



# EXPO CENTER

The City of Los Angeles, Department of Recreation and Parks in partnership with the Friends of the EXPO Center, a non-profit Corporation

Roy A. Anderson Recreation Center • Exposition Park Rose Garden • LA84 / John C. Argue Swim Stadium  
Ahmanson Senior Citizen Center • Parsons Preschool • Outdoor Amphitheatre  
3980 S. Menlo Avenue, Los Angeles, CA 90037 • Phone 213.763.0114 ext. 214 • Fax 213.763.3117  
Email: RAP-EXPOSpecialEvents@lacity.org



## Special Event Permit Application / Permiso de Evento Especial

Requestor Information / Informacion de Solicitante		
Name / Nombre		Organization / Organización
Address / Domicilio		City, State, Zip / Ciudad, Estado, Zona
Phone / Teléfono	Business Phone / Teléfono del Negocio	Fax / Fax
Contact Name #1 / Nombre de contacto #1	Phone / Teléfono	Email / Correo Electronico
Referred by / Referido cerca	Name / Nombre	Event Name / Nombre del Evento
Today's Date / Fecha de Hoy		Event Dates / Dia(s) de Evento
Today / Hoy		From / De To / A

Mark one / Marque uno  
 Day / Día  Sun / Dom  Mon / Lun  Tue / Mar  Wed / Mie  Thu / Jue  Fri / Vie  Sat / Sab

Reoccur / Reocurrir  One-Day Un Dia  Weekly Semanal  Bi-Weekly Bi-semanal  Twice Month Dos Veces  Monthly Mensual  Quarterly Trimestral  Other / Otro Mes

Excluding Dates / Excepto Días eg. 7/4/2008 

1	2	3	4
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Event Information / Información de acontecimiento								
Event Name / Nombre del Evento								
C. Event Start Time / Hora de Comienzo		D. Event End / Hora de Terminar		E. Permit Holder Breakdown Time / Hora Para Arreglar Salon Antes del Evento				
Example of Event Breakdown See Page 4 / Ejemplo de la avería del acontecimiento Vea la página 4		EXPO Staff Only	Decorations Setup	Event Start	Event End	Decorations Breakdown	EXPO Breakdown Only	Total Hours
Section/ Secciones		** A	B	C	D	E	** F	A-F
Patron's Total Event Time								
Expected Attendance / Previsto Asistencia		# Round Tables / Mesas Redondas		# Rectangular Tables / Mesas Rectangular		# Chairs / Sillas		

\*\* A & F Please note the EXPO Center Staff will have one (1) hour to setup & one (1) hour to breakdown prior to patron decorating time. Los empleados de Centro de EXPO trabajan uno (1) hora Initial / Inicial antes de decorar salon y una hora despues de evento.

Event Type / Tipo de Evento		Organization Type / Tipo de Organización	
<input type="checkbox"/> Film Permit / Permiso de Familiar (Call / Llame 323-644-6220) <input type="checkbox"/> Wedding / Reception - Boda/Recepcion <input type="checkbox"/> Banquet / Banquete <input type="checkbox"/> Tailgate / Cola Puerta <input type="checkbox"/> Party / Fiesta <input type="checkbox"/> Meeting / Reunion <input type="checkbox"/> Class / Seminar - Clase / Curso <input type="checkbox"/> Other / Otro		<input type="checkbox"/> EXPO Use Only (Example ASC, AQ, CC, ED, RC, SE, SC, TC) Department / Departamento _____ (Page 1 & 2 ONLY) <input type="checkbox"/> Govt/SU Facility Use Permit (Other State Entities) <input type="checkbox"/> Facility Use Permit / Uso de Facilidad _____ <input type="checkbox"/> Partnership / Asociacion _____ <input type="checkbox"/> RAP Use / Uso de RAP (RAP Use Only) Work Order # _____ Attach Payment Voucher (PV) # _____ <input type="checkbox"/> Other / Otro _____	

