## SAN FRANCISCO FIRE DEPARTMENT SUPPLEMENTAL APPLICATION FOR SPECIAL EVENTS

ADDRESS OF EVENT:		<u> </u>
DATE(S) OF EVENT:		
EVENT START TIME:	EVENT END TIME:	
NAME OF EVENT:		<u> </u>
EVENT SPONSOR:		
SPONSOR ADDRESS:		
ON-SITE CONTACT PERSON: _	CELL PH.:	
NOTE: Inspection shall be a	t least one hour prior to start of	of event
TYPES OI	F ACTIVITIES PROPOSED F	OR EVENT
O Hot food served	O Tent erected	O Heater
O Cooking on-site	O Tables and chairs	O Generator
O Sterno	O Seating only	O Candles/open flame
O Cassette Feu	(bonded if over 200)	O Flame effect
O Compressed Natural Gas	O Propane on-site	O Pyrotechnics
Maximum Number of Attendees: _	(if indoors)	
Caterer Name (If Applicable)	•	
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Contact Person:	Phone:	
REMARKS (Please provide	a brief description of activities	taking place during the event):
FIRE DEPARTMENT USE	E ONLY:	
INSPECTION DATE:	INSPECTION TIME:	