CITY OF
BIG BEAR LAKE *California*

MINOR SPECIAL EVENT APPLICATION

STAFF USE ONLY					
FILING DATE:		**FILE #:**		**RECEIVED BY:**	
TOTAL FEES PAID:		**RECEIPT #:**		**ASSIGNED TO:**	

*** APPLICATIONS ACCEPTED MONDAY - FRIDAY 8:00 am – 4:00 pm ***

APPLICANT INFORMATION			
APPLICANT:			
MAILING ADDRESS:			
PHONE NUMBER:		EMAIL:	
CONTACT PERSON/REPRESENTATIVE:			
MAILING ADDRESS:			
PHONE NUMBER:		EMAIL:	

EVENT INFORMATION			
EVENT NAME:			
BUSINESS NAME: (if applicable)			
EVENT DATES:			
BEGINNING TIME:		END TIME:	

COMPLETELY DESCRIBE PROPOSED EVENT (i.e., # of people, # vehicles, rest rooms, tents, food, alcohol, utilities, fencing; attach additional sheet(s) if necessary)

PROPERTY INFORMATION			
ADDRESS OF PROPERTY(IES):			
ASSESSOR'S PARCEL NUMBER(S):			
PROPERTY OWNER NAME (IF DIFFERENT FROM APPLICANT)			
PHONE # :		E-MAIL:	

SITE PLAN: Please provide a sketch showing any proposed structures, tents, outdoor sales areas, parking areas, and any other pertinent information needed to approve the application.

APPLICANT AFFIDAVIT

I certify that I am the duly authorized applicant/representative for the project herein described and that they information proved is true, accurate, and complete to the best of my knowledge and belief. I understand that in order for this application to be considered a complete submittal, all of the information required must be submitted. I further understand that the formal review period for the project will not commence unless and until the application is deemed complete.

APPLICANT'S SIGNATURE:	
TYPE OR PRINT NAME:	
DATE:	

OWNER AFFIDAVIT

I(we) being property owner(s) of the property herein described, and state as follows:

ADDRESS:	

1. That I am (we are) the owner(s) of the subject property described above;
2. That I am (we are) aware of the project being proposed on said property;
3. That the applicant/representative whose name is so affixed to the application is the duly authorized representative of the project;
4. I am (we are) aware that there may be conditions of approval imposed upon the project, and I (we) agree to abide by the required conditions.

OWNER'S SIGNATURE:		DATE:	
OWNER'S TYPED/PRINTED NAME:			
OWNER'S SIGNATURE:		DATE:	
OWNER'S TYPED/PRINTED NAME:			

*** ALL SECTIONS MUST BE COMPLETED. PARTIALLY COMPLETE APPLICATIONS WILL NOT BE ACCEPTED ***

Form Reference mSE20250320