



SAN DIEGO COUNTY SHERIFF'S OFFICE

LICENSING DIVISION

9621 Ridgehaven Court, PO Box 939062
San Diego, CA 92193-9062



APPLICATION FOR OUTDOOR ASSEMBLAGE

FEES: EVENT \$538.00
MANAGER \$124.00

FEES ARE NON-REFUNDABLE

OA# _____

THE FOLLOWING MUST BE SUBMITTED WITH THE APPLICATION:

1. Background Application for Sheriff's Regulatory Business License (Applicants/promoter, partners & officers)
2. Release & Waiver Forms (Applicants, promoter, partners & officers)
3. Photo Identification (i.e. valid drivers license) (Applicants, promoter, partners & officers)
4. Manager Registration Application, Release and Waiver form-if required
5. Correct Fee
6. Declaration of ownership of property or written permission from owner of property for use of premises
7. Plot plan as detailed in Ordinance
8. Copy of insurance policy naming San Diego County Sheriff's as certificate holder
9. One-day ABC permit (if serving alcohol), Health Permit (If serving food), Sellers Permit (if selling merchandise)
10. List of Employees/Vendors/Concessionaires (form attached)
11. List of scheduled activities. (include a list of Musicians, Bands, DJ's ,etc. (attach promotional flyer and ticket)
12. Security and First Aid staff contracts
13. Other Permits as required
14. _____

Business Name (DBA) _____ Telephone _____

E-mail Address _____

Business Address _____
Number Street City State Zip

Mailing Address _____
Number Street City State Zip

Check applicable Business Description: _____ Corporation (If yes, corp. name _____)

_____ Partnership _____ LLC _____ Sole Proprietorship
(Each business partner associate must complete a Miscellaneous Information Form which must be and submitted along with this application)

PART I - EVENT AND APPLICANT INFORMATION (Print or Type only)

Name of Event _____ Web Site/E-Mail _____

No. of Days _____ Assessors Parcel Number (s) _____

Event Location Address _____

Expected Attendance: Per Day _____ Total _____ No. of Staff/Volunteers _____
(If more than five thousand (5,000), Board of Supervisors hearing may be required)

Event Date (s) and Time (s) Date _____ Time _____ Date _____ Time _____
Date _____ Time _____ Date _____ Time _____



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LIST ALL SPONSORING ORGANIZATIONS & PROMOTERS INVOLVED IN EVENT (ATTACHED SEPARATE SHEET IF NECESSARY)

Name _____ Business Telephone No. _____

Business Address _____

Will this person be present in the event area or areas and/or in charge of the event at all times? [] Yes [] No

If not, write in **manager's name** here and also attach Manager's Registration application and fees _____

PROPERTY INFORMATION

Parcel Number _____ Owner's Name _____

Zoning _____ Owner's Address _____

INSURANCE INFORMATION

Name of Company _____ Liability Amount _____

Telephone Number and Contact Name _____

(You must attach a copy of the insurance policy to application for review by Risk Management)

PART II - LOCATION /LAYOUT OF EVENT

Check off items below that apply to your event. Attach a Plot Plan or detailed Location Map for your event with the site (s) for these items on the map (s) coded by using the letter (s) below (i.e., A, B, C, etc.)

- ___ A. All parcels of land within 700 feet of exterior boundaries of event.
- ___ B. Set-up, staging area, start, route and reroute closures (indicate directions with arrows), finish area and area for post-event festivities for each day of the event. If route or street closure is involved, approval from CHP, DPW and/or CALTRANS must be obtained.
- ___ C. Fire lanes or emergency vehicle access and suggested detours for vehicular traffic for each day of the event, if route or street closure is involved.
- ___ D. Provide to-scale drawings and calculations of all entertainment or stage locations; also show location, direction and number of audio amplifiers.
- ___ E. Alcoholic beverage concession areas.
- ___ F. Non-alcoholic concession areas.
- ___ G. Food concession areas.
- ___ H. General merchandise concession areas.
- ___ I. Site(s) of portable toilets and permanent toilets.
- ___ J. Site(s) of first aid facilities and ambulance locations.
- ___ K. Event participant and/or spectator parking areas. Note parcel numbers if they are different and provide property owner information.
- ___ L. Event organizers command post.
- ___ M. Location of fireworks or pyrotechnics site. This activity will require separate permits from Sheriff's License Division.
- ___ N. Vehicle fuel handling site and parked vehicle exhibits.
- ___ O. Cooking areas and type of fuel at each. Will gas be used? ___ Yes ___ No Electricity? ___ Yes ___ No
Charcoal? ___ Yes ___ No Other? ___ Yes ___ No If yes, type of fuel _____
- ___ P. Site(s) for tables, enclosures, etc.
- ___ Q. Location(s) of temporary or permanent structure such as air-supported scaffolding, booths, stages, platforms, reviewing stands, grandstands, or bleachers constructed for the event.
- ___ R. Site(s) of electrical wiring to be installed for the event and/or type of generator being used.
- ___ S. Site(s) of trash containers and dumpsters
- ___ T. Other, describe: _____



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PART III - TYPES OF ACTIVITIES

Describe the specific activities that will take place during the event: **Note:** Certain activities require additional licenses, such as ABC, Health, Street Closure, Fortune Telling, etc. Proof of these valid licenses will be required prior to approval of Outdoor Assemblage License.

