

**SALINAS RURAL FIRE DISTRICT
APPLICATION FOR PERMIT
TO OPERATE AN ASSEMBLY TENT
SEASON: 200__**

A. GENERAL INFORMATION

1. NAME OF EVENT: _____ LOCATION OF EVENT: _____
2. Start Date & Time: _____ Ending Date & Time _____
3. Event Coordinator: _____ Phone #: _____
4. Name of Tent: _____ Permit #: _____
5. Owner of Tent: _____ Phone #: _____
6. Owner's Address: _____
7. On-Site Manager / Operator: _____ Phone #: _____

B. In signing this application, I understand that I am responsible for all aspects as stipulated by the California Fire Code, Title 19, and all applicable fire ordinances pertaining to assembly tents (see attachments). Failure to comply with these requirements at anytime will result in suspension/revocation/refusal to issue assembly tent permit.

Signature of owner/applicant: _____ Date: _____

OFFICIAL USE: DO NOT WRITE BELOW THIS LINE

Notes: _____

Inspector's Name (Print) _____ Date _____ Signature _____