



PALMDALE
a place to call home

**APPLICATION FOR TEMPORARY USE PERMIT (TUP)
FOR SALES OF ALCOHOLIC BEVERAGES**

Planning Division
38250 Sierra Highway
Palmdale, CA 93550
(661) 267-5200
planningdiv@cityofpalmdale.org

Case No.: _____
Date: _____
Received by: _____
Fee: \$250

Please complete all sections of this form and submit the following information to the Planning Division. Information about how to get a permit and Permit Standards are on the last page of this application. All information must be received before the application can be processed. The application is to be filed with the Planning Division at least 60 days in advance of the event.

Important Contacts:

State of California Department of Alcoholic Beverage Control
Van Nuys Office
6150 Van Nuys Blvd., Room 220
Van Nuys, CA 91401
(818) 901-5017
VNY.Direct@abc.ca.gov

**ALL MAPS MUST BE FOLDED BY APPLICANT TO A MAXIMUM 8½" x 11" SIZE
PLANS MAY ALSO BE PROVIDED ON 11" X 17" PAPER**

TEMPORARY USE PERMIT CHECKLIST

- _____ The completed Application.
- _____ 1 copy of the Owner's Letter of Authorization.
- _____ 1 copy of the current Health Department permit (if applicable).
- _____ 1 copy of Fire Department permit.
- _____ 1 copy of license issued by the State of California Department of Alcoholic Beverage Control (ABC).
- _____ 1 copy of "Responsible Beverage Service" training from the ABC.
- _____ 2 copies of a site plan of the existing development, if applicable, with the location of the event clearly indicated.
- _____ 1 copy of liability insurance in the amount determined by the City Attorney based on the size and type of the event with an "Alcohol Endorsement" (if applicable).
- _____ 1 copy of a vicinity map at a scale clearly indicating the subject parcel and showing the existing major street patterns, adjoining projects or businesses, railroads or other significant landmarks within a minimum of one mile of the exterior boundaries of the site on 8½" by 11" paper. **Required only if event is not on an existing developed lot.**
- _____ 2 copies of the event Site Plan drawn to scale **(see following checklist).**

EVENT SITE PLAN CHECKLIST

- _____ Applicant's name, address, and telephone number.
- _____ Address of the event (if applicable) or Assessor's parcel number.
- _____ Name of the development (if applicable).
- _____ Type of event/project.
- _____ Days/dates the event will be on site.
- _____ Scale.
- _____ North arrow.
- _____ Adjacent streets.
- _____ Site dimensions.
- _____ Site plan demonstrating the areas where alcohol is to be sold, dispensed and consumed.
- _____ Security Plan.
- _____ Site plan demonstrating areas utilized for live entertainment/amplified music.
- _____ Proposed fencing (if required, identify type and height).
- _____ Ingress (show width).
- _____ Egress (show width).
- _____ Parking: Dust control method: _____
No. of spaces for this project: _____
Spaces available in the existing development: _____
- _____ Any proposed structures or existing structures to be used for the temporary event (show dimensions and use). **NOTE: A building permit will be required for tents and other temporary structures. An electrical permit is required for installation of electricity.**
- _____ Sanitary facilities - Type: _____
- _____ Fire Department approval stamp.

APPLICATION FOR TEMPORARY USE PERMIT (TUP)

Permit No.: _____

Activity Location (Address if Available): _____

Approximately _____ Feet N or S of _____
(Circle) (Street Name)

Approximately _____ Feet E or W of _____
(Circle) (Street Name)

Inclusive dates of activity from: _____ to _____

(Include set-up and strike days)

Proposed hours of operation from: _____ to _____

Proposed hours of alcoholic beverage sales from: _____ to _____

Describe proposed activity; please specify all planned activities and structures to be used.

