



FINANCE DEPARTMENT

CITY OF CULVER CITY

BUSINESS TAX DIVISION

9770 Culver Blvd., Culver City, CA 90232
Phone: (310) 253 5870 or (310) 253 5888 (Recorded Info.)
Email: business.license@culvercity.org

Account ID: _____

License Ref.#: _____

COMMITTEE ON PERMITS AND LICENSES (COPL)

ALL EVENT PERMIT APPLICATIONS MUST BE SUBMITTED NO LATER THAN THREE WEEKS PRIOR TO THE EVENT DATE OR THE PERMIT MAY BE DENIED

1) Business/Organization Name: _____

2) Address: _____

3) Phone #: _____ Fax: _____

4) Contact Person: _____ Email: _____

5) List the names, **home** address and **home** telephone numbers of the owners, partners, corporate officers or promoters of the event. If necessary attach separate list of Corporate Officers with application.

Name/Title	Address	Phone

Name/Title	Address	Phone

6) Describe the event: _____

7) Event location/address: _____

8) Event date(s): _____

9) Event times: From: _____ To: _____

10) Number of people expected to attend throughout course of event: _____

11) Maximum number of people at any given time: _____

Will the event have the following:

- | | | | |
|----------------------|--|----------------------------|--|
| Dancing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Be open to the Public | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vendors/Booths | <input type="checkbox"/> Yes <input type="checkbox"/> No | Caterers/Trucks | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Charging for Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No | Live Music/Amplified Sound | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Entrance Fee | <input type="checkbox"/> Yes <input type="checkbox"/> No | Take Place Outdoors | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Valet Parking | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tent(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | Serving Alcohol | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Will need to provide the following:

- | | | | |
|-----------------------|--|----------------------------------|--|
| Sound Permit Received | <input type="checkbox"/> Yes <input type="checkbox"/> No | ABC License | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Insurance Certificate | <input type="checkbox"/> Yes <input type="checkbox"/> No | Tax Exempt | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Plot/Floor Plan | <input type="checkbox"/> Yes <input type="checkbox"/> No | Catering/Truck Name or Account # | _____ |
| Tent Permit Received | <input type="checkbox"/> Yes <input type="checkbox"/> No | Valet Business Name or Account # | _____ |
| Generator | <input type="checkbox"/> Yes <input type="checkbox"/> No | Entertainment Name or Account # | _____ |
- (Permit may be required) (i.e.DJ, Comedian, etc.)

12) What is the present use of the premises where this event is to be held? Veteran's Memorial Building

13) Name and address of owner (landlord) of the premises: City of Culver City

14) Briefly state past experience of applicant(s) with this type of event:

15) Has any permit issued to the applicant(s) by any public authority ever been revoked? Yes No
If yes, please explain:

Following to be signed by an officer of the Organization or an authorized agent (if signed by an agent, a letter of authorization will required). If the permit is granted, I/We agree to comply with all Federal and State Laws, all Ordinances, Rules and Regulations of the City, including all conditions stipulated on the event permit issued by the from Committee on Permits and Licenses, and to pay promptly all the required fees. I hereby certify, under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge.

Signature of Officer or Authorized Agent Date

Signature of Officer or Authorized Agent Date

WAIVER OF NOTICE OF TIME AND PLACE OF HEARING

I hereby agree that this application may be presented to and be heard by the Committee on Permits and Licenses at a regularly scheduled meeting in the Council Chambers at City Hall. I hereby waive further notice of such hearing, and if any continuances are ordered, I will make inquiry as to when and where the application/s shall be heard.

Signature of Officer or Authorized Agent Date

THE APPLICANT WILL BE NOTIFIED OF THE DECISION OF THE COMMITTEE ON PERMITS AND LICENSES. IF THE APPLICATION IS APPROVED, THE APPLICANT MAY OBTAIN THEIR PERMIT AND/OR CERTIFICATE FROM THE BUSINESS TAX DIVISION.

NOTE: THE PAYMENT OF FEES DOES NOT CONSTITUTE A PERMIT TO HOLD AN EVENT IN CULVER CITY

CITY USE ONLY		
Fees		Amount
Event Fee*	First Day \$_____ + Each Addl. Consecutive Day \$_____	\$
Recycling Fee*	No. of People _____ <input type="checkbox"/> W/Food <input type="checkbox"/> W/O Food	\$
Expediting Permit Fee (If within 3 Weeks of Event)	<input type="checkbox"/> 1 st Instance - \$100 <input type="checkbox"/> Subsequent Instance - \$250	\$
Police Officer**	No. of Officers ____ X <input type="checkbox"/> Mon-Fri - \$470 <input type="checkbox"/> Sat-Sun - \$470	\$
Life Safety Officer**	No. of Officers ____ X <input type="checkbox"/> Mon-Fri - \$500 <input type="checkbox"/> Sat-Sun - \$500	\$
TOTAL		\$
*A written cancellation of an event made prior to the Committee meeting to discuss the issuance of the permit, will be given a refund of the event and recycling fees.		
**A 24 hour written notice prior to the event is required in case of cancellations for a refund of these fees.		