

Fire Permit #:	City of Santa Rosa Fire Department 2373 Circadian Way, Santa Rosa, CA 95407 SPECIAL EVENT PUBLIC ASSEMBLY PERMIT APPLICATION	(707) 543-3500 FAX: (707) 543-3520
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Fee: \$117.00 (Each Event)- Amount Paid:	Date Paid:	(1844.105.8.p.2.4)
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Description of Event:

Location:

Date(s) of Event:	Hours of Event:
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An inspection is REQUIRED before the event starts. Specify when you will be ready for an inspection:			
Date:	Time:	Contact Person:	Phone #:

The following information is required to be submitted with this application. All information must be provided before this application is accepted and processed:
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Yes <input type="checkbox"/> No <input type="checkbox"/>	Floor plans, include location of tables, chairs, stages, aisles, exits, displays, booths, etc. Plan shall have dimensions and/or scale indicated.
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Yes <input type="checkbox"/> No* <input type="checkbox"/>	Provide certificate of flame retardant for all decorations, if used.
*If no, explain here: _____	
Contact person for decorations:	Phone #:

Yes <input type="checkbox"/> No <input type="checkbox"/>	Total anticipated occupant load.
Number of tickets sold:	Number of people at any one time:

Yes <input type="checkbox"/> * No <input type="checkbox"/>	Will candles/open flame devices be used?
*If yes, describe devices: _____	
Contact person for candles, etc.:	Phone #:

Yes <input type="checkbox"/> * No <input type="checkbox"/>	Will tents, canopies, or awnings be used?
*If yes, a separate permit may be required. Indicate size of tent or canopy: _____	
Contact person:	Phone #:

Yes <input type="checkbox"/> No <input type="checkbox"/>	Will there be cooking on site? If propane is used, a separate permit is required.
Contact person:	Phone #:

Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide a City Business Tax Certificate if event is selling goods or services. Contact Revenue & Collections at (707) 543-3170.
_____	Certificate #

APPLICANT INFORMATION:

Organization/Company/Individual:	Phone #:
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Address of above:	City, State, Zip:
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Mailing Address:	City, State, Zip:
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Contact Person:	Phone #:
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Signature of Applicant:	Date:
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THIS IS NOT A PERMIT!!! A Permit will be issued only upon compliance with all applicable requirements.