



Planning Division

110 East La Habra Blvd.
La Habra, CA 90631
Phone: (562) 383-4100
Fax: (562) 383-4476

SPECIAL EVENT PERMIT

Application Date: March 31, 2026

Applicant's Name: Trapeze Entertainment, LLC

Mailing Address: 2534 S. Pleasant Ave., Ontario, CA 91761

Telephone Number: 909-986-7502 Cell Number: 909-687-6778

Contact Person: Mark Landon Phone Number: 909-986-7502

Email: Mark@showfrontend.com Fax: _____

Event Address: Corner of La Habra Blvd and Harbor Blvd

Type of Event: Circus

Type of Structures used: Tent

Dates of Event – From: June 18 To: July 5

Time of Event – From: Varies 2:00 pm To: 9:30 pm

PROPERTY OWNER AUTHORIZATION: I am the owner of record, or his/her authorized representative of the property (Provide letter of authorization) which is the subject of this application. I approve of the action requested above.

Property owner of record: 555 Star Development LLC

Print Name: Surendrabant MANGK Print Title: MANAGER

Signature: [Handwritten Signature] Date: 4/1/2026

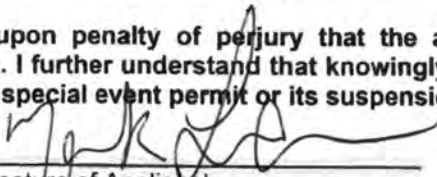
Firm Name: clo Vesuki Inc Phone: (562) 245-4000

Street Address: 1350 W. Lambert Rd Unit A City: Brea

Zip Code: 92821

1. Type of event: Circus performances under big top tent
2. Describe planned activities: Circus performances plus concessions
3. Please provide the following:
 Estimated number of persons at the event: 200-300 per show
 Estimated number of vehicles at the event: 50-75
 Estimated number of parking spaces needed: 50 - 100
4. Route or location of event: Corner of Harbor Blvd and La Habra Blvd
5. Will food be served or sold at the event?
 YES NO If YES, describe: popcorn, Cotton Candy, Hotdogs, nachos, sodas/water
6. Have you obtained a permit for the sale of food?
 YES NO If yes, what governmental agencies issued permits?
It will be applied for from Orange County Environmental Health
7. Will alcoholic beverages be served or sold at the event?
 YES NO If YES, describe: _____
8. Have you obtained a permit for the sale of alcoholic beverages?
 YES NO If yes, what governmental agencies issued permits? _____
9. Will any animals be displayed/exhibited at the event? YES NO
 If YES, describe: _____
10. Will any structures (i.e., tents, booths, stages) be erected at the event?
 YES NO If YES, describe: Tent for performances
11. Will there be any sound amplification equipment at the event?
 YES NO If YES, describe: PA system inside tent only and only during the shows
12. Will cooking or heating equipment be used in any tents or other temporary structures involved in the event?
 YES NO If YES, describe: Electric cooking only. No gas, no grease
13. Will there be any portable generators or temporary lighting at the event?
 YES NO If YES, describe: one portable generator and temporary lights
14. Will there be temporary sanitation facilities at the event?
 YES NO If YES, describe number and location: 5 porta potties next to tent
15. Will there be monitors or security personnel at the event?
 YES NO If YES, describe number and duties: Six in-house security
16. Will there be any merchandise sales at your event? Have you notified the State Board of Equalization?
 YES NO If YES, please provide the date of notification: _____
17. Have you obtained a City Business License? YES NO

I declare upon penalty of perjury that the above information is true and correct to the best of my knowledge. I further understand that knowingly providing any false information is cause for the immediate denial of a special event permit or its suspension if one has been issued.


 Signature of Applicant

3/31/26
 Date Signed



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SPECIAL EVENT PERMIT

Application Date: April 6, 2026
Applicant's Name: Trapeze Entertainment, LLC
Mailing Address: 2534 S. Pleasant Ave., Ontario, CA 91761
Telephone Number: 909-986-7502 Cell Number: 909-687-6778
Contact Person: Mark Landon Phone Number: 909-986-7502
Email: Mark@showfrontend.com Fax: _____
Event Address: 1002, 1010 and 1026 Stearns
Type of Event: Parking Lot for Adjacent Circus
Type of Structures used: Tent
Dates of Event – From: June 18 To: July 5
Time of Event – From: Varies 2:00 pm To: 9:30 pm

PROPERTY OWNER AUTHORIZATION: I am the owner of record, or his/her authorized representative of the property (Provide letter of authorization) which is the subject of this application. I approve of the action requested above.

Property owner of record: Greg Jones Trust
Print Name: Greg Jones Print Title: Trustee
Signature: [Signature] Date: 4/8/26
Firm Name: Jones Real Estate Phone: (562) 697-3333 x21
Street Address: 440 W Whittier Blvd City: La Habra CA
Zip Code: 90631