



## **SPECIAL EVENT PERMIT APPLICATION INSTRUCTIONS**

PLEASE INCLUDE THE FOLLOWING WHEN SUBMITTING YOUR SPECIAL EVENT PERMIT APPLICATION. IF APPLICABLE ITEMS ARE MISSING, YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND NOT PROCESSED.

1. Certificate of Liability Insurance must be submitted fifteen (15) days prior to the start date or your event will be denied.
2. The time frame for administrative review and approval of the Application for Special Event Permit is 30 days from date of application. Once the completed permit has been approved by various City departments, the permit will be approved or denied by the Special Events Coordinator.
3. A list of all vendors must be submitted with your application. *Please see section 4 of the application for vendor information.*
4. If you do not have a local business license, a Temporary Business License (\$10 per day) must be obtained from Lake Havasu City prior to your event.
5. Site Plan of event. Please include street closures/barricades, entrances/exits, vendor booth placement, displays, parade forming/disbanding, and/or tents. Tents, canopies or structures over 400 sq. ft., or over 200sq. ft with sidewalls, and air-supported structures require a permit and inspection from the Fire Department. *Please see attached Tent Permit Application.*
6. The use of fireworks requires a permit from the Fire Department.
7. If you have 501(c)(3) status, please attach your certificate from the IRS.
8. Permit Fee: Please submit a \$40, nonrefundable check payable to Lake Havasu City with the signed/dated application.
9. If your event will take place on the water/Bridgewater Channel, please contact the United States Coast Guard at 619-278-7656, for a permit.
10. Please find the attached instructions to obtain a quote for Tenant Use's Insurance (TULIP) for Lake Havasu City-owned Facilities.
11. All events taking place at SARA Park require a Special Event Permit Application.



## **SPECIAL EVENTS FEE SCHEDULE**

Events may have additional fees such as fire inspections of tents, fireworks, or carnival/rides; materials and/or labor from the Street Maintenance, Police, Fire or other departments. If additional fees are incurred, an itemized invoice will be sent prior to the event. Payment is due *before approval being sent.*

### **Special Events Application Fees**

1. Without exception, all events submitting an application are required to pay the *non-refundable* application fee.
2. All events are charged the same fee for the Special Events Application.
3. Payments may be made by cash, check, or credit card. Checks must be made payable to Lake Havasu City, unless otherwise stated.
4. All fees must be paid *prior* to the event in order for Lake Havasu City to continue processing your application.

Special Event Permit Application Fee:	\$40
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### **Additional Permit/License Fees**

Temporary Business License	\$10/day
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Special Event Liquor License Application Fee (non-refundable):	\$50
*This application requires an additional \$25 per-day fee payable to the Arizona Department of Liquor License & Control	

Carnival Inspection up to 5 hours inspection time:	\$250
*Additional charge after the first 5 hours:	\$50/hour

Inspection of tents in excess of 200 sq. ft; canopies in excess of 400 sq. ft:	\$75 ea.
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### **Damage & Clean-up Deposit**

At the discretion of the Special Events Coordinator, a Damage and Clean-up Deposit may be required at the time of application. The amount will be determined by the Special Event Coordinator in conjunction with all involved departments. If no damage is done to the facilities or public property and clean-up of the event site is complete, the Damage & Clean-up deposit will be returned within thirty (30) days to the applicant.



## SPECIAL EVENT PERMIT APPLICATION

Special Event Office · 2330 McCulloch Blvd N., Lake Havasu City, AZ 86403

Phone 928-854-0771 · Fax 928-453-8502

Please complete all information; do not leave any spaces blank. Write N/A in spaces that do not pertain to your event. ***Incomplete applications will not be processed.***

<b>Applications must be submitted a minimum of 30 days prior to the event with a non-refundable application fee of \$40 attached.</b>			
Name of Event		Date of Event	
Location of Event			
<b>Section 1 - Applicant/Event Sponsor Group Information</b>			
Applicant Name			
Please Check One: <input type="checkbox"/> Non-Profit <input type="checkbox"/> Charitable* <input type="checkbox"/> Business Promoter <input type="checkbox"/> Private Group			
<b>*A Certificate of 501(c)(3) status from the IRS must accompany the application.</b>			
<b>Section 2 - Event Contact Information</b>			
Name		Phone	
Address			
E-mail			
<b>Section 3 - Event Information</b>			
Provide a detailed description of the event on the attached sheet.			
Multi-day Event <input type="checkbox"/> Yes <input type="checkbox"/> No			
Time of Event	Start	<input type="checkbox"/> am <input type="checkbox"/> pm	to   Finish <input type="checkbox"/> am <input type="checkbox"/> pm
Set-up time	<input type="checkbox"/> am <input type="checkbox"/> pm	Take down time	<input type="checkbox"/> am <input type="checkbox"/> pm
Anticipated Number of Participants		Anticipated Number of Spectators	
Event Open to Public <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the event on public property <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is the event on private property <input type="checkbox"/> Yes <input type="checkbox"/> No   Property Owner			
Property Address			
<i>*Events taking place on private property must complete a Temporary Use Permit Application accompanied by written permission from the property owner. Please contact the Community Services Department at 928-453-4148 for assistance*</i>			

Is the event to be held in a City Park?  Yes  No If so, which Park?

