



LONG BEACH CITY COLLEGE DISTRICT

4901 E. Carson St., G-9

Long Beach, CA 90808

Phone: (562) 938-4019 Fax: (562) 938-4069

EVENT PERMIT APPLICATION

FOR USE OF LBCC DISTRICT FACILITIES

Please fill out completely. Write "N/A" (Not Applicable) or "0" as appropriate. Attach additional pages if there is not sufficient space for your response. Incomplete applications will delay processing.

APPLICATION MUST BE RECEIVED AT LEAST 14 DAYS PRIOR TO EVENT

A. ORGANIZATION INFORMATION

ORGANIZATION HOSTING EVENT: _____

ADDRESS: _____

WEBSITE: _____

STATUS: Business Non-Profit (501c3) Other: _____

LBCC DEPARTMENT SPONSORING EVENT (if applicable): _____

CONTACT PERSON:

NAME: _____

WORK PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

B. EVENT INFORMATION

EVENT TITLE: _____

EVENT DESCRIPTION: (Please describe the event purpose and proceedings (Include any special request/need)

Table with 5 columns: FACILITY(IES) NEEDED, DAY, DATE, START SETUP, FINISH TEARDOWN

ESTIMATED ATTENDANCE: _____

EVENT ATTENDEES: (Please describe. E.g. HS varsity soccer team) _____

PARKING:

I understand that my event attendees will pay LBCC \$2 per parking space

[Organization] will prepay for event parking: _____ spaces in parking Lot _____

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C. EVENT ATTENDEE COSTS

*Section required **ONLY** for non-profit organizations seeking waived facility rental costs under the Civic Center Act.*

EVENT ADMISSION FEE: \$ _____ (cost for audience/spectators/conference attendees)

EVENT PARTICIPATION FEE: \$ _____ (for competitors/performers)

ORGANIZATION MEMBERSHIP FEE: \$ _____ per year/ month/ season *[check one]*

(I.e.: How much event participants pay on a regular basis to participate in Organization events)

PARKING FEE: \$ _____/parking space (If you will be charging event attendees directly for parking)

FUND ALLOCATIONS: (if event is a fundraiser):

- _____% of funds received from this event will go to _____ [Org Name]
- _____% of funds received from this event will go to _____ [Org Name]

FUND ALLOCATION DESCRIPTION (Please provide further description of how funds received from this event will be allocated) _____

D. ADDITIONAL EVENT INFORMATION: (Check Yes or No)

Yes No

1. **OPEN TO THE PUBLIC**
2. **SET-UP NEEDED** (e.g. tables, chairs, stage. Will require a Set Up Request Form)
3. **AUDIO/VISUAL EQUIPMENT NEEDED** (Will require an IT ticket)
4. **FOOD AND/OR DRINKS SERVED** (i.e. free of charge)
5. **FOOD AND/OR DRINKS SOLD**
6. **ALCOHOL SERVED/SOLD**
7. **VEHICLES (UN)LOADING ON MAIN CAMPUS** (Not including parking lots)
8. **VIPS/DIGNITARIES IN ATTENDANCE** (E.g. Trustees, City Officials, etc.)

If you answered yes to any of the items 2-6 above, please provide a detailed explanation below:

E. SIGNATURES

By signing below, I confirm that the above responses are true, complete, and correct. I assume responsibility and liability for any inaccurate or incomplete information provided. I understand that my event is unconfirmed until receipt of an LBCCD permit.

APPLICANT NAME: _____

Signature: _____ Date: _____

DEAN/DEPT HEAD/VP NAME: (Required for LBCC-affiliated events only) _____

Signature: _____ Date: _____