event (street address): \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Hours of Event: Set-Up \_\_\_\_\_ to \_\_\_\_\_  
Event \_\_\_\_\_ to \_\_\_\_\_  
Clean-Up \_\_\_\_\_ to \_\_\_\_\_

Estimated Attendance (including spectators): \_\_\_\_\_ Estimated Participants: \_\_\_\_\_

City of Banning  
Application for SPECIAL EVENT PERMIT

Special Event Permit # \_\_\_\_\_

Is the event open to the public?  Yes  No  
Will admission be charged?  Yes  No Charge: \$ \_\_\_\_\_  
Will participants be charged?  Yes  No Charge: \$ \_\_\_\_\_  
Will there be amplified sound?  Yes  No  Live Music  Recorded Music  
Will food be served?  Yes  No  Sold  Free

*Riverside County Health Department Permit must be obtained as required by law.*

Will alcohol be served?  Yes  No  Sold  Free

*Alcoholic Beverage Control (ABC) Permit must be obtained as required by State Law*

Will Vendors be at the event?  Yes  No How Many? \_\_\_\_\_

*Vendors require a day business license from the City to sell items.*

Description of Event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What City Services, if any, do you require for this Special Event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does this Special Event benefit the residents of the City of Banning? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach the following information to this application:

**Certificate of Insurance:** Events taking place on City-owned property or City-controlled property, including the public right-of-way require a \$1,000,000 General Liability and \$2,000,000 aggregate Insurance policy naming the City as additional insured by policy endorsement. The Carrier is required to provide notice of cancellation or reductions of coverage to the City.

**Additional Information:** Any other documents that will assist City Staff in understanding the scope of the Special Event.

*The information provided in this application is true and complete to the best of knowledge. I, for myself and the above organization and all members thereof, agree to abide by the policies and procedures set forth by the City for this Special Event.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Event Site Plan**

Applicant must provide a drawing or a detailed map of special event site to include;

1. the area to be used (including parking areas and event boundaries),
2. Entrances and exits
3. Set-up of structures (i.e., bleachers, fences, rides, inflatables, stages, etc.) for your event.

**VENDOR LIST**  
**(Use additional pages as needed)**

Owner/Contact Person Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_

City Business Tax Certificate # \_\_\_\_\_

Owner/Contact Person Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business/Organization Name: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_

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