



Temporary Use Permit Application

Security Deposit Received \$ _____

No. _____

DIRECTIONS

- Please type or PRINT legibly
- Fill in all blanks and provide all required information. If a question does not relate to your event, please write "not applicable" or "NA." Attach more pages if more room is needed.
- The City cannot review this application unless all required information is provided.
- For events in Plaza Park¹⁶ the permit application must be submitted at least 15 days prior to event date. Requests for larger events must be submitted at least 30 days in advance, and any application involving a public street closure requires at least 90 days for review.
- Numbers (superscripts) on this form refer to instructions and requirements in document titled "Temporary Use Permit Application Information" (see Planning Division web page planning.cityofoxnard.org, Resources section.).

APPLICANT INFORMATION

Name _____ Phone No. () _____ Alt. Phone No. () _____

Business / Organization Name _____ Mailing Address _____

Email address _____@_____ Non-Profit Organization YES ___ NO ___ 501(C) Corporate No. _____

EVENT/ACTIVITY INFORMATION

Event Address _____ Event Contact Person _____ Emergency Phone () _____

Description of Event _____

Event Date(s) _____ to _____ Event Hours _____ to _____

Set-Up: Date and Time _____ Finish/Clean-Up: Date and Time _____

Number of Participants Expected _____ Will the event be open to the general public? YES ___ NO ___

CHECK THE ITEMS BELOW THAT APPLY TO THE EVENT SET-UP

Provide a detailed 8 1/2" x 11" site plan⁵ showing checked items with this application

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Amplified Sound/Live Music *7 | <input type="checkbox"/> Outdoor Sales | <input type="checkbox"/> Banner (Size __x __)*6 | <input type="checkbox"/> Live Animal Shows/Displays |
| <input type="checkbox"/> Grandstands, Bleachers or Stage (Size __x__) *11 | <input type="checkbox"/> Event in a Public Street/ Closing a Street *8 | <input type="checkbox"/> Portable Restrooms *5 | <input type="checkbox"/> 5 or 10 K Run/ Bike Race / Parade/ Procession *8 |
| <input type="checkbox"/> First Aid & Information Booths | <input type="checkbox"/> Electric Generators *10 | <input type="checkbox"/> Block Party | <input type="checkbox"/> Mechanical Rides |
| <input type="checkbox"/> Tent/Canopy (Size __x__) *9 | <input type="checkbox"/> Jolly Jumper(s) | <input type="checkbox"/> Event on Beach | <input type="checkbox"/> Food and Game Booths |
| <input type="checkbox"/> Open Flame or Use of Propane | <input type="checkbox"/> Electrical Connections | <input type="checkbox"/> Blocking Parking Areas | <input type="checkbox"/> Serving Alcohol *13, 15 |
| <input type="checkbox"/> Temporary Fencing | <input type="checkbox"/> Other: _____ | | |

SECURITY COMPANY INFORMATION

Security Company Name _____ Contact Person _____

Phone No. _____ Emergency No. _____ How Many Officers? _____

EVENTS WITH ALCOHOL SERVED*13,15

Catering Company _____ Contact Name _____ Phone No. _____

Check one:

- Servers have received RBSS (Responsible Beverage Sales and Service) training.
- Training arrangements for alcohol servers have been made with the Alcohol Coalition.

Number of Servers _____ Training Date _____ Contact Name _____

CONTRACTORS, SUB-CONTRACTORS, VENDORS, INSTALLERS, PROMOTERS*¹²

List the all revenue-generating businesses participating in the event. Attach a separate sheet, if more space is needed.

BUSINESS NAME	CONTACT NAME	PHONE NUMBER
_____	_____	_____
_____	_____	_____

***Note:** All businesses conducting business in the City are required to have a valid City of Oxnard business tax certificate. Businesses without a current business tax certificate must be referred to the City’s Licensing Division located within the City of Oxnard Service Center.

ENTERTAINMENT (Bands, Performers, Musicians, etc.)*⁷

List names and contact information for individuals or groups performing at event. Attach a separate sheet, if more space is needed.

GROUP/PERFORMER	CONTACT NAME	PHONE NUMBER
_____	_____	_____
_____	_____	_____

SECURITY DEPOSIT INFORMATION

If your event requires a security deposit, you will be given a receipt and information form that provides information regarding requirements for return of your security deposit. See also item 17 in the document “Temporary Use Permit Application Information” on the Planning Division web page (planning.cityofoxnard.org, and available at the Planning Division office.

