

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