COUNTY OF MONO

County Administrative Office
P.O. BOX 696, BRIDGEPORT, CALIFORNIA 93517
(760) 932-5410 • FAX (760) 932-5411

SPECIAL EVENT APPLICATION

The following application is intended for all types Special Events.
Special Events Are Regulated By Mono County Code Chapter 5.50.
Completed applications must be submitted for approval between 120 and 30 days prior to event.
Please submit completed application to the Mono County Administrative Office.

EVENT ORGANIZER/APPLICANT _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE _____ FAX _____ E-MAIL _____

NATURE OF EVENT (please provide a full description and continue on a separate page if necessary)

_____

_____

_____

DATE OF EVENT _____ **HOURS OF EVENT** _____ a.m./p.m. to _____ a.m./p.m.

NUMBER OF ATTENDEES EXPECTED _____

❑ **RISK/RELEASE OF LIABILITY FORM**: Signed by applicant, attached to application

❑ **ALCOHOL PRESENT ON PREMISES?**

(If applicable please provide a certificate naming the County as an additional insured)

❑ **PROFITABLE EVENT** ❑ **NONPROFIT EVENT** (proof of tax-exempt status may be requested)

COMMUNITY CENTER RESERVED: ❑ Antelope Valley ❑ Benton ❑ Bridgeport ❑ Chalfant Valley

❑ Crowley Lake ❑ June Lake ❑ Lee Vining ❑ Other site: _____

NOTE: Mono County park facilities cannot be reserved; facilities will be open to the public

WILL YOU BE ERECTING/INSTALLING TEMPORARY STRUCTURES? ❑ Yes ❑ No
(May be subject to building codes and additional time for review)

COUNTY PERSONNEL/EQUIPMENT REQUESTED _____

_____

_____

_____

❑ **PUBLIC EVENT** **OR** ❑ **PRIVATE EVENT**
If your event is private you have completed the application. If your event is public, please continue

OTHER OPERATORS/PROMOTERS

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

VENDORS *Use additional sheets if necessary.*

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

RESTROOMS: ❑ On-site fixed facilities ❑ Portable, how many? _____

DRINKING WATER: ❑ On-site fountain ❑ On-site sink ❑ Bottled water ❑ Other _____

MEDICAL AID: Type _____ Location _____

SECURITY MEASURES: ❑ Portable fencing ❑ Extra lighting ❑ Sheriff ❑ Other _____

ELECTRICITY: ❑ No ❑ Yes, provided by _____ , paid by _____

LIVE MUSIC: Type _____ Number of musicians _____

❑ Concert/dance
❑ Amplified from _____ a.m./p.m. to _____ a.m./p.m. (generally no later than 10 pm)

CLEANUP PLAN: Personnel provided by _____ Finish time _____

ADDITIONAL CONTAINERS: Dumpsters, trash bags, etc. supplied by _____

[continued on next page]

ATTACHMENTS

(Please attach all of the following that apply to your event)

❑ **SCHEDULE OF EVENTS** (include items and times)

❑ **SITE PLAN** (required for events anticipating more than 200 attendees)
Site plan may be hand drawn, not necessarily to exact scale, to show the following:

- Event site location
- Stage/entertainment areas
- Food booths
- Game booths
- Sales booths
- Parking areas
- Restroom facilities
- Street closures
- Dumpsters/trash cans

❑ **MAPS OR ROUTES** (i.e., bicycle race/tour, 5K-10K runs or other event maps)

❑ **PERMITS/LICENSES**:

❑ Encroachment Permit (Caltrans/Public Works)

❑ Road Closure (Caltrans/Public Works/ BOS Resolution)

❑ Temporary Food Permit (Environmental Health)

❑ Business License (Finance Department)

❑ Alcoholic Beverage License (from Alcoholic Beverage Control)

❑ Other: _____

ASSUMPTION OF RISK AND RELEASE OF LIABILITY
FOR USE OF MONO COUNTY FACILITY, EQUIPMENT,
PROPERTY, AND/OR SERVICES

WHEREAS, the undersigned, _____ (hereinafter "Permittee"), desires to use the following facility, equipment, property, and/or services owned, operated, controlled, or provided by the County of Mono, a political subdivision of the State of California ("the County") for the following purpose(s):_____
on the following date(s) or time(s): _____
_____