- Will a tent or other structure be erected on site? Yes / No
- Will electricity be needed on site? Yes / No
- Will a fence be constructed? Yes / No
- Will food or drink be available on site? Yes / No
- Will alcoholic beverages be available on site? Yes / No
- Will a band or amplified sound be on site? Yes / No
- Will portable toilet facilities be on site? Yes / No
- Is this site located at an existing shopping center or other developed parking lot? Yes / No
- Is this site paved? Yes / No
- Is the paving striped for parking? Yes / No
- Does this site have a curb and gutter? Yes / No
- Does this site have an access driveway? Yes / No

APPLICANT:

Name and Email: _____

Contact Person: _____

Address, City, State, Zip: _____

Telephone No.: (____) _____

ORGANIZATION/REPRESENTATION:

Name and Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: (____) _____

PROPERTY OWNER:

Name and Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: (____) _____

**OWNER AUTHORIZATION LETTER
(TEMPORARY USE PERMITS ONLY)**

CASE NUMBER(S): _____

ASSESSOR'S PARCEL NUMBER(S): _____

If the applicant is not the owner of record, then a letter authorizing the applicant to represent the owner(s) must be submitted. Note: All owners must sign as their names appear on the deed to the land.

This letter shall serve to notify and verify that I/we am/are the legal owners of the property described and attached hereto and do hereby authorize the applicant to file and represent my/our interest in the above referenced applications(s). I/we have read this Letter of Authorization and know the contents thereof; and so hereby certify (or declare) under penalty of perjury under the laws of the State of California that the information contained in the above referenced application(s) is true and correct.

OWNER(S) OF RECORD (Include extra sheets if necessary):

_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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I certify under penalty of perjury that I am the applicant and that the foregoing statements and answers herein contained and the information herein submitted, are in all respects true and correct.

APPLICANT / APPLICANT'S REPRESENTATIVE:

_____ Printed Name	_____ Signature	_____ Date
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_____ Address	_____ Telephone
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_____ Printed Name	_____ Signature	_____ Date
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_____ Address	_____ Telephone
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TEMPORARY USE PERMIT STANDARDS AND APPROVAL PROCESS

The following standards shall be adhered to for all Temporary Uses, including Christmas Tree, Pumpkin and Fireworks Sales, Grand Openings, and other Special Events, pursuant to Ordinance No. 892 of the City of Palmdale.

1. All temporary use permits shall be processed in the following order:

_____ **PLANNING DIVISION:** Obtain the temporary use and business license application forms and instructions regarding the requirements. Allow a minimum of one month for processing this application. Final Planning approval should be obtained a minimum of 5 working days before the event.

_____ **STATE OF CALIFORNIA ABC DEPT.:** All uses involving sale of alcoholic beverages will require a license from the State of California Department of Alcoholic Beverage Control. Planning will require 1 copy of a valid ABC license prior to issuing preliminary approval. For information call (818) 901-5017.

_____ **HEALTH DEPT.:** All uses involving sale of food or drink will require a Health Dept. permit. Planning will require 1 copy of a valid health permit prior to issuing preliminary approval. For information call (661) 723-4533. No City inspection necessary.

_____ **FIRE DEPT.:** For any uses requiring Fire Dept. approval, applicant is required to contact the Fire Dept. and obtain an approval stamp on the proposed site plan prior to submittal of the TUP application. Planning will require 3 copies of the stamped site plan prior to issuing preliminary approval. For information call (661) 949-6319. Fire Dept. inspection may be necessary.

_____ **PLANNING DIVISION:** All uses will require preliminary and final Planning Division approval. Submittal shall include a completed Temporary Use Permit application form, 1 copy of required exhibits and permits, and payment of applicable fees as listed in the application checklist. The Planning Division must sign off the Temporary Use Permit Checklist before final approval. For information call (661) 267-5200.

_____ **BUSINESS LICENSE:** All temporary uses will require a Business License and some uses will require a Business Permit. These documents must be displayed on site at all times during the event. Business License must sign off the Temporary Use Permit Checklist before final approval. For information call (661) 267-5434.

_____ **BUILDING & SAFETY DIVISION:** All uses involving electricity will require an electrical permit obtainable from the Building and Safety Division. Tents and amusement rides require building permits. **All permits require a field**

inspection. The Building and Safety Division must sign off the Temporary Use Permit Checklist before final approval. For information call (661) 267-5353.

_____ **PLANNING DIVISION: All temporary uses require a field inspection** by the Planning Division before being initiated. The planner will verify site clearance from all departments and confirms conformance of the use to the approved site plan. For information call (661) 267-5200.

