

**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

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

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

Caterer Name (*If Applicable*):

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.