

OLYMPIC VALLEY FIRE DEPARTMENT

Special Event Application / Permit
Note: This Application / Permit is not valid until signed by a Fire Department representative.

A FEE MAY BE CHARGED F						CAIN	JN / F	EKIVII	<u> </u>					
BILLING INFORMATION Name				APPLICANT Name										
Name				Name										
Address				Address										
Email				Email										
Phone			Phone	Phone										
EVENT														
Address			Contact											
Email				Cell										
Event Name			Number of Parti		Partic				Event Date art Date End Date					
			rei Day			Total ,		Start	Start Date End I		nu Date			
Overall Event Profile (Check mo														
EVENT CONDITIONS									SAFETY PROVISIONS*					
NATURE OF EVENT Concert / Music Festival			VENUE					Гу		CURITY				
Concert / Music Festival			Indoors			oors		Event Staff Private Security						
☐ Exhibit / Trade Show			Parking / Traffic Access						wate Sect	,				
☐ Bicycle / Foot Race / Parade☐ Athletic / Sporting Event			Festival Seating / Standing Tables & Chairs								ICVI			
								EMERGENCY MEDICAL Event Staff First Aid						
- I give antanent, i annivere intanent			Tents- (Application REQUIRED))		Advance Life Support (ALS)						
□ Carnival / Fair / Circus / Haunted House □ Motor Sport			Heating Provided Generator Provided					Basic Life Support (BLS)						
□ Aviation / Marine Event			FOOD & BEVERAGE				FIRE PROTECTION							
□ Political Rally		Ti .	Catered / Prepared off-site					Fire Extinguishers / Hoses						
□ Wedding			Barbeque / Grill on-site					Event Staff Fire Watch						
Pyrotechnic Display			Deep Fryer on-site					Fire Dept. Stand-by						
□ Wine Tasting			Ranges on-site					Fire Engine Stand-by						
□ Other				phol Served				Fire Rescue Stand-by						
I declare under penalty of perjury, to the best of my knowledge and beliefs, the responses made herein are true and correct.														
Applicant Signature:		Printed Name:					Date							
*If Safety Provisions are not sufficient for the event, additional Safety Provisions may be required by Olympic Valley Fire Department. See back of form for further details.														
OFFICE USE ONLY BELOW THIS POINT														
				Local agency notified and conditions have been added (if any).					Public Safety Plan Required Approved					
	Form, p	orm, permit is hereby approved. (Fire Inspection Form is attached)							ed)					
Inspector Signature:			Printed Name:					_	Date					
Zoning Permit No:	Site Plan /	Site Plan / Route Map							-		Attached Approved			
Permit Fee Inspection Fee			Total Fee				Invoice #:							
				<u> </u>				1						