City of Hermosa Beach
Community Resources Department

NON-PROFIT SPECIAL EVENT FEE WAIVER APPLICATION

710 Pier Avenue ● Hermosa Beach, CA 90254 ● 310.318.0280 ● Fax: 310.372.4333

This form must be submitted with the application for the corresponding event, following the deadlines for application submission. Failure to include this form at the time of application submission will result in applicable event fees being charged to the event producer. **Only requests from valid non-profit organizations will be considered.**

Requested Event Date (1st Choice):** _____

2nd Choice ** (Required): _____

Date choice is <u>not guaranteed</u> until final calendar has been determined by City staff.

<u>Per Hermosa Beach Municipal Code Section 12.28.150</u>: The Community Resources Director may waive or reduce permit fees for nonprofit organizations upon a showing by the organization that the financial gain from the event would be substantially offset by the fees charged. However, direct costs incurred by the city on behalf of the event may not be waived. Should a request for waiver or reduction of fees be denied by the director, applicant may appeal the decision to the Parks, Recreation and Community Resources Advisory Commission. Said appeal must be submitted to the commission in writing via the Department of Community Resources at least eight (8) working days prior to the Commission meeting

ORGANIZATION'S INFORMATION

EVENT TITLE: _____

Applicant Name: _____

Organization Name: _____

Non-Profit I.D. or Tax Exempt #: _____

Address: _____

_____
City State Zip

Phone: _____ Cell: _____

Email Address: _____ Fax: _____

EVENT INFORMATION

Event Type *(please select all that apply):*

- ☐ Race *(run, walk, bike, etc.)*
- ☐ Parade
- ☐ Street Fair/Festival
- ☐ Concert
- ☐ Other _____
- ☐ Tournament *Type:* _____
- ☐ Pass-Through
- ☐ Fundraiser *Benefitting:* _____
- ☐ Swim Event

Event Location: _____

What specific fee(s) are you requesting to be waived?

Please identify the hardship incurred *(please attach additional pages, if necessary):*
Please identify how your organization benefits the City of Hermosa Beach as outlined in the criteria below. Please be specific (*attach additional pages, if necessary):*

CRITERIA CONSIDERED

The city will consider the following when reviewing a special event fee waiver request:

- Raises funds to supplement City budgeted services.
- Raises funds for programs normally funded by the City.
- Raises funds for Non-Profit groups, which have contributed substantially to the community.
- Nationally or State affiliated program which provides programs for local youth.
- Raises funds for elderly citizens or youth organizations.

_____
Name/Company Representative

_____ _____
Signature Date