



CITY OF BIG BEAR LAKE

MAJOR SPECIAL EVENT GUIDE & APPLICATION



THE SPECIAL EVENT PROCESS

Consultations

Application

Review

Approval

Planning Division
PO Box 10,000
39707 Big Bear Blvd.
Big Bear Lake, CA 92315

909-866-5831 (phone)
909-866-7511 (fax)
BBLPlan@citybigbearlake.com
www.CityBigBearLake.com



Big Bear Event Resource Office
PO Box 1936
630 Bartlett Rd
Big Bear Lake, CA 92315

909-866-2638 (phone)
909-866-5412 (fax)
rickbates@eventsinbigbear.com
www.EventsInBigBear.com

1. CONSULTATIONS

- Contact the Big Bear Event Resource Office (909-866-2638) to determine the event date and location will not conflict with previously approved events. You may request to be added to the Event Calendar.
- If you are a non-profit and applying for the Community Events Grant, applications are posted at the beginning of February at www.citybigbearlake.com. Applications are due in 30 days, by the end of February. Contact the City Clerk's office at (909) 866-5831 if you have questions.
- For the use of Meadow Park or the Zoo, contact Big Bear Valley Recreation & Parks District at (909) 866-9700.
- For the use of Forest trails, contact the US Forest Service at (909) 866-3437.
- If food will be served or sold, contact the San Bernardino County Division of Environmental Health Services at (800) 442-2283.
- If alcohol will be served or sold, contact the California Department of Alcohol Beverage Control at (951) 782-4400.
- Contact a title company or mapping service for radius mailing labels, if required by the Planning Department.



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2. APPLICATION

- Applications for first-time events are required to be submitted 180 calendar days prior to the event date. All others are required to be submitted 120 calendar days prior to the event date.
- Complete the attached application and provide the required plans and information. Confirm with Planning staff whether your event will be required to submit radius mailing labels. This requirement varies by event size and impact. Please be aware that information provided on and with the application may be public. Any information that is not provided may deem your application incomplete and may cause delays in the review of your event.

APPLICATION CHECKLIST

- Application
- Event Schedule
- Event Site Plan
- Parking Plan
- Security Plan
- Medical Plan
- Non-profit Status
- Insurance & additional insured
- Property Owner Consent/Authorization
- Fees and/or security deposit
- Radius Mailing Labels



3. REVIEW

- Development Review Committee (DRC) meeting. The DRC meeting will consist of the applicant/representative of the event and relevant city department staff as well as any outside agencies (such as Sheriff's Department or CHP). At this meeting, you will be notified whether the application is incomplete and the type of information needed to make the application complete.
- First-time Events. First-time events will require a presentation before the Planning Commission prior to the public hearing. Staff will schedule this meeting with the applicant.

4. APPROVAL

- First-Time and Second-Time Events. All events that occur for the first-time or second-time will require approval at a public hearing before the City's Planning Commission. The applicant and/or representatives are required to attend and to respond to any questions or concerns raised at the meeting.
- Subsequent Events. For subsequent events, if there are no significant changes (such as a change in location or size of event), the annual event will be reviewed at a DRC meeting. The review and approval authority of the event will be the City Planner.
- Appeal Period. A 10-day appeal period is established from the date of approval, after which an event approval is effective if no appeals are filed.



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I. Event Summary

APPLICANT

A host organization is considered to be the applicant. Non-profit applicants shall provide a copy of the IRS 501 (C) tax exemption letter to certify tax exempt status. Applicants without IRS 501 (C) valid tax exemption status are considered to be commercial and subject to for-profit application fees.

Applicant:	
Mailing Address:	
Phone Number:	
E-Mail Address:	

CONTACT PERSON OR REPRESENTATIVE

Contact Name:	
Mailing Address:	
Phone Number:	
E-Mail Address:	

EVENT DESCRIPTION

Name of the Event:	
Event Website:	
Location/Address of the Event:	

How will your event be described or promoted in a press release? Attach your event flyer and/or press release.

DATES & TIMES

Set-up:	Day		Date		Time	
Event Starts:	Day		Date		Time	
Event Ends:	Day		Date		Time	
Clean-up:	Day		Date		Time	

NUMBER OF PEOPLE

Attendance includes spectators/attendees as well as volunteers but not participants. Participants are entrants, such as artists in an art fair or runners in a marathon. Please enter each separately below.