Location / Sitio			
<b>Roy Anderson</b> <input type="checkbox"/> Comrie Hall / Sala de Comrie * <input type="checkbox"/> Kitchen / Cocina ** <input type="checkbox"/> Multipurpose 1-3 / Cuanto de Multiuso 1-3 <input type="checkbox"/> Multipurpose 1 / Cuarto de Multiuso 1 <input type="checkbox"/> Multipurpose 2 / Cuarto de Multiuso 2 <input type="checkbox"/> Multipurpose 3 / Cuarto de Multiuso 3 <input type="checkbox"/> Parsons Multipurpose / Cuarto de Multiuso Parsons <input type="checkbox"/> Therapeutic Room / Cuarto Terapéutico (Internal ONLY) (Maximum event time for Senior Center 10pm / Hora máximo para el centro mayor 10pm) * NO FOOD is allowed in Comrie Hall or the Gyms / No Comida en sala de Comrie or gimnasio	<b>Senior Center / Centro Mayor</b> <input type="checkbox"/> Kitchen / Cocina ** <input type="checkbox"/> Senior Ballroom / Salón de Baile Mayor <input type="checkbox"/> Senior Lounge / Salón Mayor <input type="checkbox"/> Senior Back Patio <input type="checkbox"/> Front Patio (Maximum event time for Senior Center 10pm / Hora máximo para el centro mayor 10pm) <input type="checkbox"/> Family Pool <input type="checkbox"/> Pool Deck <input type="checkbox"/> Competition Pool ** Sink Use & Counter Space ONLY / lava manos y sobre mesa solamente	<b>Rose Garden / Rosaleda</b> <input type="checkbox"/> East End / Este <input type="checkbox"/> West End / Oeste <input type="checkbox"/> Gazebo A / Gazebo A <input type="checkbox"/> Gazebo B / Gazebo B <input type="checkbox"/> Gazebo C / Gazebo C <input type="checkbox"/> Gazebo D / Gazebo D (Closed Yearly Jan. 1 - Mar. 14)	<b>Outdoor Venues / Lugares al aire libre</b> <input type="checkbox"/> Boardwalk Area 1 / Área 1 del paseo marítimo <input type="checkbox"/> Boardwalk Area 2 / Área 2 del paseo marítimo <input type="checkbox"/> Boardwalk Area 3 / Área 3 del paseo marítimo <input type="checkbox"/> Boardwalk Area 4 / Área 4 del paseo marítimo <input type="checkbox"/> Front Lawn / Césped Delantero <input type="checkbox"/> Outdoor Amphitheatre / Amphitheatre al aire libre <input type="checkbox"/> Play Field <input type="checkbox"/> Lights <input type="checkbox"/> No Lights * Gyms / Gimnasio <input type="checkbox"/> South Gym / Gimnasio Sur *** <input type="checkbox"/> North Gym / Gimnasio Norte
		*** Sports Only / Deportes Solamente	

Office Use Only / Uso de la oficina solamente	
Request Number _____	Permit Number _____
Invoice Number _____	Block Number _____
<input type="checkbox"/> File _____ <input type="checkbox"/> Staff Schedule / Calendar _____ <input type="checkbox"/> Political Calendar _____ <input type="checkbox"/> Event Calendar _____ <input type="checkbox"/> 3 Month Calendar _____	
Required Documents	
<input type="checkbox"/> Alcohol Permit <input type="checkbox"/> City/Gov Approval Letter <input type="checkbox"/> Non-Profit Status <input type="checkbox"/> Flyer Advertisement <input type="checkbox"/> Health / Fire Permit <input type="checkbox"/> Insurance <input type="checkbox"/> Layout / Plot Plan <input type="checkbox"/> Security Contract	
Processed by	
FRS _____	Application _____
Coordinator Review	
Initial _____	Date _____
Processed Refund	
Initial _____	Date _____

**Event Detail / Additional Information - Detalles de Evento / Informacion Adicional**

Please check yes or no to the following questions / Señale si o no para cada pregunta:

YES / Sí NO / No

- 1. Will **political** or **public figures** be present? / ¿Estaran presentes **figuras publicas** ?
2. Will **media** be present? / ¿Van a estar presenta **medios** de?
3. Will you be **collecting a fee**? / ¿Va a ver un Cargo / **precio** para atender ev
4. Do you anticipate an **profit**? / ¿Anticipa **ganancias** del evento?
5. Is event a **fundraiser**? / ¿Es el evento para **recaudar de fondos** ?
6. Will **audio visual equipment** be used? / ¿La **unidad audiovisual** sera utilizada?
7. Will **electrical hookup** be required? / ¿Se va a ensamblar un **montaje de electricidad** ?
8. Will **major equipment** be assembled? / ¿Se va a **ensamblar un equipo(s) grande** ?

