



CITY OF HERCULES

TUP No. _____

Temporary Use Permit

111 Civic Drive, Hercules, CA 94547

Phone: 510-799-8200

www.ci.hercules.ca.us

A temporary use permit allows uses or activities with a short-term duration. The Community Development Director may approve temporary uses of no more than 30 days in any one calendar year. Planning Commission approval is required for temporary uses proposed for 31 days or more in one calendar year pursuant to Hercules Municipal Code 13-50.200. This application requests general information about your use or event and includes submittal requirements. Supplemental information, statements and/or forms may be required for your specific use or event as determined by staff. In addition to the requested information below a one-time fee (see [current fee schedule](#)) payable by check made out to the "City of Hercules" or credit/debit card must be included at time of application submittal.

APPLICANT INFORMATION

Applicant Name: _____

Applicant Phone: _____

Business/Organization Name: _____

Non-Profit Organization? Yes No If yes, provide 501(C) Corporate No. _____

Mailing Address: _____

Email Address: _____

EVENT LOCATION/USE INFORMATION

Description of Event (Attach Additional Information as Needed):

Has the event or use received a TUP from Hercules in the past? Yes No

Event Location: _____

Event Contact Person: _____ Contact Phone: _____

Event Date(s) From: _____ To: _____ Event Hours From: _____ To: _____

Set-Up Date & Time: _____ Finish/Clean-Up Date & Time: _____

Will the event be open to the general public? Yes No Anticipated number of guests: _____

Organizations Volunteering? Yes No

Will there be on-site security? Yes No If yes, please include security information

Security Company Name: _____ Contact Person: _____

Contact Phone: _____ Number of Officers: _____

SITE PLAN

Please draw or provide a site plan of the event location. Include all affected streets and sidewalk if applicable.

FOOD & DRINK

Are you planning to serve food or drink? Yes No

If yes, please include required information and sign below.

Will there be cooking at the event? Yes No

If yes, Booth Food Truck Other
indicate

I, the applicant/applicant's representative, understand that it is my responsibility to contact the Contra Costa County Environmental Health Department at 925-608-5500 before the start of this event to secure necessary approvals and inspections.

Applicant Signature: _____ Date: _____

EVENTS WITH ALCOHOL

Are you planning to serve alcohol? Yes No

If yes, please include a copy of the appropriate ABC license.

CONTRACTORS, SUB-CONTRACTORS, VENDORS & ENTERTAINMENT

Business Name	Contact Name	Phone Number	Business License #

STREETS & TRAFFIC

Will the event occur on city streets and/or sidewalks? Yes No

List the affected streets and sidewalks: _____

Will the streets need to partially or completely closed? Yes No

If yes, list the closures and hours: _____

Will there be excessive traffic before/during/after the event? Yes No

Please describe how the impacts will be mitigated: _____

PARKING

List all on-site and off-site parking locations and number of parking spaces provided: _____

RUN/WALK EVENTS & PARADES

Is this a Run/Walk event or parade? Yes No

If yes, please describe how traffic control will be provided: _____

Exact start and end times of road closures: _____

ADDITIONAL EVENT DETAILS

Please check all the items below that apply to the event and show each item on the site plan.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Electric Generators | <input type="checkbox"/> Temporary Fencing | <input type="checkbox"/> Open Flame or Use of Propane | <input type="checkbox"/> Traffic Barricades |
| <input type="checkbox"/> Amplified Sound/
Live Music | <input type="checkbox"/> Mechanical Rides | <input type="checkbox"/> Portable Restrooms/Handwashing | <input type="checkbox"/> Signage/Banners |
| <input type="checkbox"/> Tents/Canopies | <input type="checkbox"/> Blocking Parking Areas | <input type="checkbox"/> Trash/Recycle Bins | <input type="checkbox"/> Additional Parking |
| <input type="checkbox"/> Food Booths/Trucks | <input type="checkbox"/> Information/Service Table | <input type="checkbox"/> Trailers/Mobil Equipment | <input type="checkbox"/> Stage |
| <input type="checkbox"/> Other | | | |

PROPERTY OWNER AUTHORIZATION FORM

Property Owner or Management Company Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Signature: _____ Date: _____

PROPERTY OWNER AUTHORIZATION FORM

I understand that **submission of this application does not constitute approval** for any administrative review, conditional use, variance, map approval or exception for any other City regulations, which are not specifically the subject of this application. I understand further that I remain responsible for satisfying requirements of any private restrictions or covenants appurtenant to the property.

I certify that I am the applicant and that the information submitted with this application is true and accurate to the best of my knowledge and belief. I understand that the City is not responsible for inaccuracies in information presented, and that inaccuracies may result in the revocation of planning permits as determined by the Community Development Director. I further certify that I am the owner or purchaser (or option holder) of the property involved in this application, or the lessee or agent fully authorized by the owner to make this submission.

I certify that statements made to me about the time it takes to review and process this application are general. The City has attempted to request everything necessary for an accurate and complete review of your proposal; however, after the City has taken in your application and reviewed it further, it may be necessary to request additional information and clarification.

Signature of Owner or Authorized Agent: _____ Date: _____