- A. Will alcoholic beverages be served? **(If yes, contact ABC for permit.)** ☐ Yes ☐ No
- B. If alcohol will be served, described the procedures which will be used to ensure that alcohol will be consumed only by persons 21 years or older.
- C. Will there be sound amplification or any other noise impact? ☐ Yes ☐ No
What are the intended hours and /or days of testing and use of the equipment?
Date(s) _____ Time(s) _____
- D. Will there be bingo, fortune telling or casino activity offered? ☐ Yes ☐ No
If yes, a separate license is required from Sheriff's License Division.
- E. Will there be food and beverages? ☐ Yes ☐ No
If yes, a health permit will be required.
- F. Will there be either food or merchandise offered for sale? ☐ Yes ☐ No
If yes, the vendors must have valid State Sellers Permits.
- G. Will there be live animals involved in your event? ☐ Yes ☐ No **(If yes, contact Animal Control.)**
- H. Will there be rides (Mechanical or otherwise) for the public? ☐ Yes ☐ No **(If yes, contact OSHA.)**

PART VI - SECURITY AND SAFETY

- A. Describe your proposed procedures for set-up, operation, internal security and crowd control. Provide the name and address of the agency that will provide security.
- B. Describe how you will provide lighting for events occurring at night.
- C. List name, address and phone numbers of the agency or agencies that will provide first aid staff and equipment.

PART V - INSPECTION REQUIREMENTS AND ADDITIONAL AUTHORIZATIONS

A. SANITATION - HEALTH DEPARTMENT

Describe your plan for Clean-up/Site Preservation. Include number, type and location of trash containers and dumpsters to be provided for the event. Indicate who is assigned to empty and clean up around containers during and after the event. Specify the number, type and location of portable or permanent toilets for the event. Describe post-event clean-up plan.

Number of food unit's _____ Number of Cooking Areas _____ Number of Trash containers _____
Number of Dumpsters _____ Number of Portable toilets _____ Number of Permanent Toilets _____

FINAL SITE CLEAN-UP COMPLETED BY (Name and Date) _____

B. ELECTRICITY/FIRE/ROADS

Use of electricity, scaffolding, stages or other structures will require review/inspect by County Code Enforcement. Provide specific and detailed plans for such use.

Use of Fuel/Flame/Pyrotechnics will require inspection by Fire Department personnel. You will need to provide specific and detailed plans for these. **Any Pyrotechnics or Fireworks also requires a separate permit form Sheriff's License Division.**

Route closures and/or use will require approval by County Public Works, CHP or Cal Trans. Detail maps must be provided for this purpose.



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C. VENDORS OR CONCESSIONAIRES

Promoter or manager must provide a list to the Sheriff's License Division of all authorized vendors and/or concessionaires fifteen (15) days prior to the start of the event. The Employees/Vendors Sheet is attached for this purpose.

Number of merchandise vendor's _____ Number of Food/Beverage vendor's _____

PART VI- NOTIFICATION OF EVENT TO COMMUNITY, AFFECTED BUSINESSES AND CITIZENS

Explain your plans to notify, two weeks in advance, affected businesses and citizens about the event including notices through local publications and other media, direct mail announcements, neighborhood postings or door-to-door notices. Such notices should reflect the type of event and activities, as well as the day (s), date (s), time (s) and site (s) affected. Detours and alternate routes for transportation system should also be included.

You may attach letters of support and cooperation from impacted businesses, churches, neighbors, etc., if you have them. These will be required if the application is to be reviewed by the Board of Supervisors. Additionally, you may wish to notify all transportation suppliers in your local area about your event.

I hereby certify under penalty of perjury that the statements made in this application are true and correct to the best of my knowledge and belief. I understand that any false statements or information are grounds for denial of this application. I agree to have all the required notices, unless otherwise specified, sent by U.S. mail to the address given on the application. The right of reasonable inspection shall be a condition for issuance of this license.

Applicant Signature _____

Date _____

Application Accepted By _____

Date _____



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OUTDOOR ASSEMBLAGE APPROVAL FORM

EVENT _____ EVENT DATES _____

LOCATION _____ DATE SUBMITTED _____

PDS - ZONING

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

FIRE DEPARTMENT/FIRE MARSHAL

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

PDS - NOISE CONTROL

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

HUMAN RESOURCES - RISK MANAGEMENT

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

DEPARTMENT OF PUBLIC WORKS TRANSPORTATION

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

DEPARTMENT OF ENVIRONMENTAL HEALTH

FOOD & HOUSING DIVISION - Health Permits

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

DEPARTMENT OF ANIMAL CONTROL

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

DEPARTMENT OF PARKS AND RECREATION

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

CALIFORNIA HIGHWAY PATROL

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

SHERIFF'S STATION

APPROVED _____ DISAPPROVED _____

Comments _____

BY _____ DATE _____

Admin Lt.



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OUTDOOR EVENT STAFF LIST

LIST OF NAMES AND ADDRESSES OF ALL EMPLOYEES/VENDORS/CONCESSIONAIRES

Event Name _____ File # OA _____

Name _____ DOB _____

Permanent Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ SSN _____

Employer/Vendor _____ Type of Business _____

Seller's Permit # _____

Name _____ DOB _____

Permanent Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ SSN _____

Employer/Vendor _____ Type of Business _____

Seller's Permit # _____

Name _____ DOB _____

Permanent Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ SSN _____

Employer/Vendor _____ Type of Business _____

Seller's Permit # _____

Name _____ DOB _____

Permanent Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ SSN _____

Employer/Vendor _____ Type of Business _____

Seller's Permit # _____

Name _____ DOB _____

Permanent Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ SSN _____

Employer/Vendor _____ Type of Business _____

Seller's Permit # _____

Name _____ DOB _____

Permanent Address _____
Number _____ Street _____ City _____ State _____ Zip _____

Driver's License # _____ State _____ SSN _____

Employer/Vendor _____ Type of Business _____

Seller's Permit # _____