Blank lines for YES/NO responses.

Please Explain / Por favor explique

**Food & Alcohol Policy / Póliza de Alcohol**

Will **food** be **served** or **catered**? / El **alimento** sera **servido** o **abastecido**? Yes / Sí No / No

Will **alcohol** be **served**? / ¿El **alcohol** sera **servido**? Yes / Sí No / No

**Alcohol Serving Requirements**

- Security (Required)
Copy of Contract
Copy of Guard Cards
Insurance

**Alcohol Security Requirements**

- 0-199 Guests - 2 Security
0-299 Guests - 3 Security
Security Contract + Guard Cards

Caterer / Abastecedor

Phone Number / Número de teléfono:

How many Vendors / Cuántos vendedores?

Initial / Inicial

**Initial each line / Firme con iniciales cada línea**

I have received and understand the **alcohol policy** for the City of Los Angeles Department of Recreation and Parks.
I understand that all request must be approved for my event to take place.
If alcohol is served, it is limited to **beer and wine ONLY, No hard liquor, No Exceptions!**
I also agree with the policy for the required **security guards** and understand all general guidelines.
Additionally, my required **insurance policy** of public liability and property damage which additionally insures the department **must also unclude liquor liability coverage.**

Yo recibido y entiendo la **póliza de alcohol** del Departamento de Recreación y parques de la Ciudad de Los Ángeles.
Yo entiendo que todas mis peticiones tienen que ser aprobadas en orden de que mi evento tome lugar.
Si se sirve el alcohol, se limita a la **cerveza y al vino SOLAMENTE, ningún licor duro, ningunas excepciones!**
Yo también estoy de acuerdo con la póliza que requiere tener **Guardias de Seguridad** y entiendo las guías generales.
En adición, su solocitando requiere tener póliza de a seguridad de liabilidad para el público y danos de propiedad,cual también asegura que el departamento debe incluir **cobertura de liabilidad de alcohol**.

**Hold Harmless Clause / Lleve a cabo la Cláusula Infensiva**

In consideration of the City of Los Angeles Recreation and Parks Department granting permission requested herein, permittee agrees to indemnify and hold the City and its officers, agents and employees harmless from any and all claims, demands, lawsuits, actions of any kind, damages, judgments, amounts paid in settlement, costs and expenses (including attorney's fees), which may be incurred or arise out of permittee's exercise of the permission granted or from any of the permittee's activities thereto. Permittee acknowledges that it will use City facilities at its own risk and expressly waives any right to make or prosecute claims or demands against the City for any loss, injury or damage which permittee may sustain by virtue of the exercise of the permission granted or by reason of any defect, deficiency or impairment which may occur from time to time from any cause of the water supply system, drainage system, heating system, gas mains, electrical apparatus or cable furnished for the event or for any loss resulting from fire, water, tornado, civil commotion, riot, landslide, windstorm, earthquakes or other acts of God.

Initial / Inicial

**Parking Acknowledgement / Reconocimiento del Estacionamiento**

The applicant expressly acknowledges that parking at the EXPO Center facilities are arranged by the California Science Center (day to day park operation) and CLASSIC PARKING (special event days) only. No oral or written information or advice given by the EXPO Center staff or authorized representative shall not permit or create any type of arrangement for parking. The applicant must arrange and assume all responsibility for entering into the agreement with the understanding that the EXPO Center facility or its agents do not provide parking for any events held at the facility. You also acknowledge and agree that you have read this document thoroughly and understand that any special events in and within Exposition Park area are beyond the control of the EXPO Center staff and its agents. The City of Los Angeles, Department of Recreation and Parks cannot be held liable for these changes and are not held liable for any inconvenience this may cause to the applicant.

Initial / Inicial

El firmar con iniciales y la firma de este documento constituye el acuerdo de todas las condiciones.

