

**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 <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:**

|                         |                         |             |
|-------------------------|-------------------------|-------------|
| <b>INSPECTION DATE:</b> | <b>INSPECTION TIME:</b> | <b>Hrs.</b> |
|-------------------------|-------------------------|-------------|