



City of  
 Mineral Wells  
 PO Box 460  
 Mineral Wells, TX  
 76068  
 Telephone  
 (940)328-7701  
 Fax (940)328-7732

**City of Mineral Wells**  
**Special Events/Activities Application**  
 (Must be submitted to City Manager's Office C.M.O.)

**SPECIAL EVENT APPLICATION**  
**ROAD CLOSURES / PARADES ONLY**

The purpose of this application is to provide information about your event or activity in order for various departments and agencies to determine if they need to be involved in the approval and/or permitting process. Depending on the specific event, a permit application and/or fee(s) may be required.

**The applicant is responsible for providing complete and accurate information on the application, including an attached detailed site plan. The applicant is also responsible for notifying the C.M.O. of any changes. Incomplete applications will not be accepted.** \*\*A complete application should be submitted at least **15 days** prior to the planned event to allow sufficient review time. Public officials may contact you with specific questions and may require a pre-planning meeting.

**Some activities will require verification of a Certificate of Liability Insurance for the organization (ie. any activity on a public roadway - See Texas Transportation Code: Chapter 552 for more information).**

Applications and events are prioritized based on a first come-first served basis and the City may approve or disapprove an event's requested date based on availability of resources. Events that occur on an annual basis will receive priority the following year.

**APPLICANT INFORMATION**

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

Applicant Name & Title: \_\_\_\_\_

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

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

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

Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Description of the Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Event Address:</b>	
<b>Date of Event:</b>	
<b>Event Start Time:</b>	<b>Event End Time:</b>
<b>Road Closure Begins:</b>	<b>Road Closure Ends:</b>

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

A pre-planning meeting may be required and will be scheduled to include the appropriate staff. The event applicant must attend the meeting. The city reserves the right to require others to attend.

## EVENT SITE PLAN

Please provide a detailed Site-Plan sketch of the event. Include maps, outline or diagram of the entire event venue including the names of all streets or areas that are part of the venue and the surrounding area. The plan should include the following information (if applicable):

- Location of the event/activity on the property with approximate distances from roads, fire hydrants, existing buildings, etc.
- Location of temporary structures that will be used during the event. Must indicate size of temporary structures, distances between temporary structures and existing buildings.
- Identify how each temporary structure will be used. Example: type of vendor, food preparation, alcohol sales, etc.
- Location of all fencing, barricades, or other restrictions that will impair access to and from the event or property.
- Identify all designated parking areas.
- Identify location of any generators and fuel storage.

## SITE PLAN SKETCH





## ROAD CLOSURES / TRAFFIC / PEDESTRIAN IMPACT

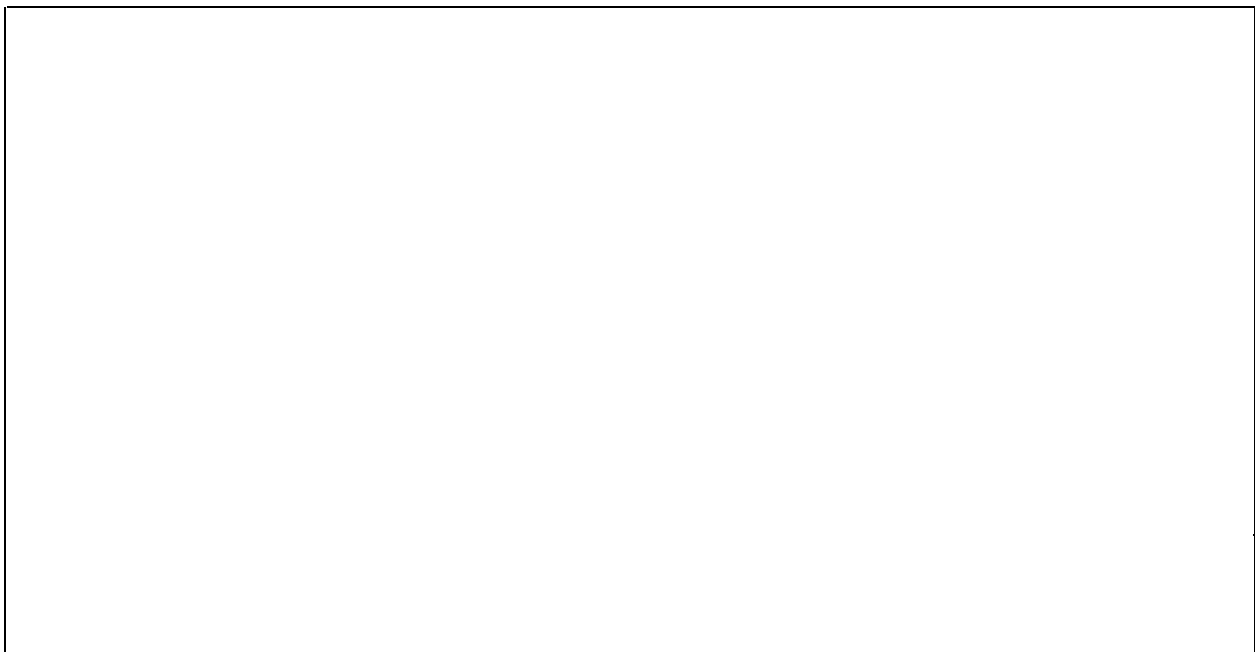
If your event involves road closures, a parade, a foot or bike race, any other type of procession, pedestrian impact in a roadway, or more than one location, please attach a Route and Traffic Plan. Include the required information (listed below) and any additional information that you believe apply to your event. When planning a moving route, the Mineral Wells Police Department is available to assist you in planning your route. You may also choose City pre-approved routes.

