



SAN BERNARDINO National Forest



Recreation Event Permit Application

Fill out the information on the next pages and submit this form to the following Permit Administrator Area:

"Arrowhead & Big Bear Area"
Mountain Top Ranger Station
40971 North Shore Drive
PO Box 290
Fawnskin, CA 92333

Voice 909-382-2790
Email: [click button below](#)

"Lytle Creek & San Geronio Area"
Front Country Ranger District
1209 Lytle Creek Road
Lytle Creek, CA 92358

Voice: 909-382-2851
Email: [click button below](#)

"Idyllwild & San Jacinto Area"
San Jacinto Ranger District
54270 Pinecrest Ave.
P.O. Box 518
Idyllwild, CA 92549

Voice: 909-382-2921
Email: [click button below](#)

Auth ID:
Contact ID:
Expiration Date:

FS-2700-3c (v.05/09)
OMB No. 0596-0082

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|--|--|-----------------|------------|-----------------|---------------------|-----------|----------------|
| USDA, Forest Service SPECIAL-USE APPLICATION & PERMIT FOR RECREATION EVENTS (Ref.: 36 CFR 251) Authority: Federal Lands Recreation Enhancement Act, 16 U.S.C. 6802(h) | FOREST SERVICE USE TYPE 149 <table border="1"> <tr> <td>DATE RECEIVED</td> <td>ISSUE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>REG. / FOR. / DIST.</td> <td>AUTH. ID.</td> <td>STATE / COUNTY</td> </tr> </table> | DATE RECEIVED | ISSUE DATE | EXPIRATION DATE | REG. / FOR. / DIST. | AUTH. ID. | STATE / COUNTY |
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PART I - APPLICATION

1. APPLICANT INFORMATION:

Name of Group: _____ Applicant's Agent: _____
 Name of Contact: _____ Agent's Address: _____
 Address: _____
 Phone: _____ Agents Phone: _____
 Corporate Tax ID or SSN: _____ Fax Number: _____
 E-mail Address: _____

IF AN OPERATING PLAN IS REQUIRED, SIGN APPLICATION AND STOP HERE. OTHERWISE, COMPLETE ITEMS 2 THROUGH 7.

2. DESCRIPTION OF PROPOSED ACTIVITY:

3. LOCATION & DESCRIPTION OF NATIONAL FOREST SYSTEM LANDS & FACILITIES APPLICANT WOULD LIKE TO USE (INCLUDE MAP):

4. ESTIMATED NUMBER OF PARTICIPANTS & SPECTATORS FOR PROPOSED ACTIVITY:

Participants: _____ Spectators: _____

5. STARTING & ENDING DATE & TIME OF PROPOSED ACTIVITY:

| | | | | | |
|--------|------|------|------|------|------|
| Start: | Date | Time | End: | Date | Time |
|--------|------|------|------|------|------|

6. ESTIMATED REVENUE COLLECTED FOR EVENT:

Amount: _____ Type of Fees: _____
 (Include event charges, vendor fees, discounts, sponsorship related fees, gratuities)

7. NAME OF PERSON(S) WHO WILL SIGN A SPECIAL-USE AUTHORIZATION ON BEHALF OF THE EVENT:

I hereby acknowledge that is an application only, and that the use and occupancy of National Forest System lands is not authorized until an authorization is signed and issued by an authorized officer.

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

18 U.S.C. § 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction. Anyone who knowingly or willfully makes or uses any false writing shall be fined not be more than \$10,000 or imprisoned not more than five years, or both.

OPERATING PLAN

This optional format is designed to identify all aspects of a recreation event held on National Forest System lands and will help in developing an Operating Plan for an event. Depending on the size of your event, some items may not apply. Attach additional pages, if necessary to complete the information.

This operating plan is hereby incorporated as part of the authorization in accordance with clauses 5 and 16 of the Special-Use Application and Permit for Recreation Events (FS-2700-3c), if the proposal is accepted and the application is approved.