Is the event to be in Lake Havasu/Bridgewater Channel?  Yes  No  
If so, how many boats/watercraft? Type of boats?

\*If your event takes place in Lake Havasu/Bridgewater Channel, please contact the United States Coast Guard at 619-278-7656 for a permit\*

\*An Illustrative Site Map of the event **must accompany this application**, to include street closures/barricades, entrances/exits, vendor booth placement, displays, parade route with forming disbanding area, and tents and canopies. Tents, canopies or structures over 400 square feet, or over 200 square feet with sidewalls, and air-supported structures require a permit and inspection from the Lake Havasu Fire Department, 928-453-3313. Please see attached Tent Permit Application.

#### Section 4 - Vendor Information

Food/Beverages  Yes  No  Sold  Free  Catered  Served

Do vendors have all permits/licenses with Mohave County Environmental Health Department?  
 Yes  No

Do vendors have a Lake Havasu City Temporary Business License?  Yes  No  
If no, see attached Temporary Business License application.

Number of anticipated vendors

\*A completed vendor list must be submitted with this application or your application will be considered incomplete and not processed. **Applicant: Please ensure that each vendor provides the following information and submit it with the Vendor List: Company Name – Doing Business As (DBA) – Name – Address – Phone Number – Owner’s Name – Type of Business – Lake Havasu City Business License Number (Annual or Temporary) – Arizona State Transaction Privileged (TPT) Number\***

#### Section 5 - Alcohol

Will there be alcohol at the event?  Yes  No

If yes, please complete and return an Application for Special Event Liquor License from the Arizona Department of Liquor Licenses & Control along with a check for the appropriate fees.

\*If you are seeking an Extension of Premise, please contact the Clerk’s Office at 928-453-4142.

How will the alcohol be distributed?  Bartender  Self-Serve

#### Section 6 - Fire Department Services

Will there be fireworks or special effects?  Yes  No

If yes, please contact the Lake Havasu City Fire Department at 928-453-3313 for a permit and inspection.

\* Carnivals/rides require a fee and inspection from the Lake Havasu City Fire Department.

Are emergency fire and/or medical required?  Yes  No

**Section 7 - Security and Law Enforcement**

Is law enforcement personnel requested?  Yes  No

If yes, please specify needs

Is private security being used?  Yes  No

**Section 8 - Traffic Closure**

Does the event propose using, closing or blocking any of the following?

City Street(s)  City Sidewalk(s)  Public Parking Lot(s)

Multi-use Path(s)  City Alley(s)  City Right(s) – of – Way

If yes, please explain

Will the event include a parade?  Yes  No

**Section 9 - Support and Auxiliary Services**

Will sanitary facilities be used Yes      No	If yes, please see the attached Restroom Facilities Chart to calculate your needs and state that number here:
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Will electrical services be needed? Yes      No	Explain:
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Will a water supply be needed? Yes      No  If water is used, will waste water be generated (examples: car wash water, soaps, oils, grease, fuels, paint, food waste, other chemicals)?  Yes      No	Explain:  If yes, on a separate sheet of paper, provide a plan for containment & legal disposal of all fluids and a plan for cleanup of area to remove all residual contaminants/pollutants.
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Will there be amplified sound? Yes      No	Explain:
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**Section 10 - Insurance Requirements – PLEASE READ AND INITIAL ALL BOXES**

\_\_\_ Applicant shall purchase and maintain General Liability Insurance in the minimum amount of \$1,000,000 for each occurrence/\$2,000,000 aggregate. The policy must provide coverage for bodily/personal injury, property damage, and board form contractual liability. The policy must be endorsed to include Lake Havasu City, Arizona, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, employees, or contractors as named additional insureds with respect to liability arising out of the use of the park(s) and contain a waiver of subrogation against the City. The City must be notified within ten business days of policy suspension, cancellation, and reduction in coverage or limits. Insurance coverage must be provided by an insurance company admitted to do business in Arizona and rated A-VII or better. Attach a copy of the General Liability Insurance Certificate to this application.