FOOD

Are you planning to serve food or drink? No Yes (if yes, read and initial the statement below)

I, the applicant or applicant’s representative, understand that it is my responsibility to contact Ventura County Environmental Health Department at (805)654-2647 before the start of this event to secure necessary approvals and inspections

 APPLICANT INITIALS DATE

PROPERTY OWNER AUTHORIZATION

I/we the undersigned, as owner(s), lessee(s) or manager of the above-described property, do hereby request approval of a temporary use permit in accordance with Sections 16-475 through 16-483, inclusive, of the Oxnard City Code. I/we have read the above-referenced sections of the City Code and agree to comply with them, as well as any conditions that may be imposed by any of the approving City Divisions. In addition, I/we do hereby agree to return the area to its condition prior to the temporary use.

APPLICANT STATEMENT

I hereby certify under penalty of perjury that the above information provided on this form is true and correct to the best of my knowledge. I also acknowledge that I have read the City of Oxnard temporary use permit handouts provided with this application and agree to comply with the laws, or regulations, and the policies set forth therein. I further agree that this event will not result in the violation of any local, state, and/or federal regulation(s).

APPLICANT

PROPERTY OWNER OR **MANAGEMENT CO**

Print Name and Business/Organization

Signature Signature Date

Phone Number

Print Name and Business/Organization

Signature Date

Phone Number

OFFICE USE ONLY

OFFICE USE ONLY

Previous TUP No. _____ Date & Type of Previous TUP _____

Notes _____

Department Approvals	Date	Contact	Phone No.	Location
<input type="checkbox"/> Planning Counter _____	_____	Planning staff	(805) 385-7858	214 S. C St.
<input type="checkbox"/> Planning Final Action (LAST) _____	_____	Planning staff	(805) 385-7858	214 S. C St.
<input type="checkbox"/> Planning Manager (LAST) _____	_____	Ashley Golden	(805) 385-7858	214 S. C St.
<input type="checkbox"/> Animal Control _____	_____	Lisa Jenkins	(805) 385-7640	305 W. 3rd St., 3rd Floor
<input type="checkbox"/> Business Licensing _____	_____	Tammy Gutierrez	(805) 385-7817	214 S. C St.
<input type="checkbox"/> City Manager Office (2 nd to last) _____	_____	Christina Aerenlund	(805) 385-7593	300 W. 3rd St, 4th Flr
<input type="checkbox"/> Code Compliance (after Police) _____	_____	Rob Silverstein	(805) 385-7940	305 W. 3rd St., 3rd Flr
<input type="checkbox"/> Community Development _____	_____	Kymerbly Horner	(805) 385-7407	214 S. C St.
<input type="checkbox"/> Development Services _____	_____	Jeff Pengilley	(805) 385-7925	214 S. C St.
<input type="checkbox"/> Environmental Resources _____	_____	Eric Okada	(805) 385-8223	111 Del Norte Bl.
<input type="checkbox"/> Facilities _____	_____	Art Gutierrez	(805) 385-8082	1060 Pacific Av.
<input type="checkbox"/> Fire Department _____	_____	Sergio Martinez	(805) 385-7720	360 W. 2nd St.
<input type="checkbox"/> Gold Coast Transit _____	_____	Andy Mikkelson	(805) 483-3959	301 E. 3rd St.
<input type="checkbox"/> Library _____	_____	Barbara Murray	(805) 385-7522	251 South A St.
<input type="checkbox"/> Parks & Facilities _____	_____	Gene Gonzales	(805) 385-7950	1060 Pacific Av.
<input type="checkbox"/> Police _____	_____	Daniel Shrubbs	(805) 385-7600	251 S. C St.
<input type="checkbox"/> Police (Alcohol) _____	_____	Cliff Waer; call	(805) 385-7490	251 S. C St.
<input type="checkbox"/> Police (Downtown) _____	_____	Sergeant Mathews	(805) 385-7600	251 S. C St.
<input type="checkbox"/> Public Works _____	_____	George Roberts	(805) 385-7890	214 S. C St.
<input type="checkbox"/> Recreation _____	_____	Yolanda Piña	(805) 385-7439	545 S. A St.
<input type="checkbox"/> Risk Management (Insurance) _____	_____	Yesenia Sanchez	(805) 385-7578	300 W. 3 rd St., 3 rd Flr
<input type="checkbox"/> Traffic Engineer _____	_____	Jason Samonte	(805) 385-7872	214 S. C St.
<input type="checkbox"/> Wastewater _____	_____	Jeremy Grant; call	(805) 385-3965	251 S. Hayes St.
<input type="checkbox"/> Other _____	_____			
<input type="checkbox"/> Other _____	_____			

EVENT CONDITIONS: _____

SITE PLAN