

# Ventura County Harbor Department

3900 Pelican Way, Oxnard, CA 93035-4367  
(805)973-5959

**SPECIAL ACTIVITY PERMIT # \_\_\_\_\_**

**(PLEASE ALLOW 3 WEEKS FOR PROCESSING)**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_ Phone: \_\_\_\_\_

Responsible Person: \_\_\_\_\_ Bus Phone \_\_\_\_\_

On-Site Coordinator: \_\_\_\_\_ Bus Phone \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax Phone \_\_\_\_\_

**Activity Description:** Be specific and provide full details. (Use additional pages if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Activity: Be Specific and provide full details: \_\_\_\_\_

Estimated Attendance \_\_\_\_\_

Date(s): \_\_\_\_\_ Time(s): \_\_\_\_\_

**Insurance Coverage:** Certificate of Insurance with ENDORSEMENT indicating the County of Ventura is named Additionally Insured. Include the address of 3900 Pelican Way, Oxnard, CA 93035  
The Minimum Liability Coverage is 1 million dollars.

It is understood that the requested activity is permitted and conditioned with respect to State, County, and other local laws, ordinances, codes, and regulations. Approval, when granted is with the perogative of cancellation/ revision at any time should there be a valid concern for health, safety, or welfare of the public.

I am duly designated and empowered to execute this Permit for my organization which agrees to hold harmless, indemnify, and defend the County of Ventura, its officers, agents, and personnel in the event of litigation, greivence or claim connected with this event/activity.

\_\_\_\_\_  
Applicant Date Processed by Date

\_\_\_\_\_  
Recommended by Date Harbor Director Date

Date Rcd:	Date Ins. Rcd:	Date Conditions Signed	Date Approved