



**CITY OF MONROVIA  
COMMUNITY SERVICES EVENT APPLICATION**  
Public Services Department  
119 West Palm Avenue Monrovia, CA 91016  
626.256.8246

**Please complete the Special Event application, and submit to the Public Services Department at least 30 days before the first day of the event.**

**Organization Name:** City of Monrovia **Non-profit**  **For profit**  **Other**   
Non-profit Tax ID# \_\_\_\_\_

**Organization Address:** 415 South Ivy Avenue

**Applicant Name:** Tina Cherry **Email:** tcherry@ci.monrovia.ca.us

**Applicant Phones: Work:** (626)256-8226 **Home:** \_\_\_\_\_ **During Event:** (951)808-7449

**Applicant Address:** Same as above

**Applicant E-Mail Address:** Same as above

**Event Name:**  
Monrovia Days Community Festival

**Please provide a detailed description of the proposed special event:**  
Saturday Events - 8am to 9pm - includes Pancake Breakfast, Parade, Carnival, Performances in the Park, Pie Eating Contest and evening Concert.

Sunday Events - 11am to 6pm - includes Carnival, Performances in the Park and evening Concert.

**Event Day(s) & Date(s):** Sat. May 20 - Sun. May 21 **Event Time(s):** Sat. - 8am - 9pm/Sun 11am - 6pm

**Set-Up Date & Time:** Fri. May 19 - 5am **Tear-Down Date & Time:** Sun. May 21 - 12 midnight

**Event Location:** Library Park & Old Town Monrovia

**ATTENDANCE:** What is the expected (estimated) attendance for this event? Youth 3,000 Adults 3,000

**MAP: (a)** If your event will use streets or sidewalks (for a parade, run, etc.) or will use multiple locations, please attach a complete map showing the equipment drop-off and pick-up locations and the route plan. **(b)** Show any streets that you are requesting to be closed/blocked off, and location of vendors, if any. A final map, if different, must be provided ten (10) days before the event. **(c)** Please show an emergency vehicle access lane. **(d)** You must obtain an encroachment permit from the Community Development Department.

**STREET CLOSURES:** Must be approved by MOTAB (Monrovia Old Town Advisory Board), Police Department, Public Works Department and Fire Department.

**STREET CLOSURES:** Start Date/Time: \* See Report\* through Date/Time: \_\_\_\_\_

(list streets and blocks requested for closure): \*See Report\*

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**BARRICADES:** You will be responsible to supply your own barricades, including proper set up and removal of the barricades. All barricades shall be removed within two (2) hours at the conclusion of the event. All barricades not removed 2 hours after the event shall be removed by the City who shall be reimbursed for all costs by the Organization and Applicant.

**TEMPORARY NO PARKING SIGNS:** Six (6) No Parking signs will be issued to the applicant when the special event application is approved. Additional NO PARKING signs may be purchased for \$1.00 each at City Hall and may not be placed using staples, nails or glue. Signs may be placed using wire ties, bailing wire or string.

**STREET/POLE BANNERS:** Will you be hanging a Street or Pole Banner?  YES  NO  
If yes, you may obtain a street banner application from the Public Services Department. Completing and submitting the banner application does not constitute approval for hanging a street/pole banner.

**VENDORS:** Food concessions?  YES  NO Other Vendors?  YES  NO  
If yes, please describe the type of food concessions being sold/distributed:

**ENTERTAINMENT:** Are there any entertainment features related to this event?  YES  NO  
If Yes, describe the entertainment features in detail: \_\_\_\_\_

Performances will take place in Library Park on Saturday and Sunday.

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Will there be amplified sound used by the entertainment?  YES  NO  
(Check one) Live Band  Recorded Music  Other (describe): \_\_\_\_\_

**DO YOU PLAN TO HAVE ALCOHOL SOLD/SERVED AT THIS EVENT?**  YES  NO  
If yes, are liquor license and liquor liability insurance attached?  YES  NO  
If yes, what time? Sat. 11am - 9pm & ~~until~~ Sun. 11am - 6pm

**SECURITY:** Community Services has the authority to require security personnel. Describe in detail the safety and security that YOU will be providing for the event: Post Security will be in place on Saturday from 11am - 9pm, and on Sunday from 11am - 6pm.

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**REST ROOMS:** Are you planning to provide portable rest rooms at the event?  YES  NO  
If yes, how many? 2

**EVENT INSURANCE MUST BE ATTACHED TO THIS APPLICATION:**  
An event sponsor, applicant and/or the Organization must provide a valid certificate of insurance naming the City of Monrovia as an additional insured on the policy of insurance with coverage limits and terms acceptable to the city, and execute a Hold Harmless and Indemnification Agreement with the City of Monrovia. The City is self-insured. The carnival operator has listed the City as additionally insured.

**COMPLIANCE WITH CITY AND STATE LAWS AND ORDINANCES:** The applicant and organization shall comply with all applicable City and State ordinances, resolutions, laws, statutes, codes, conditions and requirements.

*Signature Page follows*

**ORGANIZATION AND APPLICANT UNDERSTAND AND ACKNOWLEDGE THE CITY HAS THE RIGHT TO REJECT OR DENY THIS APPLICATION IF ANY OF THE REQUESTED INFORMATION IS NOT PROVIDED WITH THE APPLICATION OR THE INFORMATION PROVIDED IS NOT ADEQUATE OR ACCEPTABLE TO THE CITY. CITY RESERVES THE RIGHT TO REQUEST FURTHER OR ADDITIONAL INFORMATION ON THE APPLICATION BEFORE CONSIDERATION OF GRANTING, ACCEPTING, REJECTING OR DENYING THE APPLICATION.**

**CITY RESERVES THE RIGHT TO REQUIRE ORGANIZATION, APPLICANT OR BOTH PAY A DEPOSIT TO THE CITY WHICH SHALL BE HELD BY THE CITY AND WILL BE APPLIED TO ANY COSTS OR EXPENSES INCURRED OR PAID BY THE CITY IN CONNECTION OR RELATING TO THE EVENT. ANY UNUSED PORTION OF THE DEPOSIT SHALL BE REFUNDED TO THE ORGANIZATION, APPLICANT OR WHOEVER PAID THE DEPOSIT TO THE CITY.**

\_\_\_\_\_  
Signature of Organization Applicant

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

**For Office Use Only:**

**Director of Community Services – Signature:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

**Director of Public Works – Signature:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

**Director of Community Development – Signature:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

**Police Chief - Signature:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

**Fire Chief – Signature:** \_\_\_\_\_  Approved  Denied

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

**Date Received:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Staff:** \_\_\_\_\_