ATTENDANCE				PARTICIPANTS			
Total:		Per day:		Total:		Per Day:	
Target Audience. <i>Who is the primary audience for the event?</i>							



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II. Applicant & Property Owner Signature

PRIVATE PROPERTY OWNER CONSENT

For events on private property, the property owner shall complete the CONSENT and JURAT section.

I/we _____, being the property owner(s) of the property herein described, and being duly sworn, depose and state as follows:

1. That I am (we are) the owner(s) of the subject property described as Assessor's Parcel Number (APN):

Address: _____

2. That I am (we are) aware of the project being proposed on said property.
3. That the applicant and/or representative whose name(s) is/are affixed at the bottom of this application is/are the duly authorized representative(s) of the project.
4. I am (we are) aware that there may be conditions of approval imposed upon the project which may require the applicant or the property owner to construct or remove certain property improvements.
5. I (we) hereby authorize representative(s) of this City to enter upon the above-mentioned property for inspection services.

Property Owner Signature:		Date:	
Property Owner Signature:		Date:	

JURAT

State of:	
County of:	

Subscribed and sworn (or affirmed) before me on this _____ day of _____, _____ by _____ (name of signer) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

And _____ (name of signer) proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature of Notary Public & Stamp

AFFADAVIT

I (we) certify that the information provided is true, accurate and complete to the best of my (our) knowledge and belief. I (we) understand that in order for this application to be considered a complete submittal, the following information must be included: completed application forms, scaled and dimensioned plans of existing and proposed improvements, appropriate number of copies submitted, and such other information as required by the Planning Division. I (we) further understand that the review period for the project will not commence unless the application is complete.

Applicant Printed Name	Applicant Signature	Date
Representative Printed Name	Representative Signature	Date



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III. Event Details

COMMUNICATIONS & PUBLIC SAFETY

Who will be the primary contact person during the day of the event?

Contact Name:			
Mailing Address:			
Phone Number:	Fax:	Cell:	
E-Mail Address:			

Will there be an event information booth? Yes No Will there be a lost child booth? Yes No

PARKING PLAN

Will the event secure event parking lot(s)? Yes No And/or shuttle service? Yes No

Has the event obtained private property owner permission to use private parking lots? Specify below. Yes No

Location:	Owner:	Phone:
Location:	Owner:	Phone:
Location:	Owner:	Phone:
Location:	Owner:	Phone:
Location:	Owner:	Phone:
Location:	Owner:	Phone:
Shuttle Provider:		Phone:

How will event parking lots be advertised? Check all that apply and describe other pertinent parking information below:

Event Site Plan <input type="checkbox"/>	Event brochure <input type="checkbox"/>	Event website <input type="checkbox"/>	Directional Sign(s) <input type="checkbox"/>	On-site event parking sign(s) <input type="checkbox"/>
Attendants <input type="checkbox"/>	Other (specify) <input type="checkbox"/>			

INSURANCE

Will the event occur on City-owned property? Yes No

If yes, you will be required to provide a certificate of insurance and an additional insured endorsement for the City. Please provide your insurance agency information below.

Insurance Agency:			
Contact Name:			
Mailing Address:			
Phone Number:	Email Address:		
Policy Type:	Policy Amount:	Policy Number:	

MEDICAL/FIRST AID PLAN

Describe the event's medical plan. Will there be a medical service provider? If so, provide the contact name and phone number. Will there be first aid booths? If so, how many and who will man them? Attach the event medical plan.



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ALCOHOL

Does your event involve the use of alcoholic beverages?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If so, check all that apply:		Free alcohol <input type="checkbox"/>	Alcohol sales <input type="checkbox"/>	Beer <input type="checkbox"/>	Wine <input type="checkbox"/>	Distilled Spirits <input type="checkbox"/>
Describe your security plan to ensure safe sale or distribution of alcohol at your event:						

FOOD CONCESSIONS OR PREPARATION

Will the event include food concession and/or preparation?		Yes <input type="checkbox"/>		No <input type="checkbox"/>			
If yes, describe how food will be served and/or prepared:							
Will food be cooked in the event area?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, specify heating method(s) below:	
Gas <input type="checkbox"/>	Electric <input type="checkbox"/>	Propane <input type="checkbox"/>	Charcoal <input type="checkbox"/>	Other <input type="checkbox"/>	Specify:		

VENDORS

Will items or services be sold at your event?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, describe or attach a complete list of vendors and include a sample of the vendor pass that will be used. Specify local or non-profit vendors.					

