



FINANCE DEPARTMENT

CITY OF CULVER CITY

BUSINESS TAX DIVISION

9770 Culver Blvd., Culver City, CA 90232

Phone: (310) 253 5870 or (310) 253 5888 (Recorded Info.)

Email: business.license@culvercity.org

Form BT-08

Account No.: _____

Event Ref#: _____

SPECIAL EVENT PERMIT APPLICATION

ALL EVENT PERMIT APPLICATIONS MUST BE SUBMITTED NO LATER THAN FOUR WEEKS PRIOR TO THE EVENT DATE OR THE PERMIT MAY BE DENIED

1) Business/Organization Name: _____

2) Address: _____

3) Phone #: _____ Fax: _____

4) Contact Person: _____ Email: _____

5) List the names, **home** address and **home** telephone numbers of the owners, partners, corporate officers or promoters of the event. If necessary attach separate list of Corporate Officers with application.

Name/Title	Address	Phone
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Name/Title	Address	Phone
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6) Describe the event: _____

7) Event location/address: _____

8) Event date(s): _____

9) Event times: From: _____ To: _____

10) Number of people expected to attend throughout course of event: _____

11) Maximum number of people at any given time: _____

Will the event have the following:

Dancing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Be open to the Public	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vendors/Booths	<input type="checkbox"/> Yes <input type="checkbox"/> No	Caterers/Trucks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Charging for Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No	Live Music/Amplified Sound	<input type="checkbox"/> Yes <input type="checkbox"/> No
Entrance Fee	<input type="checkbox"/> Yes <input type="checkbox"/> No	Take Place Outdoors	<input type="checkbox"/> Yes <input type="checkbox"/> No
Valet Parking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tent(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will need to provide the following:

Sound Permit Received	<input type="checkbox"/> Yes <input type="checkbox"/> No	Serving Alcohol	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABC License	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plot/Floor Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tax Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No

Catering/Truck Name or Account # _____

Tent Permit Received ☐ Yes ☐ No
Valet Business Name or Account # _____

Generator ☐ Yes ☐ No
Entertainment Name or Account # _____
(Permit may be required) (i.e.DJ, Comedian, etc.)

12) What is the present use of the premises where this event is to be held?

☐ Veteran's Memorial Building

13) Name and address of owner (landlord) of the premises:

☐ City of Culver City

14) Briefly state past experience of applicant(s) with this type of event:

15) Has any permit issued to the applicant(s) by any public authority ever been revoked? ☐ Yes ☐ No
If yes, please explain:

Following to be signed by an officer of the Organization or an authorized agent (if signed by an agent, a letter of authorization will required). If the permit is granted, I/We agree to comply with all Federal and State Laws, all Ordinances, Rules and Regulations of the City, including all conditions stipulated on the event permit issued, and to pay promptly all the required fees. I hereby certify, under penalty of perjury, that the above information is true, correct and complete to the best of my knowledge.

Signature of Officer or Authorized Agent Date

Signature of Officer or Authorized Agent Date

I Acknowledge Receipt of Fee Schedule
effective 1/13/2025: _____

NOTE: THE PAYMENT OF FEES DOES NOT CONSTITUTE A PERMIT TO HOLD AN EVENT IN CULVER CITY

CITY USE ONLY		Event Ref# :	
Fees		Charge Code	Amount
Event Fee*	For Profit \$_____ Non-Profit \$_____	2605	\$
Recycling Fee*	No. of People _____ <input type="checkbox"/> W/Food <input type="checkbox"/> W/O Food	6107	\$
Expediting Permit Fee (If within 1 Week of Event)	<input type="checkbox"/> 1 st Instance - \$250 <input type="checkbox"/> Subsequent Instance - \$100	2610	\$
Police Officer**	No. of Officers ____ X \$1870 (Mon-Fri)	5921	\$
Police Officer**	No. of Officers ____ X \$2123 (Sat-Sun)	5922	\$
Life Safety Officer**	No. of Officers ____ X \$1176 Min. (Mon-Fri), \$196 per hour	5919	\$
Life Safety Officer**	No. of Officers ____ X \$1368 Min. (Sat-Sun), \$228 per hour	5920	\$
		TOTAL	\$
*A written cancellation of an event made prior to the issuance of the permit, will be given a refund of the event and recycling fees. **A 24-hour written notice prior to the event is required in case of cancellations for a refund of these fees.		Received by:	