\*PLEASE NOTE: FILING OF THIS APPLICATION DOES NOT CONSTITUTE A PERMIT\*

\*Observe por favor: La limadura de este uso no hace Constitue un permiso\*

- Final payments must be paid three (3) weeks prior to event. / Los pagos finales deben ser tres (3) semanas pagadas antes del acontecimiento
Final approval is based on the total payment of permit fees. / La aprobación final se basa en el pago total de los honorarios del permiso
If permit fees are not received, the event is subject to cancellation. / Si los honorarios del permiso no se reciben, el acontecimiento está conforme a la cancelación.
EXPO Center DOES NOT provide parking for any events. All event parking must be arranged by calling the Office of Exposition Park Management (213) 744-7458.
Unauthorized parking is subject to a parking violation at owner's expense. / El centro de la EXPO no proporciona el estacionamiento para ninguna acontecimientos.
Todo el estacionamiento del acontecimiento debe ser arreglado llamando la oficina de la exposición Gerencia del parque (213) 744-7458. El estacionamiento desautorizado está conforme a una violación del estacionamiento en owner' costo de s.
A minimum of 6-8 weeks to receive the Refundable Clean-up Deposit from City Controllers Office. / Un mínimo de 6-8 semanas para recibir el depósito reembolsable de la limpieza.
The initial deposit fee is subject to change based on the nature of the event. / El honorario de depósito inicial está conforme al cambio basado en la naturaleza del acontecimiento.

I agree with all policies and procedures and understand that fees are subject to change due to an event change or rate increase. *Estoy de acuerdo con todas las políticas y procedimientos y comprendo que los honorarios son susceptibles a cambiar debido a un cambio de acontecimiento o aumento de tasa.*

Printed Name / Nombre Impreso \_\_\_\_\_

Signature / Firma \_\_\_\_\_

Date / Fecha \_\_\_\_\_

Scheduled Event Time						EXPO Staff Breakdown ONLY	Total Hours
EXPO Staff Chair & Table Setup ONLY	Decorations Setup	Event Start	Event End	Decorations Breakdown			
Total Event Time							
Minimum 1 Hour / Minimo una hora						Minimum 1 Hour / Minimo una hora	
							Patron pays for total time

Basic Rental Fee:	1st / Hours	Hourly Rate	# Of Staff	Regular Fees 100%	Government / Partnership	Amount Due
# of Usage Days	_____ X	_____				
Additional Hour	_____ X	_____				
Staff Coverage	_____ X	_____		X		
Maintenance Fee	_____ X	_____		X		
Kitchen Fee	Yes = \$75	No = \$0				
Chair Rental	<u>99 or Less</u> \$50	<u>100 or More</u> \$100				
Table Rental	<u>9 or Less</u> \$50	<u>10 or More</u> \$100				
Refundable Clean-Up Deposit			_____ Or _____			
Misc. / Other Rose Garden Clean up Gazebo A,B,C,D						

Sub Totals:

									<b>TOTAL</b>

\* Please note that a minium of 2 staff are required for each event.  
Additional staff may be added due to type of setup and equipment.\*

**Office Use Only / Uso de la oficina solamente**

Check List

- |         |              |                                 |
|---------|--------------|---------------------------------|
| Date(s) | Processed by |                                 |
|         |              | 1. Application Signed (Page 4)  |
|         |              | 2. Initial Section(s)           |
|         |              | 3. Layout(s)                    |
|         |              | 4. Alcohol                      |
|         |              | 5. Patron Time line for Payment |
|         |              | 6. Payment Received             |

- A. Security (Required)
- B. Copy of Contract
- C. Insurance

- 0-199 Guests - 2 Security
- 199-299 Guests - 3 Security
- Guests # \_\_\_\_\_ / Security # \_\_\_\_\_

Payment Due Date Given	Date Paid	Processed By	Date

Receipt Number	Type of Payment	Date	Processed By

- A. Payment 1
- B. Payment 2
- C. Payment 3

# Calendar 2009

**Please Circle Date(s)**

January '09						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

  

April '09						
Su	M	Tu	W	Th	F	Sa
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July '09						
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October '09						
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February '09						
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22	23	24	25	26	27	28

