



ARCATA FIRE PROTECTION DISTRICT

631 NINTH STREET, ARCATA, CA 95521-6204
(707) 825-2000 Fax: (707) 822-7951

EVENT PERMIT APPLICATION

Applicant to complete the following information:

Issued to (Title of Organization): _____
Person in Charge of Event: _____
Address: _____
Email: _____ Phone Number(s) _____
Location of Event _____
Name of Band, DJ, Orchestra, or Performer(s): _____
Date & Time (start/end) of Event: _____
Estimated Number in Attendance: _____
Type of Event: _____
Will alcoholic beverages be served/sold? YES NO
Will you be applying for a permit to use open flame devices or conduct a flame effects performance? YES NO

I hereby agree to comply with all applicable laws and regulations.

Signature: _____
Title: _____ Date: _____

Fire District to complete the following:

Diagram/additional documents received (if required)? YES NO

Comments: _____

Recommendation: (Please check one) Approved Not Approved

Fire Marshal or designee signature: _____ Date: _____

**THIS PERMIT IS TO BE POSTED
IN A CONSPICUOUS PLACE
DURING THE EVENT**