



SPECIAL EVENT APPLICATION

COMMUNITY EVENTS / 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 City Manager's Office 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) or additional permits/inspections as may be required by the City or other agencies. 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.

Return the completed application to the City of Mineral Wells (City Manager's Office) at 115 SW 1st Street, Mineral Wells, Texas 76067. For questions, please call (940) 328-7701.

APPLICANT INFORMATION

Name of Event: _____

Applicant Name & Title: _____

Name of Organization: _____

Mailing Address: _____ City / State / ZIP: _____

Daytime Phone Number: _____ Email: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

If the event is to be held by or for any person/organization other than the applicant, the applicant shall attach a written statement from that other person/organization showing authority to make this application. 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 INFORMATION

Type of Event: <input type="checkbox"/> Parade <input type="checkbox"/> Run / Walk <input type="checkbox"/> Street Fair/Festival <input type="checkbox"/> Other _____	
Event Address:	Is this address private property or public? <input type="checkbox"/> Private <input type="checkbox"/> Public
Date(s) of Event:	Is the event planned for Indoor or Outdoor? <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Event Start Time:	Event End Time:
Event Set-up time begins at:	Event Tear-down time ends at:
Will this event require a road/street to be closed/blocked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Road Closure Begins: Road Closure Ends:

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, 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

Event location/address: _____

EVENT CITY RESOURCE NEEDS

Will the event involve or require any of the following?

Parking arrangements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
What type of parking will be utilized by this event?	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site <input type="checkbox"/> Both
Will the event require additional police security?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", how many officers? _____
Is traffic control needed for road closures at this event?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please indicate location on Site Plan
Does the event plan to have amplified sound?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please indicate position on Site Plan
Will the event have food/beverages for sale?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will alcoholic beverages be sold at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", must contact "TABC"
Will there be tents (tops with sides) at the event?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", will require Fire Inspection

ROUTE AND TRAFFIC PLAN

Please provide an estimate (number) for each of the following:

___ PARADE (Includes floats, vehicles, and persons)	___ MARCH OR WALK (Persons only)	
___ VEHICLES ONLY (Includes motorcycles)	___ FOOT RACE	___ BICYCLES
___ OTHER (Description: _____)		

Number of persons: _____	% Children: _____
Number of vehicles: _____	Vehicle Types: _____
Number of animals: _____	Kinds: _____

DESCRIBE THE EVENT ROUTE IN THE SPACE BELOW. IF THERE IS MORE THAN ONE SEGMENT TO AN EVENT, INCLUDE START AND FINISH TIMES FOR EACH SEGMENT.

(Example: The "GENERIC AWARENESS RUN" may include a 5K for 9AM to 10AM, a 10K for 11AM to?, and a Fun Run).

