USDA is an equal opportunity provider, employer, and lender.

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 Gorgonio 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 PO Box 518 Idyllwild, CA 92549

Voice: 909-382-2921 Email: click button below Auth ID: Contact ID: Expiration Date:

USDA, Forest Service			FOREST SERVICE USE TYPE 149		
SPECIAL-USE RECREATION		N & PERMIT FOR :: 36 CFR 251)	DATE RECEIVED	ISSUE DATE	EXPIRATION DATE
		,	REG. / FOR. / DIST.	AUTH. ID.	STATE / COUNTY
Authority: Fede Enhancement A					
Elliancement A	ct, 10 0.3.0. 0	\ /	<u> </u> PPLICATION		
1. APPLICANT INF	ORMATION:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Name of Group:			Applicant'sAgent:		
Name of Contact:			Agent's Address:		
Address:			rigent a riddicas.		
			Agents Phone:		
Phone:			Agents i none.		
			Fax Number:		
Corporate Tax ID or	SSN:		E-mail Address:		
IF AN OPERATING P	LAN IS REQUIRED	, SIGN APPLICATION AND	STOP HERE. OTHER	WISE, COMPLETE	ITEMS 2 THROUGH 7.
USE (INCLUDE MA	P):	NATIONAL FOREST SY			ANT WOULD LIKE TO
4. ESTIMATED NU	MBER OF PARTI	ICIPANTS & SPECTATO	ORS FOR PROPOSE	D ACTIVITY:	
Par	ticipants:	Spec	tators:		
		IME OF PROPOSED AC			
				_	
Start:	Date	Time	End:	Date	Time
6. ESTIMATED RE	VENUE COLLEC	TED FOR EVENT:			
Amount:		Type o	of Fees:		
	charges, vendor f	ees, discounts, sponsors		uities)	
7. NAME OF PERS	ON(S) WHO WIL	L SIGN A SPECIAL-US	E AUTHORIZATION	ON BEHALF OF	THE EVENT:
-		tion only, and that the use	• •	tional Forest Syste	m lands is not authorized
until an authorization	is signed and issu	ued by an authorized offic	er.		
Printed Name:	Signature:		Date	e:	
Printed Name:	Signature:		Date	e:	
18 U.S.C. § 1001 mak		person knowingly and willfu	lly to make to any depa	rtment or agency of t	he United States any false,
		sentations as to any matter		-	y or willfully makes or uses
6 1 20 1 11	he fined not he more	than \$10,000 or imprisone	d not more than five vea	rs. 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:

	on one agona	,
		Evening phone:
2.	Dates:	Fax or e-mail:
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 day	/s):
9.	Overnight areas needed: Yes No If yes	s, describe:
10.	. After hour activities for multiple-day events (music,	food, etc.):
11.	Notification of adjacent permit holders or landowne List of contacts:	rs: Yes No
12.	List other permits required and coordination or coo	perating 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	
20.	Will food or beverages be provided? Yes No If no, go to 27.
	Will food or beverages be provided? Yes No If no, go to 27. Included in price? Yes No
21.	
21. 22.	Included in price? Yes No
21.22.23.	Included in price? Yes No Agreements with vendors or caterers: Yes No
21.22.23.24.	Included in price? Yes No Agreements with vendors or caterers: Yes No Number of vendor or caterers:
21.22.23.24.25.	Included in price? Yes No Agreements with vendors or caterers: Yes No Number of vendor or caterers: Location of food or beverage (identify on map):
21.22.23.24.25.26.	Included in price? Yes No Agreements with vendors or caterers: Yes No Number of vendor or caterers: Location of food or beverage (identify on map): Alcohol for sale? Yes No Vendor obtained state and local permits? Yes No Insurance coverage for alcohol: Yes No
21.22.23.24.25.26.27.	Agreements with vendors or caterers: Yes No Number of vendor or caterers: Location of food or beverage (identify on map): Alcohol for sale? Yes No Vendor obtained state and local permits? Yes No Insurance coverage for alcohol: Yes No Attach a copy of the liability portion & and all endorsements and exclusions

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).