Sacramento Metropolitan Fire District

Community Risk Reduction Division **www.metrofire.ca.gov**

10545 Armstrong Ave., Suite 310 • Mather, CA 95655 • Phone (916) 859-4330 • Fax (916) 859-3717

SPECIAL EVENT APPLICATION

APPLICANT INFORMATION

Applicant Name: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____ Phone: _____

EVENT INFORMATION

Event Title: _____

Event Date(s): _____ Event Time Frame: _____

Event Location: _____

Day of Event Contact: _____ Day of Event Phone: _____

Day of Event E-mail address: _____

Inspection**: Date: _____ Time: _____ Dismantle: Date: _____ Time: _____

** **Please note, inspection date/time must be the day of the event, and set-up for event must be completed. Additional fees apply if inspection cannot be completed during normal business hours.**

TYPES OF ACTIVITIES PROPOSED FOR EVENT

☐ Cooking On-Site	☐ Tent/Canopy erected**	☐ Heater
☐ Electrical Heating/Cooking	☐ Tables and Chairs	☐ Generator(s)
☐ Propane (LPG)	☐ Seating only	☐ Candles/Open Flame
☐ Compressed Natural Gas	(bonded if over 200)	☐ Pyrotechnics/Fireworks
☐ BBQ Grills	☐ Street or Lane Closures	☐ Inflatables
☐ Cooking Booths/Tents	☐ Temporary fencing	☐ Stage

*** Tents 700 sq. ft. or greater require separate tent permit***

# of Tents/Canopies: _____ Approximate # of Attendees: _____

Tent Dimensions: _____

Remarks (Please provide a brief description of activities taking place during the event):

_____

_____

_____

I hereby acknowledge that the information given is correct. All permits issued shall be presumed to contain the provisions that the applicant, their agent and employees shall carry out the proposed activities in compliance with all laws and regulations applicable thereto, whether specified or not, and in complete accordance with approved plans and specifications. Any permit which violates any applicable law or regulation shall be void, and any approval of plans and specification in the issuance of such permit shall be void. By signing this application, the applicant acknowledges that they may be billed for unanticipated costs arising from the event as a result of changes to the event or inaccurate application information.

Signature: _____ **Date:** _____

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VENDOR BOOTH OPERATIONS PERMIT APPLICATION

One (1) Vendor Booth Operations Permit Application needs to be filled out for each booth at the special event

EVENT: _____ Date(s): _____

Booth Sponsor: _____ Booth # _____

Booth Operator: _____ Telephone # _____

Responsible Person: _____ Telephone # _____

Dates and Hours of Food Booth Operations: _____

Type(s) of Booth : _____

Generator: Fuel Type: _____

Cooking: (Choose all that apply)

Type of appliance/cooker: ☐ Bar-B-Q ☐ Deep Fat Fryer ☐ Wok ☐ Skillet ☐ Hot Plate

Fuel type: ☐ Charcoal ☐ Wood ☐ Electrical ☐ LPG

Fire extinguisher type: ☐ Class 2A10BC ☐ Class K

I HAVE READ AND UNDERSTAND THE ATTACHED Food Booth Operations requirements and agree to abide by all conditions required by the Fire District. A copy of this permit application shall be posted within the tent, canopy or booth or otherwise be available for the Fire District to sign.

I further understand there will be no exceptions or modifications to these requirements the day of the event. Failure to comply with Fire District regulations shall result in immediate closure of booth and revocation of your permit. Any questions or requests regarding exceptions or modifications must be submitted with supporting documentation at time of Permit Application, minimum 2-weeks prior to the event. A copy of this permit application shall be provided to the event organizer.

Responsible Person _____ Date _____