WHEREAS, the County is willing to permit such use of the aforementioned County facility, equipment, property, and/or services in exchange for the Permittee's execution of this release of liability:

NOW, THEREFORE, as a material inducement for County to hereby grant Permittee permission to use a County facility, equipment, property, and/or services, Permittee hereby assumes all risk, holds harmless, irrevocably and unconditionally releases, and agrees to indemnify and defend, the County and its successors, predecessors, assigns, officers, employees, agents, representative, attorneys, and affiliated entities, and all persons acting by, through, under or in concert with them, with respect to any and all liability, lawsuits, and/or claims for damages or injuries to persons or property (including but not limited to theft or loss of, or damage to, Permittee's personal property) as a result of or in any way connected with Permittee's presence on, or use of, the County facility, equipment, property, and/or services for which permission is hereby granted and/or as a result of the presence on, or use of, that facility, equipment, property and/or services by Permittee's agents or by any persons invited or allowed into the facility, equipment, property, and/or services by Permittee. **Through this release, Permittee waives all rights given by Section 1542 of the California Civil Code which reads as follows: "As a general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement."**

PERMITTEE HEREBY ACKNOWLEDGES HAVING READ AND UNDERSTOOD THE FOREGOING, AND HAVING HAD OR **EXPRESSLY WAIVING** THE RIGHT TO HAVE HIS OR HER OWN ATTORNEY REVIEW AND ASSIST IN THE PREPARATION OF THIS DOCUMENT BEFORE SIGNING IT.

MONO COUNTY:

By: _____
Risk Manager
P.O. Box 696
Bridgeport, CA 93517
(760)932-5410 Fax: (760)932-5411

PERMITTEE:

By: _____
Print: _____

Company: _____
Date: _____

Mono County
Environmental Health

PO Box 3329, Mammoth Lakes, CA 93546
760-924-1830, fax 924-1831

PO Box 476, Bridgeport, CA 93517
760-932-5580, fax 932-5284

APPLICATION FOR TEMPORARY FOOD PERMIT

Please submit application and fee (if applicable) at least two weeks prior to event.
See page 2 for fee schedule

Name of Event _____ Date of Event _____

Location of Event _____

Sponsor of Temporary Facility _____

Contact Person _____ Phone _____

Mailing Address _____

Email Address _____

Will foods served be prepared in a permitted restaurant, community center, or cottage food operation?

☐ Yes ☐ No If so, name of facility _____

FOODS TO BE SERVED

Food Item	Source - Where Purchased	Packaged, Bottled or Bulk?

Which of the foods listed above will be prepared at the temporary food facility?

Which foods (if any) will be brought in from a permitted facility?

Please continue . . .

EQUIPMENT

List all equipment to be used at the booth or concession, including grills, stoves, refrigerators, hot holding devices, sinks, etc.:

Will food be protected from customer contamination by sneeze guards?

☐ Yes ☐ No

Will food be prepared at a back bar, away from customers?

☐ Yes ☐ No

FOOD FACILITY CONSTRUCTION

Describe the construction of the temporary food facility:

Floor _____

Walls _____

Ceiling _____

Is the temporary food facility protected from dust contamination on three sides, top, and flooring?

☐ Yes ☐ No If not, describe procedure for protection of foods:

_____

_____

_____

TEMPORARY FOOD PERMITS FEE SCHEDULE - 2014

Community Event Organizer / Individual Vendor	
14 days prior to event	$81.00
8 to 13 days prior to event	$101.00
2 to 7 days prior to event	$122.00
Annual Temporary Food Permit (July 1 to June 30)	$324.00

Office Use Only

Permit fee paid:

☐ Yes ☐ No

Date _____ Receipt # _____ Check # _____

Cash _____ Credit Card _____ Amount _____

Approval to issue permit

☐ Yes ☐ No Date _____ By _____