TEMPORARY USE PERMIT APPLICATION

CUDAHY
OPEN MINDS, OPEN DOORS

Community Development Department | Planning Division | 5220 Santa Ana St. Cudahy CA 90201 | Phone: 323-773-5143 | Email: planning@cityofcudahyca.gov

Last updated: August 2026

Introduction: Temporary activities intended to occur outdoors or within a temporary building, when such uses are allowed within the applicable zone, require a Temporary Use Permit. The following temporary activities and uses may be allowed, subject to the issuance of a Temporary Use Permit prior to the commencement of the activity or use.

1. Construction yards, storage sheds, and construction offices in conjunction with an approved construction project, where the yard is located on a site different from the site of the approved construction project.
2. Entertainment and assembly events, including carnivals, circuses, concerts, fairs, festivals, food events, farmers markets, fundraisers, outdoor entertainment/sporting events, and similar events designed to attract large crowds and that are held either on private property when otherwise part of, or consistent with a permitted use.
    a. A maximum of three (3) days in any six-month period, unless the Community Development Department Director authorizes a fourth day.
3. Swap meets, including flea markets, rummage sales, and similar events held on private property.
4. Seasonal sales including (e.g., Pumpkin patch, Christmas tree lot).
    a. The sales of Christmas trees and wreaths shall only occur between December 1st to December 25th of any calendar year.
5. Outdoor display of merchandise as an accessory to current on-site business provided the sale of merchandise exceeds 25% of annual gross receipts.
6. Outdoor sales when such use(s) are allowed in the applicable zone.
    a. A maximum of four (4) outdoor sales, limited to a maximum of seven (7) days.
7. Other temporary activities subject to the Community Development Director determines to be similar in nature.

An application for a Temporary Use Permit (TUP) must be submitted and approved before any temporary use is conducted. *Applications for a TUP must be submitted up to 30 days prior to the date of the event.* Applications submitted with less than two weeks' notice may not have enough time for processing. Please read the directions and requirements carefully and use the checklist provided before submitting the application.

If you have any questions, please contact the Planning Division by email, planning@cityofcudahyca.gov or by phone, (323) 773-5143.

STAFF USE ONLY **Assigned Project Manager: _____**

Temporary Use Permit No.:

Date/Time Received: Received by: Fee Received & Receipt Number:

Temporary Use Permit Application Check List: *(The following is considered the minimum requirements to submit a TUP application, additional information and fees may be required/requested.)*

☐ Completed Application

☐ $1,359 Application Fee ***(other fees apply as applicable) – Fees shall be paid in person at City Hall or mailed in by check, payable to "City of Cudahy".***

☐ Detailed Site Plan ***(location of structures such as tents, fencing, lighting fixtures, equipment, parking, etc.)***

☐ Signage Plan

☐ Certificate of Insurance and Endorsement for applicant & vendors/contractors ***– See attached insurance information.***

☐ Property Owner Approval

☐ Public Notification Mailing Labels for Temporary Carnival, Circus, Fair, or Similar Event (***Owners and Tenants within 300 feet of the proposed site of the event must be notified 20 days in advance of event****.)* The applicant shall provide:

☐An area map indicating all properties within three hundred (300) foot radius of the subject parcel(s)

☐One typed list and two sets of gummed mailing labels addressed to property owners AND tenants within 300 feet of the subject site.

APPLICANT INFORMATION: *(This is the person who will be contacted regarding this application. This person will be named the applicant in all documents related to this application.)*

Name of Applicant: _____

Name of Organization: _____

Address: _____

Phone Number: _____

E-Mail: _____

EMERGENCY CONTACTS: *(Two are required and should be available during the event.)*

Contact # 1

_____
Name

_____
Cell phone number

Contact # 2

_____
Name

_____
Cell phone number

EVENT INFORMATION:

Date(s) of Event: _____ Hours of event: _____

Hours of event setup (if applicable):_____ Hours of event takedown (if applicable): _____

Location of Event: _____

CHECK ANY ITEMS THAT APPLY:

☐Tent or Canopy (include how many and the aggregate size):_____

☐Electrical hookups (electrical permit and inspection, such as temporary power pole and temporary generators; does not include extension cords to outlets)

☐Closures of public streets or alleys (subject to Public Works Encroachment Permit)

☐Temporary Signs such as: Banners, A-Frames, traffic control signs, etc.

