



City of Texas City

## SPECIAL EVENT APPLICATION

To apply for a Special Event Permit, complete this application. Submit this application form, in both a hard copy and on email. This Application must be received at least sixty (60) days prior to your event to be considered for approval.

Event Name: \_\_\_\_\_

Event Start Date: \_\_\_\_\_

Event End Date: \_\_\_\_\_

Annual Event:  Yes  NO

1<sup>st</sup> Time Event: \_\_\_\_\_

Longevity of Event: \_\_\_\_\_

Location: \_\_\_\_\_

6<sup>th</sup> Street

Bay Street Park

Showboat Pavilion

Carlos Garza Park

Other

Texas City Dike

**If you require items from the City of Texas City, please reference page 10 of this application.**

Event Category: \_\_\_\_\_

Festival

Concert

Parade

Run

Car Show

Cook-Off

Other: \_\_\_\_\_

Event Organizer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell#: \_\_\_\_\_

Event website: \_\_\_\_\_

Event Sponsor: \_\_\_\_\_



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Description of Event: (provide thorough details of event activity , programs and schedule): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have we approved this event in the past?  Yes  No

If yes, are there any changes from the prior years? How many years have you been holding this event?

Admission Fee: In Advance: Day of:

Attendance Estimate:

Site Plan – Your event site plan / route map should be submitted with this application and include but not be limited to:

- An outline of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street lane closures.
- The location of first aid facilities and ambulances.
- The location of all stages, platforms, canopies, booths, portable toilets, cooking areas, trash containers, generators, fencing, barriers or any other temporary structures.
- Entrance and exit locations for outdoor events that are fenced or enclosed.
- Identification of all event components that meet accessibility standards.
- Other related event components not listed above.

**Please remember that a minimum of twenty feet (20) is required for emergency vehicle access.**

**Please refrain from advertising any event maps or routes until you have received formal approval from city staff.**



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Does your event take place on a city street or right of way?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, will there be an entry fee for your event?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your organization considered "Tax exempt / non-profit"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>REQUIRED</b> If yes, please attach to this application a copy of your IRS 501 (C) tax exemption letter providing proof and certifying your current tax exempt, nonprofit status.</p>		
<p>Estimated gross receipts: \$ _____</p> <p>Please include ticket, entry, vendor, product and sponsorship sales from this event. Please also explain how this was calculated.</p>		
<p>Estimated expenses for this event: \$ _____</p>		
<p>Projected revenue or net dollar amount for the host organization will receive from this event: \$ _____</p>		
<p><b>REQUIRED</b> You are required to have a security plan for your event unless special permission is given by the Mayor of Texas City. If you have not already arranged for a security organization to handle your event, you will have the opportunity to hire off-duty officers of the Texas City Police Department (TCPD).</p>		
Will you, or have you hired off duty officers from TCPD?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you, or have you hired a professional security organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>REQUIRED</b> If yes. Name of security organization: _____</p>		
<p>Address: _____ City: _____ State: _____ Zip: _____</p>		
<p>Contact name: _____ Business phone: _____</p>		
<p>Email: _____</p>		



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## SPECIAL EVENT APPLICATION

**REQUIRED** You may be required to have a medical plan for your event. If you have not already arranged for first aid staffing or hired a certified medical organization to handle this event, you will have the opportunity to hire one of the four permitted ambulance services. More information is available upon request.

Will you, or have you hired a certified medical organization?  Yes  No

### Medical Plan Continued

**REQUIRED** If you have hired a certified medical organization

Medical Organization: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

Please describe or attach the arrangements you have made for first aid staffing & equipment: \_\_\_\_\_

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

If no, to either question, explain your plan in the event of a medical emergency at your event: \_\_\_\_\_

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

Will there be a clear path of travel throughout your event?  Yes  No

Please describe: \_\_\_\_\_



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## SPECIAL EVENT APPLICATION

Have you developed a disabled parking and or transportation plan?  Yes  No

Please describe: \_\_\_\_\_

Will your event involve the use of a parking and or shuttle plan?  Yes  No

Please describe: \_\_\_\_\_

\_\_\_\_\_

Is your event taking place outdoors at night?  Yes  No

If so, how will you illuminate the event to ensure the safety of all visitors: \_\_\_\_\_

\_\_\_\_\_

Do you plan to utilize permanent and or portable toilet facilities at your event?  Yes  No

If Yes: Total number of permanent facilities: \_\_\_\_\_

Location: \_\_\_\_\_

Total number of portable toilet facilities: \_\_\_\_\_

Portable toilet company name: \_\_\_\_\_

Portable toilet company contact: \_\_\_\_\_

Total number of ADA accessible toilet facilities: \_\_\_\_\_

If No: Please explain: \_\_\_\_\_

\_\_\_\_\_



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## SPECIAL EVENT APPLICATION

Will there be any musical entertainment related to your event?

