

## City of San Clemente Planning Division

910 Calle Negocio, San Clemente, California 92673

Phone: (949) 361-6197 http://ci.san-clemente.ca.us

## TEMPORARY OUTDOOR OPERATING PERMIT APPLICATION

Thank you for your interest in the temporary outdoor operating permit in the City of San Clemente! A Temporary Outdoor Permit may be issued to temporarily permit outdoor dining or retail display on private or public property (commercial/industrial/mixed use) during the City of San Clemente declaration of local emergency due to COVID-19. In order to process your application as quickly as possible, the application must be submitted to the Planning Division in complete form. Incomplete applications will be delayed in the review process and are grounds for denial. Once approved, a temporary outdoor operating permit is in effect until September 30.

APPLICANT INFO	RMATION					
Contact Person:		Phone:				
Business Name:		Email:				
Business Lic #		Addres	s:			
Non-Profit ID#		City/Zip	):			
OUTDOOR OPERATIONS INFORMATION						
Address:						
Event Type:	<ul> <li>□ Outdoor Retail Display</li> <li>□ Outdoor Dining</li> </ul>					
Location:	<ul> <li>□ Private Property</li> <li>□ City Public Right-Of-Way (Sidewalk, Parking Spaces, Street, Alleyway)</li> </ul>					
Activity Dates:		Activity Hours of Operation:				
Activity Description: (Attach additional pages as needed)						
FOR OUTDOOR DINING ONLY						
Number of Seats prior to local emergency:	Interior Exterior	Proposed Number of Seats:	per of Interior Exterior			
PROPERTY OWNER AUTHORIZATION (required for proposed outdoor activities on private property only)						
Property Owner of Record:		Phone:				
Signature:		Email:				
Date:		Addres	s:			
Street Address:		City/Zip	):			

Please make a copy of the application for yourself, prior to submitting it to the Planning Division. Your application will be circulated to affected departments who may contact you for clarification or additional information. The City representative will approve, conditionally approve, or deny your event application according to the information received.

<b>SUBM</b>	ISSION CHECKLIST	
	Temporary Outdoor Operating Permit Application	n
	Letter of Justification for requested temporary o	utdoor operating permit
	Site Plan, see checklist below	
	Insurance Documents with Endorsement (activit	y on public property only)
SITE P	LAN CHECKLIST	
		ut superimposed on an aerial view imagery is encouraged.
_	include the following:	tracts or areas surrounding the quant
	An outline of the event site including names of s Location of tables, chairs, platforms, tents (speci	
	Location of fencing, barriers or barricades.	17 5126), 500(115, etc.
	Location of trash receptacles.	
	Any outdoor lighting.	
	Generator locations and/or source of electricity.	
	Number of parking spaces to be repurposed for	the temporary activity.
	Placement of promotional signs or banners.	, ,
	Dimensions of activity area boundaries.	
	Any street closures.	
		te Planning Division by email at <a href="mailto:Planning@san-clemente.org">Planning@san-clemente.org</a>
	l to 910 Calle Negocio, San Clemente 92672. For c	uestions, please contact the Planning Division at (949) 361-
6197		
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APPLI	CANT'S INDEMNIFICATION/WAIVER (Must b	e at least 18 years of age)
Lagree.	on behalf of myself as an individual and	("Organization"), to indemnify,
		d all of their respective agents, officers, and employees (collectively
hereina	fter referred to as the "City") from and against any and	all loss or liability for claims or judgments against the City, including
		ne planning, preparation, or operation of the Special Activity/Event.
		defend, indemnify and hold free and harmless the City from any
		ce or willful misconduct. Furthermore, on behalf of myself and the
		es, expenses, or judgments against the City, including attorney fees a result of the planning, preparation, or operation of the Special
		n individual and on behalf of the Organization, as a condition of
-		ite, to pay to the City the costs of any damage, injury, or loss of any
		occurrence of the Special Activity/ Event. The payment for all such
_		0) days of receiving an invoice from the City listing the costs of such
		nis obligation is both an obligation of the Organization sponsoring
	· · · · · · · · · · · · · · · · · · ·	y accept. I certify under penalty of perjury that I have the authority
		to pay any and all such costs associated with the damage, injury, from the occurrence of the special activity/event. I CERTIFY THAT I
	EAD AND UNDERSTAND THE ABOVE INDEMNIFICATION	
(Printed	d Applicant Name)	(Date)
As an ir	ndividual and on behalf (Applicant Signature)	of (Name of Organization)