☐Live Entertainment and/or PA system

DETAILED WRITTEN DESCRIPTION OF EVENT: *Include streets, pedestrian and vehicle ingress/egress, structures, placement and location of tents, signs, banners, storage, generators, PA equipment, sanitary facilities, lighting, Number of employees, number of parking spaces to be occupied.*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

PROPERTY OWNER INFORMATION:

Name of Property Owner: _____
Property Owner's Address: _____
Property Owner's Phone Number: _____
Property Owner's E-Mail: _____

PROPERTY OWNER APPROVAL

Must be read, filled in, and signed by the <u>owner of the property or management company.</u>

_____ (owner/prop. management) herby grants full permission and approval for
_____ (applicant) to hold _____ (event) at
_____ (location) on _____ (date(s)).

Additionally, I have been notified of the full extent of the event proposed and agree to not hold the City of Cudahy responsible for any problems or concerns that may arise due to it.

_____

Signature of owner or person authorized Date

INSURANCE REQUIREMENTS:

All vendors and contractors must submit a Certificate of Liability Insurance in the amounts detailed on **Attachment A** to this application. These Insurance Certificates must be submitted for all vendors and contractors planned to participate in an event at the time a Temporary Use Permit application is submitted in order for the application to be deemed complete and to begin processing.

All Insurance Certificates MUST be approved by the City Clerk's Office before any temporary use occurs. Vendors and contractors added to the event after application submittal must submit Insurance Certificates **at least two (2) weeks in advance of the event** in order to be reviewed by the City Clerk's Office. Vendors and contractors that do not follow the requirements for Insurance Certificates will not be permitted to participate in the event.

☐ I, the Applicant, certify that I will ensure all vendors and contractors participating in my event submit Insurance Certificates consistent with the required insurance limits and that I have attached these certificates as supporting documentation.

☐ I, the Applicant certify that I understand these Insurance Certificates will be reviewed for eligibility requirements detailed in Attachment A. I have been advised that if required documentation is not submitted at least two (2) weeks in advance of an event, the City Clerk's Office will not have sufficient time to review Insurance Certificates and will therefore be unable to provide approval for vendors and contractors to participate in an event.

_____ _____

Applicant Signature (Required) Date

_____

APPLICANT DECLARATION

Must be read, filled in, and signed by the <u>applicant.</u>

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application for _____ (proposed event) at _____ (event address), that I have read this Application and know the content thereof, and that the herein stated information and all attachments hereto, are true and correct to the best of my knowledge and belief.

_____

Signature of applicant Date

ATTACHMENT A

CITY OF CUDAHY CALIFORNIA

Incorporated November 10, 1960

5220 Santa Ana Street
Cudahy, California 90201-6024
(323) 773-5143

INSURANCE REQUIREMENTS

The City of Cudahy requires all Applicants to submit a Certificate of Liability Insurance in the following amounts:

MINIMUM SCOPE OF INSURANCE (see attached sample)

1. **Commercial General Liability Insurance (CGL):** Applicant shall obtain Commercial General Liability insurance, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than $2,000,000 per occurrence. If a general aggregate limit applies, the general aggregate limit shall be twice the required occurrence limit. *(Note – Aggregate limits can be supplemented by an accompanying Umbrella or Excess Liability policy.)*

2. **Automobile Liability:** Applicant shall obtain Automobile Liability Insurance in the amount of $2,000,000 per occurrence. *(Note – required only if auto is to be used in performance of the scope of work.)*

3. **Workers' Compensation:** As required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limits of no less than $1,000,000 per accident for bodily injury or disease. *(Note – required only if vendor has employees, waiver available for sole proprietors.)*

4. **Professional Liability (Errors and Omissions):** Insurance appropriates to the Applicant's profession, with limits no less than $2,000,000 per occurrence or claim.