\* If the event is at Rotary Park, SARA Park or Site Six, the endorsement must include the Bureau of Land Management.

\_\_\_ ***PLEASE NOTE: Application will not be approved if the language above is not on your Certificate of Insurance.***

**Section 11 – Indemnification – PLEASE READ AND INITIAL ALL BOXES**

\_\_\_ Applicant agrees to indemnify, defend, save and hold harmless Lake Havasu City, its departments, agencies, boards, commissions, officers, officials, agents, volunteers, and employees from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys’ fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as “Claims”) for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the actions or omissions of Applicant or any of its owners, officers, directors, agents, employees, volunteers or contractors, arising out of or related to Applicant’s special event and occupancy, use, and activity in or about the lands described in the attached special event application, regardless of whether or not the Claims are caused in whole or in part by a party indemnified hereunder. It is the specific intention of the parties that Lake Havasu City, shall in all instances, be indemnified by Applicant from and against any and all Claims. It is agreed that

Applicant will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable.

\_\_\_ **For Special Events in SARA Park, Rotary Park or Site Six,**

Notwithstanding any limits to Applicant’s ability to indemnify and hold harmless the United States which may exist under state law, the User agrees to bear all responsibility (financial or other) for any and all liability or responsibility of any kind or nature assessed against the United States arising from the Applicant’s special event and use or occupancy of the area regardless of whether the Applicant has actually developed or caused development to occur in the area from the time of issuance of a special event permit.

**Section 12 – Acknowledgement – PLEASE READ AND INITIAL ALL BOXES**

\_\_\_ Applicant acknowledges and agrees to comply in full with all applicable federal, state, county, and City laws affecting the event.

\_\_\_ For special events in SARA Park or Rotary Park, Applicant acknowledges receipt and review of the Master Lease between City and BLM and agrees to comply with any applicable terms, stipulations, and requirements of the Master Lease. In the event of any conflict between a special event permit and the Master Lease, conditions of the Master Lease shall apply, including provisions of the July 19, 1975, Recreation and Public Purposes Act.

\_\_\_ The above information is complete and correct to the best of my knowledge. I understand that this permit is considered on the basis of the information supplied in the application, and that the permit may be denied or revoked if found to be incorrect and/or incomplete. I further understand that the event may be monitored by the City, and that failure to comply with any conditions placed on permit approval or the creation of a public nuisance as defined by applicable state and local law may result in the immediate abatement of the offending activity and/or revocation of the permit.

**Applicant’s Signature:**

**Date:**

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised: 12/01/14



**SPECIAL EVENT SITE PLAN**  
**(This diagram must be completed with this application)**

Instructions: Please include street closures/barricades, entrances/exits, vendor booth placement, displays, parade forming/disbanding, and/or tents. Tents, canopies or structures over 400 sq. ft., or over 200sq. ft with sidewalls, and air-supported structures require a permit and inspection from the Fire Department.





## RESTROOM FACILITIES CALCULATION CHART

OSHA and the Health Department require that an event producer provide one chemical-type toilet for every 500 people if permanent restroom facilities are not available at an event venue. Lake Havasu City highly recommends that an ADA portable restroom, along with a hand washing station also be present when any portable facility is brought in.

Lake Havasu City cannot provide portable restroom facilities for events; therefore, an outside rental company must be contacted to provide these facilities.

If permanent restroom facilities are not available, the following chart can be used to determine the required number of portable restroom facilities.

