



## PARADE/SPECIAL USE PERMIT APPLICATION

CITY OF BELL GARDENS PLANNING DEPARTMENT  
7100 S GARFIELD AVENUE, BELL GARDENS, CA 90201  
(562) 806-7700 (562) 806-7720 FAX

This application must be **submitted at least seven (7) working days prior** to the beginning of the event. A letter from the property owner and plot plan of the site must accompany every Parade/Special Use Permit Application.

\_\_\_\_\_  
**ADDRESS OR GENERAL LOCATION OF EVENT**

*Dirección del evento*

\_\_\_\_\_  
**APP #**

\_\_\_\_\_  
**APPLICANT/REPRESENTATIVE**

*Nombre del solicitante o representante*

\_\_\_\_\_  
**DATE REC'D**

\_\_\_\_\_  
**SPONSORING ORGANIZATION**

*Nombre de la organización*

\_\_\_\_\_  
**REC'D BY**

\_\_\_\_\_  
**MAILING ADDRESS** *Dirección*

\_\_\_\_\_  
**CITY/STATE/ZIP CODE** *Ciudad/Estado/Zona Postal*

\_\_\_\_\_  
**TELEPHONE** *Teléfono*

\_\_\_\_\_  
**DATE/TIME OF SPECIAL ACTIVITY** *Día/hora de la actividad*

**DESCRIBE THE PROPOSED EVENT** *Descripción del evento*  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**APPLICANT'S SIGNATURE** *Firma del aplicante*

\_\_\_\_\_  
**DATE** *Fecha*

If you plan to use sound amplifying equipment, please complete the following:

1. Sound amplifying equipment:
  - a. Owner Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
  - b. User Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Sound producing power of the sound amplifying equipment:
  - a. Wattage to be used: \_\_\_\_\_
  - b. Volume in decibels of sound to be produced:  
\_\_\_\_\_
  - c. Approximate distance that sound will be audible from equipment:  
\_\_\_\_\_
3. General description of the sound amplifying equipment:  
\_\_\_\_\_  
\_\_\_\_\_
4. License & motor number of the sound track to be used:  
\_\_\_\_\_
5. Is the sound equipment to be used for commercial or noncommercial purposes?  
\_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Permit Approved: \_\_\_\_\_ Yes \_\_\_\_\_ No

Conditions of Approval:

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Reasons for Denial:

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Reviewed by:

Planning Dept: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_