5. **Applicant's Pollution Legal Liability** (*IF APPLICABLE)* and/or Asbestos Legal Liability and/or Errors and Omissions (if project involves environmental hazards) with limits no less than $2,000,000 per occurrence or claim, and $4,000,000 policy aggregate.

6. **Description of Operations/Locations/Vehicles:** Include address(es) and/or location(s) of work being performed

7. **Endorsement Page:** Must read, ***"The City of Cudahy, its officers, officials, employees, agents, and volunteers are to be covered as additional insureds"*** on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of Applicant including materials, parts or equipment furnished in connection with such work or operations. General liability coverage is to be provided in the form of an endorsement to the Applicant's insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used).

8. **Waiver of Subrogation:** To the fullest extent permitted by law, the Applicant and its insurers waive all rights of recovery or subrogation against the City, its officers, officials, employees, agents, and volunteers for any claims, losses, or expenses arising out of or connected with the Applicant's work under this agreement. This waiver shall apply to the General Liability, Automobile Liability, and Workers' Compensation policies and shall be effective regardless of any other insurance or coverage maintained by the City.

9. **Primary and Non-Contributory Clause:** The Applicant's insurance coverage shall be primary insurance as respects the City, its officers, officials, employees, agents, and volunteers. Any insurance or self-insurance maintained by the City shall be excess of the Applicant's insurance and shall not contribute with it. All required policies shall be endorsed to reflect this requirement.

10. **Acord Forms**: The GL needs to be on a current Acord form 2012 and current or will not be accepted.

NOTICE OF CANCELLATION

Each insurance policy required above shall provide that coverage and shall not be canceled, except with written notice to the Entity.

ACCEPTABILITY OF INSURERS

Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the Entity.

SPECIAL RISKS OR CIRCUMSTANCES

City reserves the right to modify these requirements at any time, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

All Insurance Certificates MUST be approved by the City Clerk's Office before beginning any work.

If the vendor is a sole proprietor with no employees or is unable to meet the above insurance requirements, please contact the City Clerk's Office at (323) 773-5143 ext. 254 to see if any waivers or modifications will be permitted.

Contact:
Richard Iglesias, City Clerk
cityclerk@cityofcucahyca.gov
(323) 773-5143 ext. 227

SEE NEXT PAGE FOR SAMPLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
DATE

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 have ADDITIONAL INSURED provisions or 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: MUST HAVE A CONTACT
AGENT OR BROKER NAME & ADDRESS	PHONE (A/C, No, Ext): NAME & PHONE NUMBER OR FAX (A/C, No):
	E-MAIL ADDRESS: EMAIL ADDRESS

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B : INSURANCE COMPANY NAME(S)	NAIC # REQUIRED
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED: INSURED'S NAME & ADDRESS

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY			POLICY NUMBER	CURRENT POLICY PERIOD		EACH OCCURRENCE	$ 2,000,000
	X CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY			POLICY NUMBER	CURRENT POLICY PERIOD		COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N	N / A		POLICY NUMBER	CURRENT POLICY PERIOD		PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

MUST MARK EITHER "Y" OR "X"

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

INCLUDE ADDRESS(ES) AND/OR LOCATION(S) OF WORK BEING PERFORMED

CERTIFICATE HOLDER

CITY OF CUDAHY
5220 SANTA ANA
CUDAHY, CA 90201

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

SIGNATURE

POLICY NUMBER: POLICY NUMBER MUST MATCH COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:
THE CITY OF CUDAHY, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS, AND VOLUNTEERS ARE TO BE COVERED AS ADDITIONAL INSUREDS.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. **Section II – Who Is An Insured** is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

However:

a. The insurance afforded to such additional insured only applies to the extent permitted by law; and

b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or

b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

