



# Application for Amusement Permit

In accordance with Ch. 14, Sec. 14-2. Carnivals: \$100 – Permit Fee Required Per Day(s) of Operation

**-NOTICE-**

The Code of Ordinances for the City of Mineral Wells Chapter 14 states, in part, that it shall be unlawful for any person to give, conduct, exhibit or maintain any show, circus performance, exhibition, medicine show, panoramic or view show, menagerie, carnival, wild west show, rodeo show, acrobatic performance, wax show, or dramatic or theatrical production under any tent or on any property within the city limits without first obtaining a permit from the City of Mineral Wells. Security (Certified Law Enforcement Personnel) must be provided by the applicant during all hours of operation as deemed adequate by the Chief of Police of the City of Mineral Wells. All rides, booths and equipment may be inspected prior to and at any time during operation. The sale of food items may require addition licenses or permits from the Health Department of the City of Mineral Wells or the Department of State Health Services.

**This application must be received at least 15 days prior to the proposed start date.**

**I. Promoter (Applicant) Information:**

1. Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Driver’s License Number: \_\_\_\_\_ State: \_\_\_\_\_
4. Applicant’s Address: \_\_\_\_\_
5. Phone Number: ( ) \_\_\_\_\_
6. Email Address: \_\_\_\_\_

**II. Event (Location) Information**

1. Address(es) where event to be held: \_\_\_\_\_
2. Proposed Operation Start Date and Time: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM
3. Proposed Operation End Date and Time: Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM
4. Will any tents be erected for this event? YES/NO  
If tents are to be erected, provide the number and dimensions of each here:  
\_\_\_\_\_
5. Will food be sold at the event? YES/NO  
Type of food stands (enclosed, self-contained, tents, etc.): \_\_\_\_\_  
Menu of all foods to be served: \_\_\_\_\_
6. Are any street closures planned for the event? YES/NO  
\*If YES, contact the Mineral Wells Police Department at (940)328-7770 regarding Temporary Street Closure – Ordinance Required.
7. Are any animals exhibited at this event? YES/NO Types: \_\_\_\_\_

**III. Building/Property (Location) Owner Information:**

1. Owner's Name (Contact Person): _____
2. Daytime Phone: _____

**IV. Non-Profit Organization or Sponsor Information (if applicable):**

1. Organization Name: _____ Contact Person: _____
2. Mailing Address: _____
3. Daytime Phone: _____ Federal Tax-Exempt ID#: _____

**V. Emergency Contact Information:**

1. Name (Emergency Contact Person): _____
2. Daytime Phone: _____
3. Alternate Contact Person (Emergency): _____
4. Daytime Phone: _____

**VI. Carnival Owner Information (if different than Applicant):**

1. Owner Name: _____
2. Company Name: _____
3. Mailing Address: _____
4. Daytime Phone: _____

**VII. Carnival/Amusement Insurance Information:**

1. Insurance Company Name: _____
2. Agent Name (if Applicable): _____
3. Mailing Address: _____
4. Daytime Phone: _____
<b>Submit proof of liability insurance coverage to the City of Mineral Wells.</b>

***The application shall be accompanied by a copy of a certificate of insurance covering the amusement for the duration of the permit, with the following types and limits of insurance: (1) Comprehensive general liability insurance with minimum limits of \$1,000,000 as the combined single limit for each occurrence of bodily injury, personal injury, and property damage; (2) Automobile liability insurance covering all owned, hired, and non-owned vehicles in use by the carnival, its employees and agents, with minimum limits of \$1,000,000 as the combined single limit for each occurrence for bodily injury and property damage; (3) The coverage amounts set fourth above may be met by a combination of underlying and umbrella policies so long as in combination the limits equal those stated.***

**VIII. List of Rides, Booths, and Games to be set-up:**

Name or Description	Type: (Ride/Game/Booth)	Inspection Sticker #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
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22.		
23.		
24.		
25.		

(Attach additional pages, if needed.) **Submit proof of TDI Certificate of Inspection to the City of Mineral Wells.**

*The promoter or sponsor must include with this application a copy of a certificate that tents and tarpaulins meet requirement for fire resistance prescribed in the National Fire Protection Association “Standard Methods of Fire Tests for Flame-Resistant Textiles and Films NFPA No. 701” and that such fire resistance is effective for the period specified by the certificate.*

*A cash deposit must be posted in the amount of \$1,000 to insure the reimbursement to the City for expenditures for the services of police officers, firefighters, cleaning of the grounds, damages, etc. The City shall refund the amount of cash posted less any amount expended by the City for said services or other costs after inspection following the cessation of operations.*

*The fees stipulated in this application do not include other costs for City services and inspections that need to be performed.*

*The applicant, promoter or sponsor shall certify that all information in this application, and all information furnished in support of this application is true and complete to the best of the applicant’s, promoter’s or sponsor’s knowledge and belief.*

I, the undersigned, hereby certify that the information contained in this application is true and correct to the best of my knowledge.

I understand that by completing this application, I am requesting a permit to be issued and an inspection to be conducted to determine that this event will be in compliance with any applicable laws, ordinances, rules and/or regulations.

I understand that this application does not guarantee the issuance of a permit, or that an inspection will be conducted, due to any non-compliance with any regulations which would prohibit this event. Some approvals, such as variances may need to be granted to issuance of this permit which could take several weeks to get approved.

I understand that I may be required to provide additional information not included on this application, and that research may need to be done in certain situations, to verify compliance with any applicable laws, ordinances, or regulations. I understand that I may appeal any decision made by any member of the staff of the City of Mineral Wells to the City manager and/or the Mineral Wells City Council as applicable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF TEXAS            §  
COUNTY OF PALO PINTO   §

Before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing document and being by me first duly sworn declares that the information and statements provided herein are true and correct.

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Printed Name  
My Commission Expires: \_\_\_\_\_

\_\_\_\_\_

