



CITY OF HUNTINGTON PARK

Community Development Dept. • Planning Division
6550 Miles Avenue, Huntington Park, CA 90255
Tel. (323) 584-6210 • planning@hpcagov

TEMPORARY USE PERMIT APPLICATION

FOR OFFICE USE ONLY

Date Filed: _____ File No.: _____ Fee/Receipt No.: **\$307.00** Initials: _____

BUSINESS ADDRESS OR GENERAL LOCATION: _____

APPLICANT'S INFORMATION

Applicant: _____

Mailing Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

PROPERTY OWNER'S INFORMATION

Property Owner: _____

Mailing Address: _____

Phone 1: _____ Phone 2: _____ Email: _____

DESCRIPTION OF TEMPORARY USE

1. Describe in detail the type of business activity to be temporarily conducted (include any equipment or product to be used in the commercial activity): _____

2. How long do you plan to operate the temporary use? _____

SUBMITTAL REQUIREMENTS:

- *Completed Temporary Use Permit Application*
- *Certificate of Liability Insurance*
- *Two (2) sets of plot plans and/or floor plans identifying the location of all event activity, pedestrian and vehicle circulation and/or parking as necessary.*

A fully completed application with all required departmental and agency approvals (as noted by Staff) must be submitted to the Community Development Department at minimum of fourteen (14) days prior to the date of the temporary use. The applicant is responsible for routing the application to outside agencies.

If the applicant is not the property owner, the owner of the property must sign the application, or a written authorization must be submitted so that the applicant may file the application.

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I/We certify that all statements made on this application are true and complete to the best of my knowledge. I/We understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I/We further certify that I am, or have permission by, the property owner to conduct the proposed development applied for herein.

Signature of Applicant

Date

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Submitted: _____

Received By: _____

Filing Fee: _____

Receipt No.: _____

Property Owner Approval Provided? Yes No

Site Plan Provided? Yes No

Certificate of Liability Insurance Provided? Yes No

Departmental/Division Approvals Required:

Building and Safety City Clerk Engineering Parks & Recreation
 Planning Police Department Public Works Revenue Collections

Outside Agency Approvals Required:

L.A. County Fire Dept. L.A. County Health Dept. Dept. of Alcoholic Beverage Control (ABC)



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DEPARTMENTS / AGENCIES REVIEW CHECKLIST

TEMPORARY USE PERMIT APPLICATION

PERMIT NO. _____

The Community Development Department requires proof of approval from the following departments/ agencies that are checked:

(The applicant is responsible for routing the application to outside agencies*)

Los Angeles County Fire Department*
Fire Prevention Division
3161 E. Imperial Hwy.
Lynwood, CA 90255
(310) 603-5258

Approved Not Approved No Approval
Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

Los Angeles County Health Department*
Environmental Health Specialist
5850 S Main Street, Room 2257
Los Angeles, CA 90003
(323) 235-7009

Approved Not Approved No Approval
Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

State Dept. of Alcoholic Beverage Control*
Duty Investigator
3530 Wilshire Blvd., Suite 1110
Los Angeles, CA 90010
(213) 736-2005

Approved Not Approved No Approval
Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

Huntington Park Police Department
Watch Commander
6542 Miles Avenue
Huntington Park, CA 90255
(323) 584-6254

Approved Not Approved No Approval
Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

TEMPORARY USE PERMIT APPLICATION

PERMIT NO. _____

The Community Development Department requires proof of approval from the following departments/agencies that are checked:

<p><input type="checkbox"/> Huntington Park City Manager's Office City Manager 6550 Miles Avenue Huntington Park, CA 90255 (323) 584-6223</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> No Approval Necessary</p> <p><input type="checkbox"/> Approved w/ Conditions - Comments: _____</p> <hr/> <p>Signature: X _____ Date: _____</p>
<p><input type="checkbox"/> Huntington Park Office of the City Clerk City Clerk 6550 Miles Avenue Huntington Park, CA 90255 (323) 584-6297</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> No Approval Necessary</p> <p><input type="checkbox"/> Approved w/ Conditions - Comments: _____</p> <hr/> <p>Signature: X _____ Date: _____</p>
<p><input type="checkbox"/> Huntington Park Planning Division Community Development Director 6550 Miles Avenue Huntington Park, CA 90255 (323) 584-6392</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> No Approval Necessary</p> <p><input type="checkbox"/> Approved w/ Conditions - Comments: _____</p> <hr/> <p>Signature: X _____ Date: _____</p>
<p><input type="checkbox"/> Huntington Park Finance Department Finance Director 6550 Miles Avenue Huntington Park, CA 90255 (323) 584-6201</p>	<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> No Approval Necessary</p> <p><input type="checkbox"/> Approved w/ Conditions - Comments: _____</p> <hr/> <p>Signature: X _____ Date: _____</p>