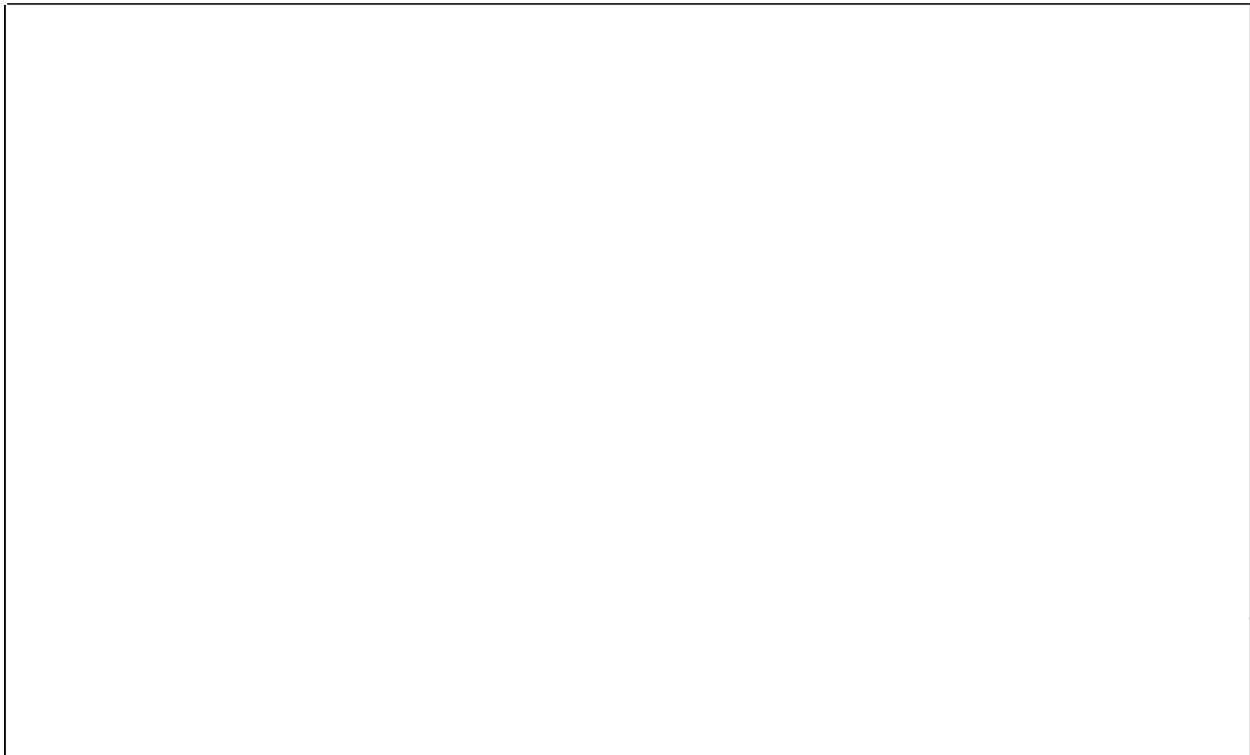
If your event involves road closures, a parade, a foot or bike race, any other type of procession, pedestrian impact in a roadway, or more than one location, please attach a Route and Traffic Plan. Include the required information (listed below) and any additional information that you believe apply to 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. *[Street Dept. can assist]*
- 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 water base paint can be used to mark the route on the street pavement.

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 AN APPROVED SPECIAL EVENT/PARADE PERMIT FROM THE CITY OF MINERAL WELLS. CONFLICTS DO ARISE AND CHANGES TO THE REQUEST MAY BE NECESSARY.

Please attach a detailed map of the proposed route to this application or use the space below to sketch the proposed route.



WAIVER and HOLD HARMLESS AGREEMENT

In consideration of the _____ (name of organization), hereinafter the "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 the Organization participation in the Activity.

To the fullest extent permitted by law, the 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 the 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 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 Organization shall, 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 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 (Applicant) 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.

I do solemnly swear (or affirm) that all answers given and statements made on the application are true and correct to the best of my knowledge and beliefs.

By _____	on behalf of _____
Signature of Applicant	Name of Organization
_____	_____
Printed Name of Applicant	Date

	(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. 1st Street • Mineral Wells, Texas 76067

THIS SECTION RESERVED FOR INTERNAL PURPOSES ONLY

Certificate of General Liability Insurance Verified: Yes No Policy # _____

REVIEWED BY:

Police Department Approved Denied Date: _____ Reviewer: _____

City Support requirements (if any): _____

Comments: _____

Fire Department Approved Denied Date: _____ Reviewer: _____

City Support requirements (if any): _____

Comments: _____

Public Works Approved Denied Date: _____ Reviewer: _____

City Support requirements (if any): _____

Comments: _____

Inspections/Health Approved Denied Date: _____ Reviewer: _____

City Support requirements (if any): _____

Comments: _____

Parks & Recreation Approved Denied Date: _____ Reviewer: _____

City Support requirements (if any): _____

Comments: _____

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

CITY MANAGER Approved Denied Date: _____ PERMIT #: _____

Authorized Signature: _____

Comments: _____

Additional charges to be collected:

Nature of cost: _____ # of Units _____ x \$ _____ / Unit = \$ _____ Cost

Nature of cost: _____ # of Units _____ x \$ _____ / Unit = \$ _____ Cost

Total additional charges due prior to permit issuance: \$ _____