SECURITY PLAN

Will your event provide security?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		If yes, check all that apply:		Daytime <input type="checkbox"/>		Overnight <input type="checkbox"/>	
Describe your security plan, including crowd control, internal security or venue safety, and attach the plan to this application:											
Have you hired a licensed professional security company to develop and manage your event's security plan? If yes, you are required to provide a copy of the security company's valid Private Patrol Operator's License issued by the State of California:											
Security Organization:											
Contact Name:											
Mailing Address:											
Phone Number:		Fax:			Cell:						
E-Mail Address:											
Private Patrol Operator License:											



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IV. Event Site Plan

TEMPORARY STRUCTURES AND EQUIPMENT

Provide a site plan of the event location, route(s), equipment, structures, and utilities. Use the list below for reference.

ITEM	PROPOSED	SHOWN ON PLAN	Notes/Totals
Tents less than 400 square feet:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Tents 400 sq. ft. or greater:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Canopies less than 700 sq. ft.:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Canopies 700 sq. ft. or greater:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trailers/truck exhibits/vendors:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Food trucks/vendors and alcohol vendors/beer gardens:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Children's bounce houses or other play devices:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Petting zoo, animal areas:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fireworks, or other pyrotechnics or similar devices:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Stage(s) and/or amplifying equipment:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other performance/entertainment areas:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Timing equipment or Start/Finish Line:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Bleachers or seating areas:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Scaffolding, grandstands, or similar platforms:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trash & recycle cans/bins/areas:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Hay bales, inflatables, or other props (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Art installations or on-site manufacturing (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fencing (show exit/entry ways on plan):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Portable restrooms & hand-washing stations:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parking areas and/or shuttle plan, including routes:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vendor, volunteer/staff parking areas:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Parking directional signs & locations:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Event advertising signs (6 maximum) and their locations:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ADA-compliant parking & paths of travel:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Emergency access lanes (20 feet)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Fire extinguishers:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water hydrants:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Generators:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Temporary electrical connections:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water connections:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (specify on plan):	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	



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V. Expenses & Proceeds

1. Is the applicant a commercial entity? If yes, skip to #5.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is the applicant a bona fide tax exempt, non-profit entity? If yes, attach a copy of the IRS 501(C) tax exemption letter.	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has this event received a Community Event Grant for non-profit events?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. If yes, provide the amount or describe the in-kind services:	
5. Is admission, entry, or participant fees required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. If yes, provide the amounts:	
7. Are vendor fees or other fees required?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. If yes, provide the amounts:	
9. Provide the estimated gross receipts including ticket, entry, vendor, product and sponsorship sales from this event, and explain how this was computed:	
10. Provide the estimated expenses for this event:	
11. Provide the projected distribution or net dollar amount the applicant will receive from this event:	

FOR STAFF USE ONLY

File #	Date Submitted:	Received by:
Application Fees*	<input type="checkbox"/> For Profit, Local Applicant	\$835
	<input type="checkbox"/> For Profit, Other Applicant	\$1,229 (plus deposit for attorney fees)
	<input type="checkbox"/> Non-Profit Applicant	\$0 (Applicant must supply 50(C) status)
	<input type="checkbox"/> Fire Dept. Review Fee	\$0 (Non-Profit) or \$69 (all others)
	<input type="checkbox"/> Environmental Exemption	\$45 (all applicants – State of California Filing Fee)
	<input type="checkbox"/> City Facility Use Security Deposit	\$500 (or as established by Risk Department)
	Total:	
Radius Labels	<input type="checkbox"/> Event is subject to Radius Mailing Labels	
	<input type="checkbox"/> Event is NOT subject to Radius Mailing Labels, pursuant to Development Code 17.03.030.A.	

*These fees were last adopted by City Council Resolution 2006-042 on September 11, 2006, and may be subject to increases.

*Thank you for your application for a Major Special Event in the City of Big Bear Lake.
We look forward to assisting you throughout the process.*