Yes

No

If Yes: Number of stages: \_\_\_\_\_ Number of bands/performers: \_\_\_\_\_

Music continued

Band/Performer name and music type: \_\_\_\_\_

Performance date and start & finish time(s): \_\_\_\_\_

Will inflatables, hot air balloons, or any similar device be used at your event?

Yes

No

If yes, please describe: \_\_\_\_\_

Will any fireworks, lasers, or any other pyrotechnics be used at your event?

Yes

No

If yes, please describe: \_\_\_\_\_

Will any signs, banners, decorations, or special lighting be used at your event?

Yes

No

If yes, please describe: \_\_\_\_\_



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## SPECIAL EVENT APPLICATION

Will your event involve the sale of alcoholic beverages?

Yes

No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE: GLASS CONTAINERS ARE STRICTLY PROHIBITED. THE APPLICANT IS RESPONSIBLE FOR THE SAFE SALE OR DISTRIBUTION OF ALCOHOL AT THIS EVENT. THE CITY OF TEXAS CITY ASSUMES NO RESPONSIBILITY FOR ESTABLISHING COMPLIANCE OF TEXAS ALCOHOLIC BEVERAGE COMMISSION (TABC) PROCEDURES AND REQUIREMENTS.**

Does your event include food concessions?

Yes

No

If yes, please be aware you are required to obtain a permit from the Galveston County Health District if you intend to sell food of any kind. Please describe or attach a detailed description of what type of food is involved and how it will be served: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your event include food preparation areas?

Yes

No

If yes, please describe or attach a detailed description of how the food will be prepared: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you intend to cook food in the event area?

Yes

No

If yes, specify the method:  Gas  Electric  Charcoal  Other

If other, please describe: \_\_\_\_\_

\_\_\_\_\_



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## SPECIAL EVENT APPLICATION

**REQUIRED:** Applicant is responsible for proper disposal of all waste and garbage throughout the course of the event. **A \$200.00 cleanup deposit is required.** If the event area is returned to a clean condition immediately upon conclusion of the event, you are eligible to receive this deposit back. If your event requires cleaning, street sweeping, the City of Texas City will charge for this service.

Number of trash cans: \_\_\_\_\_ Number of trash cans with lids: \_\_\_\_\_

Number of dumpsters with lids: \_\_\_\_\_ Number of recycling containers: \_\_\_\_\_

Sanitation company: \_\_\_\_\_ Contact number: \_\_\_\_\_

Please describe your plan to notify all residents, businesses, places of worship, schools, and other entities that may be affected by your event?

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Will this event be marketed, promoted, or advertised in any manner?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Will there be live media coverage during the event?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_





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## SPECIAL EVENT APPLICATION

**REQUIRED** Insurance for your event will be required before final permit approval is given. Insurance coverage must be maintained for the duration of the event, this includes set up, and tear down dates. The applicant must obtain commercial liability insurance that names the City of Texas City and any other entities impacted by this event as "Additional Insured." The City Attorney has the final authority regarding the insurance coverage and limits for the special event and can require coverage from other service providers.

Certificates of insurance must reflect:

**Commercial General Liability with limits of**

- \$1 million per occurrence
- \$2 million general aggregate

Certificate holder must reflect

**The City of Texas City**

**1801 9<sup>th</sup> Avenue N.**

**Texas City, Texas 77590**

**Liquor Liability**

- Required if alcohol will be consumed at the event

Name of insurance agency: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Policy Type: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Amount: \_\_\_\_\_

### Affidavit of Applicant

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief; that I have read, understand, and agree to abide by the rules and regulations governing the proposed special event under the City of Texas City Municipal Code. I understand that this application is subject to the rules of the Mayor and City Commission of the City of Texas City. I agree to abide by these rules, and certify that I on behalf of the host organization, am authorized to commit the organization and agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the event to the City of Texas City.

Print name of applicant/host organization: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## SPECIAL EVENT APPLICATION

**Event Equipment / Elements Needed from the City of Texas City**  
**(Check and Complete all that apply. Fees will vary)**

Electrical Service:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
Water Service:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
First Aid Service:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
Crowd-Control Barricades:	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
Unique Grounds Preparation Needs	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
Traffic Control	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	Duties:
Trashcans	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:
Other City Services	<input type="checkbox"/> YES <input type="checkbox"/> NO	Describe:



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## SPECIAL EVENT APPLICATION

Thank you for completing your special event permit application. Before you submit your application to the City of Texas City, please make sure that the following steps have been completed:

Have you:

- Signed and dated your application?
- Attached a written communication from the chief officer of the host organization authorizing the applicant to apply for this permit on their behalf?
- Attached your site plan/route map?
- Attached a copy of your IRS 501(C) tax exemption letter if applicable?
- Attached or completed your event security plan?
- Attached or completed your event medical plan?
- Attached or completed your accessibility and or parking and or shuttle plan?
- Attached or completed your concessions/vendors plan if applicable?
- Attached or completed your sanitation and recycling plan?
- Attached or completed your marketing and or mitigation of impact plan?
- Attached a certificate of insurance listing the City of Texas City as additional insured?