

Alverno Heights Academy

Sunday Event Application Form



City of Sierra Madre
232 W. Sierra Madre Blvd.
Sierra Madre, CA 91024
626.355.7135
www.cityofsierramadre.com

APPLICANT'S NAME [REDACTED]				
IF ORGANIZED, PROVIDE CONTACT NAME [REDACTED]				
ADDRESS [REDACTED]	CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	PHONE [REDACTED]
EVENT MONITOR NAME Cynthia Cales - school rep/ward				CELL PHONE [REDACTED]
LOCATION OF EVENT AAA - Villa				
DESCRIPTION OF EVENT Violinist - liturgical music School Affiliated				
DATE OF EVENTS 7/23/23		OPENING AND CLOSING HOURS 2pm - 7pm		
ESTIMATED ATTENDANCE 600	IS THERE SEATING? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, TYPE OF SETTING assembly	
CHECK THOSE THAT APPLY. <input checked="" type="checkbox"/> Recorded Music <input checked="" type="checkbox"/> Live Music <input type="checkbox"/> Serving Food <input type="checkbox"/> Alcohol <input type="checkbox"/> Other Specify: Violinist - liturgical				
BUSINESS LICENSE DD FTR	WILL ALCOHOL BEVERAGES BE SERVED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Please remember that the Sierra Madre Municipal Code does not allow the serving or selling of alcohol in public.	
NAME(S) OF ADDITIONAL INSURED(S) REQUIRED N/A			RELATIONSHIP TO INSURED	
PRESENT OR PREVIOUS INSURANCE CARRIER on file				
LIMITS OF COVERAGE " " "				
HAS ANY INSURANCE CARRIER CANCELLED OR REFUSED COVERAGE? NO				
IF SO, EXPLAIN N/A				
PREVIOUS LOSSES N/A				
SECURITY AVAILABLE Events involving alcohol must have security present.		TYPE 1-AAA	NUMBER 1	
DOES SECURITY FORCE HAVE POWER TO ARREST OR DETAIN?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Enclose a copy of security directions as separate attachment.

ILITIES BEING UTILIZED (First aid stations, ambulance on premises)

RESPONSE TIME

HOSPITAL DISTANCE

City of Sierra Madre

EMERGENCY EVACUATION PLAN

In case of catastrophic emergency, i.e., fire, earthquake, bomb threat, etc.
Plan must be attached to application for consideration of approval.

How are you notified of the emergency? How will the crowd be warned? How are exits marked and directions posted? How will the crowd be dispersed from facility, park, parking area, etc.? (Attach separate sheet)

ON FILE

STREETS TO BE CLOSED (PLEASE ATTACH A MAP)

N/A

ARE YOU ADDITIONALLY APPLYING FOR SPECIAL EVENT INSURANCE?

N/A

SPECIAL REQUESTS (Port-a-potties, trash cans, barricades, sprinklers off in the park, etc.)

N/A

ATTACHMENTS

- Fee (or fee waiver request for eligible events)
- Insurance Certificate
- Security Plan
- Emergency Evacuation Plan
- Street Map (for street closures)
- Site/Event Map
- List of Specific Special Requests

I hereby certify that I have read and will abide by all rules and regulations of the City of Sierra Madre. As a duly authorized representative of the sponsoring organization, and on behalf of sponsoring organization, I agree to defend and to hold harmless the City of Sierra Madre, together with its officers and employees, against any and all liability or claim thereof, for any injury, death or property damage allegedly suffered by any person, including sponsoring organization, its agents or employees, due to, caused by, or arising out of, the acts or omissions of the sponsoring organization, its agents or employees, or the negligent acts or omission of the City of Sierra Madre, its officers or employees, and occurring during and as a result of the exercise of the privileges, and the permission hereby being granted to sponsoring organization, its agents and employees.

SIGNATURE

[Signature]

DATE

7/23/23

TITLE

Facilities Director

PHONE NUMBER

[Redacted]

Cynthia Cales

[Signature]

Event Monitor Checklist



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- Number of Guests (not to exceed 200)**
 - How many guests attended: 600
 - Police Department Calls for Service, if yes, explain:

- Any interaction with Alverno Staff and/or Security Guard?**
 - If Yes, explain: _____

- Any interaction with the Sierra Madre Police Department?**
 - If Yes, explain: _____
 - If Not, explain: no

- Any interaction with the Neighbors?** no
 - If Yes, explain: _____

Number of Guests: 600

- Event Time Monitoring**
 - Event Start Time: 3 p.m.
 - Event End time: _____

Gate Entering and Exiting Times

○ Gate Name:	<u>Wilson</u>	<u>Highland</u>	<u>Michollinda</u>
○ Gate Opening Time:	<u>11:30</u>	<u>N/A</u>	<u>1:30</u>
○ Gate Closing Time:	<u>7pm</u>	<u>7pm</u>	<u>7pm</u>

3:35 4:05 5:10

Street Name	1 st Time and Reading	2 nd Time and Reading	3 rd Time and Reading	4 th Time and Reading
Michillinda Ave.	44.1	43.2	47.1	}
Grandview Ave.	40.3	43.4	45.4	
Wilson St.	45.2	43.1	45.1	
Highland Ave.	48.2 48.2	49.1	48.4	

- Noise Readings: 48.2
- Noise conditions satisfied pursuant to Section 3 of Conditional Use Permit No. 22-03
 - o If Not, explain: _____

- Alcohol conditions satisfied pursuant to Section 4 of Conditional Use Permit No. 22-03
 - o If Not, explain: N/A

- Traffic and Parking conditions satisfied pursuant to Section 5 of Conditional Use Permit No. 22-03
 - o If Not, explain: _____

- Vehicle Access condition satisfied pursuant to Section 6 of Conditional Use Permit No. 22-03
 - o If Not, explain: _____

- Nighttime Lights conditions satisfied pursuant to Section 7 of Conditional Use Permit No. 22-03

○ If Not, explain: _____

Litter and Garbage conditions satisfied pursuant to Section 8 of Conditional Use Permit No. 22-03

○ If Not, explain: _____

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NAME OF EVENT: _____ PHONE: _____
 ADDRESS: _____ CALLER: _____
 LOCATION OF EVENT: _____
 DESCRIPTION OF EVENT: _____
 DATE OF EVENT: _____ OPENING AND CLOSING HOURS: _____
 ESTIMATED COST: _____ IS THERE SEATING? Yes No IF YES, TYPE OF SEATING: _____
 CHECK ALL THAT APPLY: Required Music Live Music Serving Food Alcohol
 Other Specify: _____
 BUSINESS LICENSE: _____ WILL ALCOHOL BE SERVED? Yes No Please remember that the Sierra Madre Municipal Code does not allow the serving or selling of alcohol in public.
 NAME(S) OF ADDITIONAL INSUREC(S) REQUIRED: _____ RELATIONSHIP TO INSURED: _____
 HAS ANY PREVIOUS INSURANCE COVERAGE? _____ on file
 TYPE OF COVERAGE: _____
 HAS ANY INSURANCE OWNER CHANGED OR REFUSED COVERAGE? _____
 IF SO, EXPLAIN: _____
 PREVIOUS LOSSES: _____
 SECURITY AVAILABLE: _____ MAJOR: _____
 DOES SECURITY FORCE HAVE LICENSE TO SEARCH OR DETAIN? Yes No
 Enclose a copy of security agreement as separate attachment.