Under normal conditions most people will use sanitation facilities once every four (4) hours. Take into consideration that the consumption of foods, liquids, beer, and other alcoholic beverages will increase usage by 30 - 40%. The restroom must be handi-cap accessible if only one (1) facility is required. At least one (1) handi-cap restroom must be available when the crowd is over 300 and the event is five (5) hours in length.												
<b>How to use this chart</b> <b>1)</b> Determine how many hours the event will last. If it is multiple days, use the longest day. <b>2)</b> Determine how many people will attend. If there are multiple days determine peak day. <b>3)</b> Use the chart to calculate the number of portable restrooms needed for adequate sanitation conditions. <b>Note:</b> If alcohol is being served, add 15 - 20% more restrooms. Add one extra-large restroom per 20 portable restrooms. Adequate hand washing should be provided with restrooms in all food service areas.	<b>Length of event (hrs):</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	
	<b>Peak Crowd Number</b>	<b>Recommended # of portable restrooms</b>										
	300	0	0	1	1	1	1	1	1	2	2	+ 1 handi-cap restroom
	600	1	1	1	1	2	2	2	2	3	3	+ 1 handi-cap restroom
	900	2	2	2	2	3	3	3	3	4	4	+ 1 handi-cap restroom
	1,200	3	3	3	3	4	4	4	4	5	5	+ 1 handi-cap restroom
	1,500	4	4	4	4	5	5	5	5	6	6	+ 2 handi-cap restrooms
	1,800	5	5	5	5	6	6	6	6	7	7	+ 2 handi-cap restrooms
	2,100	6	6	6	6	7	7	7	7	8	8	+ 2 handi-cap restrooms
	2,400	7	7	7	7	8	8	8	8	9	9	+ 3 handi-cap restrooms
	2,700	8	8	8	8	9	9	9	9	10	10	+ 3 handi-cap restrooms
	3,000	9	9	9	9	10	10	10	10	11	11	+ 3 handi-cap restrooms
	3,300	10	10	10	10	11	11	11	11	12	12	+ 4 handi-cap restrooms
	3,600	11	11	11	11	12	12	12	12	13	13	+ 4 handi-cap restrooms
3,900	12	12	12	12	13	13	13	13	14	14	+ 4 handi-cap restrooms	
4,200	13	13	13	13	14	14	14	14	15	15	+ 5 handi-cap restrooms	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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 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	CONTACT NAME:	
	PHONE (A/C, No, Extl):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Lake Havasu City, its agents, directors, officers, officials, employees, and volunteers are additional Insureds with respect to [type of service] to be provided under this [contract, agreement, etc]."

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE

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**INSTRUCTINOS TO OBTAIN QUOTE AND PURCHASE TENANT USERS'  
LIABILITY INSURANCE (TULIP) FOR LAKE HAVASU CITY-OWNED  
FACILITIES**

Special Events applicants that utilize City facilities may wish to take advantage of the affordably priced liability insurance available through the Tenant User Liability Insurance Program (TULIP). Applicants may obtain quotes and purchase insurance by following the instructions below. Lake Havasu City does not quote and/or accept TULIP applications of payment. No permit may be issued or use confirmed until such time as Lake Havasu City receives a copy of the certificate of insurance automatically generated when the applicant purchases a policy online.

- Access the TULIP website at: <http://www.onebeaconentertainment.com/>
- Enter the facility code where your event is scheduled to be held from the following list:

<b>FACILITY</b>	<b>CODE</b>
Community/Aquatic Center	0432-001
Dick Samp Park	0432-011
Grand Island Park	0432-009
Island Ballpark	0432-007
Jack Hardie Park	0432-005
London Bridge Beach	0432-003
London Bridge Stage	0432-008
McCulloch Blvd	0432-004
Rotary Park	0432-002
SARA Park	0432-006
Wheeler Park	0432-010

Applicants have the option to select the facility from a drop down list and can choose "Lake Havasu City" as the location.

- Select the type of event you are holding from the drop down list of eligible events (i.e., birthday party, etc.). If the type of event you are holding is not listed, it is not

eligible for coverage under this program and you must obtain insurance from another source.

- Answer the questions concerning the event and click “Next.”
- Get your quote by clicking on the date of your event and providing a name for your event (i.e., Smith Birthday Party), the total number of people you expect to attend, and answering the questions concerning vendors and concessionaries. If you are serving alcoholic beverages at your event and it is being held at any facility other than the Community/Aquatic Center, you MUST purchase and provide liquor liability insurance, Click “Quick Quote.”
- If you are ready to purchase the insurance as quoted, continue to fill in the requested information and follow the instructions provided. View the insurance contract and refund policy and accept those terms, then click, “Continue” to purchase the insurance.
- Review the Summary of Coverages and if accurate, click “Purchase these coverages.”
- Fill in the requested credit card information. After the purchase has been approved, your certificate of insurance will be emailed to the address you provided as well as Lake Havasu City.

If you have any questions about TULIP or how to obtain a quote or purchase insurance, please call Lake Havasu City Human Resources/Risk Management at (928) 453-4143.



LAKE HAVASU CITY

Application for Temporary Special Event Business License

\$10 per day

Please return application to Administrative Services Department with fee.

