



County of Los Angeles
CHIEF EXECUTIVE OFFICE
REAL ESTATE DIVISION - PERMIT SECTION
222 South Hill Street, 3 Floor • Los Angeles, California 90012
SACHI A. HAMAI
Chief Executive Officer

APPLICATION FOR PERMIT - FACILITY USE

1. Who is requesting the Permit (please print)

Organization:

Person who will sign the Permit:

Title of Person who will sign the Permit:

Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

E-mail Address:

2. WHAT is the nature of the event or purpose for the permit:

3. HOW many attendee are expected:

4. WHERE is the County property located that you intend to use (exact location & address)

5. WHEN do you wish to use the property for the above event/purpose (date & hours)

6. AUTHORIZATION who approved this event (County department, contact person, & telephone #)

7. FEE AMOUNT \$

DEPOSIT AMOUNT (if applicable) \$

8. INSURANCE an "additional insured" endorsement in the amount of at least \$1.0 million dollars must be received by this office prior to your event. Your insurance agent should prepare the endorsement naming "The County of Los Angeles" 222 South Hill Street, Los Angeles, CA as an additional insured.

NOTES:

- a. Any person or group using County property is required to pay a fee, provide insurance and execute the permit agreement. The Permittee agrees to pay any additional charges i.e., cleaning, security, utilities, etc., A DEPOSIT MAY BE REQUIRED.
- b. Minimum \$1,000,000 insurance is required (permit can cover more than any day if insurance covers the same period). You may be able to obtain Special Events insurance - call 1.800.420.0555 or on the web at www.2sparta.com
- c. The permit must not be altered in any way; if there are errors, alert the office - DO NOT CHANGE THE PERMIT.
- d. Audio and/or other equipment is not arranged by this office.
- e. This application does not constitute a reservation or permit to use County property.
- f. The County requires a 30-day notification prior to issuing a permit and space availability.

APPLICANT'S SIGNATURE:

Date:

Fax application to: 213.217.4971, Attention: Permit Coordinator

COUNTY OF LOS ANGELES – DEPARTMENT OF HEALTH SERVICES

REQUEST FOR APPROVAL TO SOLICIT ON COUNTY PROPERTY

NAME:	EMPLOYEE NO.:
TYPE OF SOLICITATION: (Organization to benefit from proceeds, items to be sold, etc.)	
DATE(S) AND TIME(S) OF SOLICITATION: _____	
LOCATION OF SOLICITATION: _____	
APPROVED BY: _____ DATE: _____ (Signature of Supervisor/Manager)	

DHS Policy 742 Att 1

ATTACHMENT: Application for Permit-Facility Use