

**SAN FRANCISCO FIRE DEPARTMENT
SUPPLEMENTAL APPLICATION FOR SPECIAL EVENTS**

ADDRESS OF EVENT: _____

DATE(S) OF EVENT: _____

EVENT START TIME: _____ EVENT END TIME: _____

NAME OF EVENT: _____

EVENT SPONSOR: _____

SPONSOR ADDRESS: _____

ON-SITE CONTACT PERSON: _____ CELL PH: _____

NOTE: Inspection shall be at least one hour prior to start of event.

TYPES OF ACTIVITIES PROPOSED FOR EVENT

- | | | |
|---|---|--|
| <input type="checkbox"/> Hot food served | <input type="checkbox"/> Tent erected | <input type="checkbox"/> Heater |
| <input type="checkbox"/> Cooking on-site | <input type="checkbox"/> Tables & chairs | <input type="checkbox"/> Generator |
| <input type="checkbox"/> Sterno | <input type="checkbox"/> Seating only | <input type="checkbox"/> Candle/open flame |
| <input type="checkbox"/> Cassette Feu | <input type="checkbox"/> (bonded if over 200) | <input type="checkbox"/> Flame effect |
| <input type="checkbox"/> Compressed Natural Gas | <input type="checkbox"/> Propane on-site | <input type="checkbox"/> Pyrotechnics |

Maximum Number of Attendees: _____ Approved Occupant Load of Area Used: _____
(if indoors)

Caterer Name <i>(If Applicable)</i> :	
Address:	
Contact Person:	Phone:

REMARKS *(Please provide a brief description of activities taking place during the event):*

FIRE DEPARTMENT USE ONLY:

INSPECTION DATE: _____ **INSPECTION TIME:** _____ **Hrs.**