2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403

PH: (928) 453-4146 FAX: (928) 855-5327 EMAIL: cscounter@lhcaz.gov

OWNER NAME BUSINESS NAME / DBA

MAILING ADDRESS Last First Middle

BUS. TEL. AZ RESALE TAX # MOHAVE CO. HEALTH #

DESCRIBE BUSINESS

Sole Ownership Partnership Corporation Name: State:

PRINCIPAL / OWNER NAME Title Phone Date of Birth

Home Address City / State Zip Driver's License # State

PRINCIPAL / OWNER NAME Title Phone Date of Birth

Home Address City / State Zip Driver's License # State

EMERGENCY CONTACT Name: Phone:

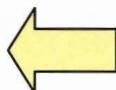
EVENT NAME, DATES, LOCATION

Applicant Signature Date

FOR ADMIN SVCS DEPT USE ONLY: DATE PAID LICENSE # EXPIRES



**Lake Havasu City**  
**Admin. Svcs. Dept., Business License**  
**2330 McCulloch Blvd N**  
**Lake Havasu City, AZ 86403**  
**Ph: (928) 453-4146 Fax: (928) 855-5327**



RETURN THE **ORIGINAL** OF THIS FORM  
 WITH A **COPY** OF YOUR IDENTIFICATION  
 TO THIS ADDRESS.

**LICENSING ELIGIBILITY REQUIREMENT (ARS § 41-1080)**

<b>FULL Name:</b>	<b>LAST</b>	<b>FIRST</b>	<b>MIDDLE</b>
<b>Business Address (as shown on business license or application):</b>			
<b>City, State, and ZIP Code:</b>			

On May 1, 2008, Governor Napolitano signed Laws 2008, Ch. 152 (House Bill 2745) into law. The new law contains a "licensing eligibility" section (Arizona Revised Statutes § 41-1080) preventing any licensing agency in the state of Arizona from issuing a (new or renewed) license to an individual unless the individual has provided the agency with one of the forms of identification listed in the law. View additional information about this requirement on the PRODUCERS page of the Department of Insurance Web Site ([www.id.state.az.us](http://www.id.state.az.us)).

To become or remain eligible for a license, complete this form, staple a photocopy showing both sides of your identification to the back and return to the address in our letterhead (top). Only provide **one** of the following forms of identification (mark an "X" next to the one you are submitting):

- 1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
- 2. A driver license issued by a state that verifies lawful presence in the United States.
- 3. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
- 4. A United States certificate of birth abroad.
- 5. A United States passport.
- 6. A foreign passport with a United States visa.
- 7. An I-94 form with a photograph.
- 8. A United States citizenship and immigration services employment authorization document or refugee travel document.
- 9. A United States certificate of naturalization.
- 10. A United States certificate of citizenship.
- 11. A tribal certificate of Indian blood.
- 12. A tribal or bureau of Indian Affairs affidavit of birth.

By my signature below, I hereby certify, under penalty of perjury that the copy of the document I am providing is a true and accurate copy of the original document and that I am legally authorized to be present in the United States.

<hr/> FULL SIGNATURE OF LICENSEE	<hr/> DATE
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**Lake Havasu City Fire Department**  
**Fire Prevention Bureau**  
2330 McCulloch Blvd. N.  
Lake Havasu City, AZ 86403  
Phone: (928) 453-3313 Fax: (928) 453-3312

**Tent Permit Application**

Event name/description: \_\_\_\_\_

Event address: \_\_\_\_\_

Property owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property owner's address: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's address: \_\_\_\_\_

Rental company name: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental company address: \_\_\_\_\_

Dates for event: \_\_\_\_\_

Tent  Canopy      Size: \_\_\_\_\_      Quantity: \_\_\_\_\_

CONTRACTOR/AUTHORIZED AGENT: The undersigned accepts responsibility to assure that the work conducted under this permit shall conform in all respects to plans submitted in conjunction with this document, that all work shall be done in accordance with the City Codes of Lake Havasu City, Arizona and that occupancy or use of any structure will not be permitted or commence until a Certificate of Occupancy has been duly issued. Failure to comply with this requirement may result in a criminal complaint being filed.

OWNER/BUILDER: I, as owner of the property, am exclusively contracting with licensed contractors to construct the project or my employees or I will do the work. That occupancy or use of any structure will not be permitted or commence until a Certificate of Occupancy has been duly issued. Failure to comply with this requirement may result in a criminal complaint being filed.

\_\_\_\_\_  
Signature of Owner, Contractor, or Authorized Agent      Phone No.      Date

**TO BE COMPLETED BY FIRE PREVENTION BUREAU**

Dates plans submitted: \_\_\_\_\_

Dates plans approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Flame retardant certificate:     Required     On file     Site diagram required     Floor plan required

Other requirements/comments: \_\_\_\_\_

Permit code: \_\_\_\_\_ Fee: \_\_\_\_\_     Cash     Check     Credit Card \_\_\_\_\_

Permit #: \_\_\_\_\_ Issued by: \_\_\_\_\_ Date issued: \_\_\_\_\_

Inspection scheduled     Yes     No      Date for inspection: \_\_\_\_\_