

**SPECIAL EVENT PERMIT
APPLICATION**

**APPLICATION MUST BE FILED THIRTY DAYS PRIOR TO EVENT. A \$50.00 FEE
REQUIRED FOR PROFIT EVENT.**

1. Name of Organization _____
2. Person Responsible _____
3. Address _____
4. Telephone Number _____
5. E-Mail _____
6. Profit or Non-profit? _____
7. Estimated Gross Revenue _____
8. If non-profit, list agency benefited and amount of donation

9. If non-profit, list contact person and telephone number for agency benefited

10. Date and Hours of Event _____
11. Purpose of the Event _____
12. Location of Activity _____
(attach map or drawing)
13. Names and address of owner of property where event is to be held and a
statement describing the terms and conditions of the agreement (attach to
application)
14. Distance to nearest residential area _____
15. Distance to nearest commercial area _____
16. Distance to nearest Rest Home, Retirement Center, Hospital _____
17. Estimated number of participates _____
18. Participant Fee(s) for Event _____
19. Names and addresses of all employees of the promoter assisting in the event
(attach to application)
20. Insurance policy indemnifying the City from liability (attach to application)

21. Facilities to be provided by organizer:
- a. Restrooms (1 for every 50 persons) _____
 - b. Electrical hook-up (may require permit) _____
 - c. Water _____
 - d. Refrigeration _____
 - e. Number of vendor spaces and size _____
 - f. Emergency Medical Aid _____ (attach description of preparations made to provide adequate medical care)
 - g. Security (number of security personnel and company providing)

 - h. Health permit from Tarrant County Health Department (attach)
 - i. Music, if so what type (live or recorded) _____
 - j. Is amplification to be used? _____ If yes, decibels _____
22. Traffic control plan to assure conducted in orderly manner and that physical safety of persons will be protected. Attach plan if necessary. It is agreed that all City zoning ordinances, as well as any other city ordinances and regulations are to be fully complied with.

Signature of Person Responsible

Date _____

Address

Approved	Disapproved	Addt'l Info Required
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Chief of Police

Fire Chief

Community Development

Community Services

City Manager

City Secretary