

**MONTEREY COUNTY REGIONAL FIRE DISTRICT**

**APPLICATION FOR PERMIT  
TO OPERATE AN ASSEMBLY TENT  
SEASON: 20\_\_\_\_**

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

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Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_