TEMPORARY USE PERMIT APPLICATION

PERMIT NO. _____

The Community Development Department requires proof of approval from the following departments/agencies that are checked:

Huntington Park Building Division
Building Official
6550 Miles Avenue
Huntington Park, CA 90255
(323) 584-6271

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

Huntington Park Public Works Dept.
Public Works Director / City Engineer
6550 Miles Avenue
Huntington Park, CA 90255
(323) 584-6253

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

Huntington Park Parks and Rec. Dept.
Parks and Recreation Director
3401 E. Florence Avenue
Huntington Park, CA 90255
(323) 584-6218

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____

Huntington Park Code Enforcement
Code Enforcement Manager
6550 Miles Avenue
Huntington Park, CA 90255
(323) 584-6213

Approved Not Approved No Approval Necessary

Approved w/ Conditions - Comments: _____

Signature: X _____ Date: _____



INSURANCE REQUIREMENTS

The City of Huntington Park requires that applicants must submit to the Office of the City Clerk proof of Liability Insurance in the following amounts.

Coverage shall be at least as broad as:

- **General Liability** – Minimum Limits of: *(Pending Event)*
 - **\$1,000,000** per occurrence and **\$2,000,000** general aggregate;
 - **\$2,000,000** per occurrence and **\$4,000,000** general aggregate; or
 - Other: _____
- for bodily injury, personal injury and property damage, including operations, products and completed operations
- **Automobile Liability** – if vendor has no owned autos, Code 8 (hired) and Code 9 (non-owned), with limits of no less than **\$1,000,000** per accident for bodily injury and property damage. (Note – required only if auto is used in performance of work)
- **Workers Compensation** – required by the State of California, with statutory limits, and employer's liability insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease. (Note – required only if vendor has employees)

Special Events serving/selling alcohol must also include **Liquor Liability (limits will vary depending on event type)*

The General Liability policy is to contain, or to be endorsed to contain the following:

- The City of Huntington Park, its officers, officials, employees, and volunteers are to be covered as additional insureds.

Special Event Holder or Permittee shall hold harmless, defend and indemnify Entity and its officers, officials, employees and volunteers from and against any and all liability, loss, damage, expense, costs (including without limitation costs and fees of litigation) of every nature arising out of or in connection with Contractor's performance of work hereunder or its failure to comply with any of its obligations contained in the agreement, except such loss or damage which was caused by the sole negligence or willful misconduct of the Entity.

Certificate Holder:

- City of Huntington Park, 6550 Miles Avenue, Huntington Park, CA 90255

Acceptability of Insurers:

- Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A: VII, unless otherwise acceptable to the Entity.

A typed legible name of the Authorized representative must accompany the signature on the certificate of insurance and/or the true and certified copy of the policy

**THE ENDORSEMENT PAGE MUST ACCOMPANY THE ACORD FORM
CERTIFICATE OF LIABILITY.**



CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Agent or Broker Name & Address		CONTACT NAME: PHONE (Area No. Ext): E-MAIL ADDRESS:	DATE (MM/DD/YYYY)	FAX (Area No.):
INSURED	Insured Name & Address		INSURER A:	INSURER(S) AFFORDING COVERAGE	
			INSURER B:	NAIC #	
			INSURER C:		
			INSURER D:		
			INSURER E:		
			INSURER F:		

Must have a Contact Name & Phone number or email address

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WND	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ex. occurrence) \$
	GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					BODILY INJURY (Per occurrence) \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					MED EXP (Any one person) \$
	UMBRELLA LIAB EXCESS LIAB	OCCUR CLAIMS-MADE				PERSONAL & ADV INJURY \$
	DED.	RETENTION \$				GENERAL AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PARTNER/CO-OWNER/CO-EXECUTIVE OFFICER/EMPLOYEE EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	Policy Number	Current Policy Period		PRODUCTS - COM/PROP AGG \$
						COMBINED SINGLE LIMIT (Ex. accident) BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						EACH OCCURRENCE \$
						AGGREGATE \$
						PER STATUTE \$
						OTHER \$
						E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
						Each Accident: \$1,000,000

General Liab.
Each Occurrence: \$2,000,000
Damage to Rented Premises: \$1,000,000
Med Exp: \$5,000
Personal & Adv Injury: \$1,000,000
General Aggregate: \$4,000,000
Products: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					
<p>"The City of Huntington Park, its officers, officials, employees, and volunteers are to be covered as additional insureds."</p>					

CERTIFICATE HOLDER	CANCELLATION	
City of Huntington Park 6550 Miles Avenue Huntington Park, CA 90255	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>	
AUTHORIZED REPRESENTATIVE	<p>SIGNATURE</p>	

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Must be in ACCORD 25 (2016/03) or ACCORD 25 (2014/01) any other form will **NOT** be acceptable

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

"The City of Huntington Park, its officers, officials, employees, and volunteers are to be covered as additional insureds."

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

- a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance**:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.