  

May '09						
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24	25	26	27	28	29	30
31						

  

August '09						
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30	31					

  

November '09						
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29	30					

March '09						
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29	30	31				

  

June '09						
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September '09						
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December '09						
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27	28	29	30	31		

### NOTES

<b>USC Tailgate Date(s)</b>	Sept. 5	Nov. 14	<b>Rental for Tailgating only (Dates Subject to Change)</b>		
<b>Proposed dates</b>	Sept. 26	Nov. 28			
	Oct. 24	Dec. 5			
<b>Holiday(s)</b>	Jan. 1	Mar. 30	Sept. 7	Nov. 26	<b>Facility Closed / No Permits Allowed</b>
	Jan. 19	May. 25	Oct. 12	Nov. 27	
	Feb. 16	Jul. 3	Nov. 11	Dec. 25	
<b>Rose Garden</b>	Jan. 1 - Mar. 15 Closed				

**Staff Only (EXPO Center Request)**

**Full-time Staff Signature** \_\_\_\_\_

**Date / Fecha:** \_\_\_/\_\_\_/\_\_\_

# Calendar 2010

Please Circle date(s)

January '10						
Su	M	Tu	W	Th	F	Sa
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31						

February '10						
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28						

March '10						
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28	29	30	31			

April '10						
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May '10						
Su	M	Tu	W	Th	F	Sa
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23	24	25	26	27	28	29
30	31					

June '10						
Su	M	Tu	W	Th	F	Sa
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20	21	22	23	24	25	26
27	28	29	30			

July '10						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
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18	19	20	21	22	23	24
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August '10						
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29	30	31				

September '10						
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October '10						
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24	25	26	27	28	29	30
31						

November '10						
Su	M	Tu	W	Th	F	Sa
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December '10						
Su	M	Tu	W	Th	F	Sa
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5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

## NOTES

<b>USC Tailgate Date(s)</b> Proposed dates	Sept. 11	Oct. 30	<b>Rental for Tailgating only (Dates Subject to Change)</b>	
	Oct. 2	Nov. 6		
	Oct. 16	Nov. 27		
<b>Holiday(s)</b>	Jan. 1	Mar. 29	Nov. 11	<b>Facility Closed / No Permits Allowed</b>
	Jan. 18	May. 31	Nov. 25	
	Feb. 15	Oct. 11	Nov. 26	
<b>Rose Garden</b>	Jan. 1 - Mar. 15		Closed	

## Staff Only (EXPO Center Request)

Full-time Staff Signature \_\_\_\_\_

Date / Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **EXPO Center - Event Check List**

	<u><b>Initial</b></u>
1 I understand I must exit at _____	_____
2 I understand my Event Time _____	_____
3 Payment options Check, Money Order, Cash	_____
4 Alcohol (Beer and wine only requires insurance and security)	_____
5 Clean up Refundable Deposit (Returned 6-8 weeks after event if area is cleaned by patron)	_____
6 Event Staff (Required for duration of event setup, breakdown, & monitoring)	_____
7 Facility Hours (7am-10pm)	_____
8 Final Payment (3 weeks before event)	_____
9 Insurance (If Required)	_____
10 Parking Arrangements (Must Call 213-744-7458)	_____
11 Reservation (Requires Application plus 50%-100% of fees)	_____
12 Security Guards (If Required)	_____
13 Tours (Appointments ONLY)	_____
14 Chairs (Rent from EXPO Center or Outside Vendor)	_____
15 Decorations (Permit Holder or Outside Vendor)	_____
16 Presentation Equipment (Outside Vendor)	_____
17 Table (Rent from EXPO Center or Outside Vendor not provide for Rose Garden)	_____
18 Amplified sound (Outside Vendor) - Not allowed in the Rose Garden	_____
19 Canopies/Tents (Outside Vendor)	_____
20 Generators (Outside Vendor)	_____
21 Port-o-Pots/John (Outside Vendor)	_____

I acknowledge that this information was provided to me before my event scheduled with EXPO Center Special Events.

\_\_\_\_\_

**Patron Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Staff Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Staff Signature**

\_\_\_\_\_

**Date**

