

CITY OF PASADENA FIRE DEPARTMENT Fire Prevention Division



SPECIAL EVENT PERMIT APPLICATION

This form shall be submitted a minimum of two weeks prior to event with a set of plans.

Date:	ame of Event:	
Address: Event Sponsor: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Event Decorator: Cottact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: Cell Phone: E-mail: Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Street Closure Yes No TUP Yes No Event Type: Public Private Dining: Yes No Cooking on Site: Yes No If yes, check one: Cnace the Health Department for permitting requirements at (626) 744-6904 if the event is open to the public and fixed will be sold or given away. Please briefly describe your event:	ate:	
Move in Date: Largest Estimated Daily Attendance: Event Sponsor: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Street Closure	ine:	
Largest Estimated Daily Attendance: Event Sponsor: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: Cell Phone: E-mail: Web Site: Street Closure	ddress:	
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Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: Cell Phone: E-mail: Web Site: Street Closure Yes No TUP Yes No Event Type: Public Private Trade Other Dining: Yes No Cooking on Site: Yes No If yes, check one: Contact the Health Department for permitting requirements at (626) 744-6004 if the event is open to the public and food will be sold or given away. Please briefly describe your event:	argest Estimated Daily Attendance:	
Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: Cell Phone: E-mail: Web Site: Street Closure Yes No TUP Yes No Event Type: Public Private Trade Other Dining: Yes No Cooking on Site: Yes No If yes, check one: Contact the Health Department for permitting requirements at (626) 744-6004 if the event is open to the public and food will be sold or given away. Please briefly describe your event:	vent Sponsor:	
Address: City, State & Zip: Telephone Number: E-mail: Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: Cell Phone: E-mail: Web Site: Street Closure Yes No TUP Yes No Event Type: Public Private Trade Other Dining: Yes No Cooking on Site: Yes No If yes, check one: Charcoal/Wood Propane Contact the Health Department for permitting requirements at (626) 744-6004 if the event is open to the public and food will be sold or given away. Please briefly describe your event:		
City, State & Zip:		
Telephone Number:		
E-mail: Web Site: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Street Closure		
Web Site: Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Street Closure		
Event Decorator: Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Street Closure		
Contact Person: Address: City, State & Zip: Telephone Number: E-mail: Web Site: Street Closure		
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Street Closure	E-mail:	
Event Type: Public Private Trade Other Dining: Yes No Cooking on Site: Yes No If yes, check one: Charcoal/Wood Propane Contact the Health Department for permitting requirements at (626) 744-6004 if the event is open to the public and food will be sold or given away. Please briefly describe your event:		
Dining: Yes No Cooking on Site: Yes No If yes, check one: Charcoal/Wood Propane Contact the Health Department for permitting requirements at (626) 744-6004 if the event is open to the public and food will be sold or given away. Please briefly describe your event:	Street Closure Yes No TUP Yes No	
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Please briefly describe your event:	Cooking on Site: Yes No If yes, check one: Charcoal/Wood Propane	
	Contact the Health Department for permitting requirements at (626) 744-6004 if the event is open to the public and food will be sold or g	iven away.
Dage 1 of 2	lease briefly describe your event:	
	Page 1 of 2	

If using a gen	erator, please describe of generator (brand/wattage/amps):
The following it	tems have special Fire Department regulations and may require a permit. Please check any that may apply to you
[Warming Food with Canned Heat
[Open Flame Devices – BBQ Grills
[Propane Heaters
[☐ Candles
[Flammable or Combustible Liquids
[Flammable or Compressed Gases
[Liquefied Flammable Gas - Propane
Į	Flammable Decorations
[Lasers or Special Effects
[☐ Fireworks
[Portable Generators
[Motor Vehicle on Display
Į	Tents or Canopies (with or without walls) - If selected – Complete Tent Permit Application
Į	☐ Inflatable Bounce Houses/Jumpers
[Carnival Rides
Signe	ed:Date:
Title:	<u> </u>

Thank you for taking the time to provide us with this information. When you have completed this application, please return it via email, fax or mail to:

Pasadena Fire Department Fire Prevention Division 215 North Marengo Avenue, Suite 195 Pasadena, CA 91101

Fire Prevention: (626) 744-7049

Fax: (626) 291-0913

You will be contacted by the inspector in charge of special events from the Fire Prevention Division regarding your event.