1. On site agent: Day phone:

Evening phone:

Fax or e-mail:

2. Dates:

3. Description of
event:

4. Location (**attach map**):

5. Number of acres needed:

6. Planned number of participants: Maximum number:

7. Number of spectators anticipated: Maximum number:

8. Duration of event (include pre/post event set-up days):

9. Overnight areas needed: Yes___ No___ If yes, describe:

10. After hour activities for multiple-day events (music, food, etc.):

11. Notification of adjacent permit holders or landowners: Yes___ No___
List of contacts:

12. List other permits required and coordination or cooperating agreements (attach copies):

FACILITIES

13. Facilities provided (i.e. tents, canopies, stage, booths, benches, chairs, showers):
14. Provisions for drinking water (quantity, locations, bottled vs. truck):
15. Signing (i.e. route marking, parking, trails, event schedules):
16. Sanitation Plan (i.e. number of toilets, garbage cans, recycle bins):
17. Accommodations for disabled visitors (i.e. parking, access):
18. Describe power supply requirements:
19. Describe public address system requirements:

VENDORS

20. Will food or beverages be provided? Yes ___ No ___ If no, go to 27.
21. Included in price? Yes ___ No ___
22. Agreements with vendors or caterers: Yes ___ No ___
23. Number of vendor or caterers:
24. Location of food or beverage (identify on map):
25. Alcohol for sale? Yes ___ No ___ Vendor obtained state and local permits? Yes ___ No ___
26. Insurance coverage for alcohol: Yes ___ No ___
Attach a copy of the liability portion & all endorsements and exclusions
27. Other products for sale (i.e. t-shirts, hats, ice, souvenirs):
28. Other equipment for rental (i.e. snowmobiles, skis, boards, jet-skis, rafts, kayaks):
29. List additional third party agreements:

PARKING AND VEHICLES

When planning for parking, be aware that one lane must always be open for emergency vehicles.

30. Amount of parking needed (i.e. number of spaces, acres, include disabled parking):

31. Locations (identify on map):

32. Parking attendants and locations used (i.e. parking direction, lot full posting, information):

33. Parking lot security (i.e. overnight parking, remote lots):

34. Traffic controls (i.e. one way, signing):

35. Shuttle service (type, when and where used):

36. Will any road closures be needed? (where and how long):

SAFETY/COMMUNICATIONS/MEDICAL

37. Attach Medical Plan and include the following:
 - Access for emergency vehicles (i.e. ambulance, helicopter landing zones)
 - Number and location of first aid stations
 - Names and qualifications of any medical staffing
 - List of emergency phone numbers and local hospitals/clinics

38. Describe communications type and number of equipment used:

39. Specify safety closures for high risk areas and protection of spectators (i.e. barriers, closures, restricted areas):

ADVERTISING

All advertisements must include acknowledgment that the event is located on the National Forest.

40. Description of event advertising (i.e. flyers, radio, TV, magazines, internet):

41. Target audiences (i.e. local regional, national, limited membership):

42. Planned filming (i.e. land, air, water):

43. What is the reason for filming (i.e. advertising, promotion):

44. Type of advertising proposed for the event (i.e. banners, signs, posters, commercial vehicles):

CLEANUP

45. Time frame to remove all facilities and garbage after the event (including removal of signs, advertising flagging, route markers):

46. Garbage collection site location (landfill or transfer station):

47. Mitigation plan to rehabilitate resource damage (i.e. closures, revegetation):

48. Time frame to complete mitigation:

FEES

Land use rental fees are 5% of adjusted gross receipts for one time events and 3% of adjusted gross receipts for multiple events under one permit. Adjusted gross receipts is the gross revenue less the cost to the holder of the permit of prizes awarded. Only those prizes which are paid for by the holder or come from the entry fee costs can be deducted. Donated prizes can not be deducted.

***Attach any further information as separate sheets. Please include a map with as many details as possible (polygon of area proposed for use, facilities, evacuation plan, transportation plan et).**