



CITY OF VISTA
Administrative Temporary Use Permit
Four Events Per Year Supplement

(Revised 7/1/2025)

When applying for four Administrative Temporary Use Permits within one calendar year, please complete this supplemental form and attach it to the standard Admin-TUP application. All conditions listed on the standard Admin-TUP application must be initialed by the applicant are binding for all four events.

Permit No. _____ Date _____

I/We the undersigned request that four Administrative Temporary Use Permits be granted to authorize the temporary events as described below. In accepting this Permit, I/We understand that permits can only be approved for four events per year and a five days maximum each event.

Business name: _____
Contact Name: _____
Phone Number: _____
E-mail: _____
Signature: _____

Landlord or Property Manager approval:

Name and Title: _____
Signature: _____
Phone Number: _____

Event 1:

Between the hours of _____ to _____ from (date) _____, to an including (date) _____, on property addressed as (no.) _____ (street) _____.
Assessor's Parcel Number (APN) : _____.

Activity (describe in detail and attach a plot plan) _____

Is alcohol being served?

____ Yes (please contact California Department of Alcoholic Beverage Control at the San Marcos District Office (760) 471-4237 for additional information on alcohol related permit requirements).

____ No

Any private road closures? ____ Yes ____ No

How many persons (approximately) are expected to attend this event? _____

Event 2:

Between the hours of _____ to _____ from (date)_____, to an including (date)_____.

Activity (if different from above) _____

Is alcohol being served?

____ Yes (please contact California Department of Alcoholic Beverage Control at the San Marcos District Office (760) 471-4237 for additional information on alcohol related permit requirements).

____ No

Any private road closures? ____ Yes ____ No

How many persons (approximately) are expected to attend this event? _____

Event 3:

Between the hours of _____ to _____ from (date)_____, to an including (date)_____.

Activity (if different from above) _____

Is alcohol being served?

____ Yes (please contact California Department of Alcoholic Beverage Control at the San Marcos District Office (760) 471-4237 for additional information on alcohol related permit requirements).

____ No

Any private road closures? ____ Yes ____ No

How many persons (approximately) are expected to attend this event? _____

Event 4:

Between the hours of _____ to _____ from (date)_____, to an including (date)_____.

Activity (if different from above) _____

Is alcohol being served?

____ Yes (please contact California Department of Alcoholic Beverage Control at the San Marcos District Office (760) 471-4237 for additional information on alcohol related permit requirements).

____ No

Any private road closures? ____ Yes ____ No

How many persons (approximately) are expected to attend this event? _____