- Use of TX and US highways will also require approval from the TXDOT.
- The proposed route to be traveled including the requested starting and termination point. Please also clarify the direction of movement of your event.
- Routing plans for traffic. Illustrate a plan to include roads that you are requesting to be closed to vehicular or other traffic for your event. Include planned arrangements to resolve conflicts with people trying to reach businesses, their own residences, places of worship and public facilities including public transportation.
- Whether the event will occupy all or a portion of the street(s) requested for use.
- Proposed locations for barricades, signs and police/volunteers.
- The provision of twenty foot (20') minimum emergency access lanes throughout the event site.
- White temporary waterbase paint can be used to mark the route on the street pavement (May be purchased at common hardware stores such as Ace Hardware, WalMart, Sutherlands', etc.).

*Please Note: All road closure requests will be strictly reviewed by the City. Road closures will be limited to one block or one cul-de-sac as determined by the City so as to not impede traffic and emergency routes for special events. Exemptions to this limitation may be granted for approved parades, foot races, and bike races. Approval, denial, or modification of all road closure requests lies in the sole discretion of the City. The City of Mineral Wells has final discretion over your Route and Traffic Plan including, but not limited to the route, placement and number of all barricades, signs and police/volunteer locations. Certificate of Liability Insurance may also be required.*

**DO NOT ASSUME, ADVERTISE, OR PROMOTE YOUR EVENT UNTIL YOU HAVE A SIGNED PARADE PERMIT FROM MINERAL WELLS POLICE DEPARTMENT. CONFLICTS DO ARISE AND CHANGES TO THE REQUEST MAY BE NECESSARY.**

Sketch a map of the route below OR you may attach a detailed map of the proposed route.



**WAIVER and HOLD HARMLESS AGREEMENT**

In consideration of the \_\_\_\_\_ (name of organization) and its Members, employees, volunteers or guests, being allowed to participate in \_\_\_\_\_ (the Activity), the undersigned hereby recognizes and assumes any and all risk pertaining to \_\_\_\_\_ (name of organization) participation in the Activity.

To the fullest extent permitted by law, the \_\_\_\_\_ (name of organization) hereby agrees to defend, indemnify, and hold harmless the City of Mineral Wells, its officials, agents, and employees, against all injuries, deaths, claims, suits, liabilities, judgments, cost and expenses (including attorneys' fees) which may in anywise accrue against the City of Mineral Wells, its officials, agents, and employees, arising in consequence of \_\_\_\_\_ (name of organization) participation in the Activity, or which may in anywise result therefore, except that arising out of the sole legal cause of the City of Mineral Wells, its agents, or employees. The \_\_\_\_\_ (name of organization) shall, at its own expense, appear, defend, and pay all charges of attorneys and all costs and other expenses arising therefore or incurred in connections therewith, and, if any judgment shall be rendered against the City of Mineral Wells, its officials, agents, and employees, in any such action, the \_\_\_\_\_ (name of organization) at its own expense, satisfy and discharge the same.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

The undersigned represents it has full authority to execute this Waiver and Hold Harmless Agreement on behalf of the \_\_\_\_\_ (name of organization).

Agreed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Print Name of Authorized Person

\_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Title

The Organization and the authorized signatory below agree to inform the City of Mineral Wells of any changes in the application at least five (5) days prior to the event. Please note: Final approval of this event is pending satisfactory completion of Certificate of Insurance requirements.

**All applications must be signed and notarized.**

\_\_\_\_\_  
(Name of Organization)                      (Printed Name of Signatory)                      (Date)

By \_\_\_\_\_  
(Authorized Signatory)

\_\_\_\_\_  
(Notary Public)

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

After submitting all forms, your application will be reviewed by City staff. All departments that will be involved or impacted in providing services or permits for the event will be notified. **Please do not assume that all aspects of the event will be approved. You may be asked to make some changes to your plan based on the availability of services or scheduling of other events.**

The City of Mineral Wells reserves the right to cancel any event at any time for reasons deemed necessary by the City Council and/or City Manager.

**Deliver all completed items to:**

City of Mineral Wells  
Attn: City Manager's Office  
115 S.E. 1<sup>st</sup> Street  
Mineral Wells, Texas 76067

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**THIS SECTION RESERVED FOR INTERNAL PURPOSES ONLY**

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Certificate of Liability Insurance Verified: [YES] [No]

Based on the information which has been submitted, the request for a permit has been:

[ ] APPROVED Permit No. \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

[ ] Denied
Remarks: _____
_____
_____
_____