NOTE: FOR ANY DEPARTMENT/DIVISION REQUIRING A FIELD INSPECTION, YOU MUST CALL FOR AND REQUEST AN INSPECTION NO LATER THAN 24 HOURS PRIOR TO INITIATING OPERATION OF THE TEMPORARY USE.

2. The site plan shall show all items on the Event Site Plan Check List and be located in a zone permitting the requested activity.
3. All signs shall conform to the Sign Ordinance. A separate permit is required for all signage and may be obtained at the Planning Dept.
4. Sanitary sewer facilities, either portable or permanent, shall be provided.
5. Parking shall be required pursuant to the Parking Ordinance.
6. The parking area used for the temporary event shall be located pursuant to the approved site plan, and clearly delineated for customers.
7. All unimproved parking areas and main walk areas shall be kept damp or shall be covered with a material to prevent the raising of dust.
8. Applicant shall provide safe and adequate roadway access including adequate vehicular sight distance at the driveway entrance/exit
9. In no event shall any portion of the proposed use encroach onto any public rights-of-way, or be located in a way which might cause a hazard.
10. The temporary use shall not adversely affect the surrounding neighborhood by means of odor, noise, dust or other nuisances.
11. Written authorization from the property owner or their agent is required.
12. The lots used for temporary activities shall be completely cleared of all temporary structures and debris which resulted from such operation within five (5) days after the termination of the activity.
13. A \$500 bond or cash deposit, or other amount deemed necessary by the City, may be required for temporary uses to assure clean up. The deposit shall be returned upon written request of the applicant following verification of site

clean-up, and removal of temporary structures. Any expense incurred by the City for clean up of the subject property shall be deducted from the deposit and the remainder returned to the applicant.

14. If this use will involve animals (circus, carnivals, animal exhibits, etc.), please contact the Department of Animal Care and Control in Lancaster (661/940-4191) at least two weeks before the event so that they can arrange for an inspection upon the animals' arrival. Fair, rodeo, horse, or school events are exempt from the recently enacted state law (AB 1635).

TEMPORARY USE PERMIT APPLICATION AND REVIEW FORM

Permit No.: _____

***** **FOR OFFICE USE ONLY** *****

PLANNING DIVISION REVIEW:

Use Permitted? Yes / No Deposit Required: Yes / No

Amount Required: \$ _____ Receipt No.: _____

USE APPROVED? Yes / No Credit Account No.: 01-2616-0097

Reason for Denial/Comments/Special Conditions: _____

NAME (PRINT)	SIGNATURE	DATE
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PLANNING DIVISION: BUSINESS LICENSE

Deposit Required? Yes / No Amount Required: _____

Receipt No.: _____

Business Permit Required? Yes / No Date Issued: _____

Business License Application complete? Yes / No Date: _____

Existing Business License No.: _____ Date Issued: _____

Comments: _____

NAME (PRINT)	SIGNATURE	DATE
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BUILDING AND SAFETY DIVISION:

Electrical Permit Required? Yes / No Issued? Yes / No

Building Permit Required? Yes / No Issued? Yes / No

Field Inspections Approved: _____ Date: _____

Comments: _____

OFFICE APPROVAL - NAME (PRINT)	SIGNATURE	DATE
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TEMPORARY USE PERMIT APPLICATION AND REVIEW FORM

DEPARTMENT OF ANIMAL CARE AND CONTROL

Field Inspection Approved: _____ Date: _____
Comments: _____

NAME (PRINT)	SIGNATURE	DATE
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PLANNING DIVISION: PROJECT PLANNER

A site inspection completed on _____ at _____ confirmed that the site is in compliance with the Conditions of the Temporary Use Permit referenced above and City codes. All necessary permits and licenses have been posted or otherwise verified.
Comments: _____

NAME OF INSPECTOR (PRINT)	SIGNATURE	DATE
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CODE ENFORCEMENT:

A site inspection completed on _____ at _____ confirmed that the site is in compliance with the Conditions of the Temporary Use Permit referenced above and City codes. All necessary permits and licenses have been posted or otherwise verified.
Comments: _____

NAME OF INSPECTOR (PRINT)	SIGNATURE	DATE
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