



MONTEREY COUNTY REGIONAL FIRE DISTRICT
PREVENTION DIVISION

ASSEMBLY TENT PERMIT APPLICATION
SEASON: 20 _____

GENERAL INFORMATION

NAME OF EVENT: _____

LOCATION OF EVENT: _____

Start Date & Time: _____ Ending Date & Time: _____

Event Coordinator: _____ Phone #: _____

Name of Tent: _____ Permit #: _____

Owner of Tent: _____ Phone #: _____

Owner's Address: _____

On-Site Manager / Operator: _____ Phone #: _____

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

Notes: _____

Inspector's Name (Print) _____ Date _____ Signature _____