



SHORT TERM USE PERMIT

To the Applicant:

Fill out this form if you are seeking permission to hold a special event or perform some temporary, short-term activity on District land. Before signing this permit, read the Las Gallinas Guidelines for All Events to become familiar with the District's requirements (available at www.lgvsd.org). No open fires or flames are allowed and you must pack out all litter. Return this completed application to: Las Gallinas Valley Sanitary District, 101 Lucas Valley Road, Suite 300 • San Rafael, CA 94903. For more information call 415-472-1734. Completed applications can be faxed to 415- 499-7715. Incomplete applications cannot be processed. Submitting an application does not guarantee approval of the application. Please allow up to 10 working days processing time. At the District's discretion, some events will be required to provide proof of insurance (\$1,000,000 minimum, insuring the Las Gallinas Valley Sanitary District by separate endorsement), and/or a cleanup deposit, prior to issuance of a permit. Application will not be processed or approved until proof of current insurance has been received (if required). In addition, permittee may be required to post "Notice of Special Event" to inform other users of the activity. Pursuant to California Health and Safety Code §6523 a violation of a regulation or ordinance of the District is a misdemeanor punishable by imprisonment in the county jail not to exceed 30 days, or by a fine not to exceed one thousand dollars (\$1,000), or both.

APPLICANT INFORMATION

Name: \_\_\_\_\_
Driver's License #: \_\_\_\_\_
Organization: \_\_\_\_\_
Address: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

DESCRIPTION OF ACTIVITY

Location: \_\_\_\_\_
Type of Activity: [ ] RUNNING [ ] PICNIC [ ] VEHICLE ACCESS
[ ] RESEARCH [ ] OTHER \_\_\_\_\_
Dates(s) /Time of Activity: \_\_\_\_\_ # of Participants: \_\_\_\_\_
Briefly describe the activity (include location within reclamation are or trail(s) being used, equipment, etc.):
\_\_\_\_\_
What assistance will you require from the District staff? (Unlocking gates, etc.): \_\_\_\_\_

ACCEPTANCE BY APPLICANT

The above stated applicant hereby assumes and agrees to protect, hold harmless and indemnify the Las Gallinas Valley Sanitary District from all legal liability for injury to or death of all persons whomsoever resulting from above said activity. Application and organization representatives must be of legal age. Minors may not apply for a permit or sign the permit application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVAL BY LAS GALLINAS VALLEY SANITARY DISTRICT

This application has been approved subject to the following conditions: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Additional Conditions attached: Y N

Title: \_\_\_\_\_ Permit #: \_\_\_\_\_ Total Fee Paid \$ \_\_\_\_\_