SPECIAL EVENT APPLICATION





ALL PAGES OF THIS APPLICATION MUST BE SUBMITTED ALONG WITH THE APPLICABLE APPLICATION FEE(S) AND ADDENDUM(S) IN ORDER FOR IT TO BE DEEMED COMPLETE. *MANDATORY FIELDS ARE INDICATED BY AN ASTERISK

EVENT NAME*:						
EVENT DATE(S)*	START DATE*	END DATE*	EVENT HOUR(S)*:	START TIME*	END TIME*	
APPLICANT NAME/AU	THORIZED AGENT*:_					
ORGANIZATION/BUSIN	IESS NAME*:					
ORGANIZATION/BUSIN	IESS TYPE*: 🗖 FOF	R PROFIT 🗖 NONPR	OFIT - TAX ID #:			
ORGANIZATION/BUSINESS ADDRESS*:						
	Street / P.O. B		City	State	Zip	
ORGANIZATION/BUSIN						
PRIMARY CONTACT*: (If different from applicar						
PRIMARY CONTACT P	HONE*:		MOBILE:			
E-MAIL*:						
EVENT DAY "ON-SITE" CONTACT*: MOBILE*: (If different from primary contact)						
EVENT INFORMATION HOTLINE (if available):						
WEBSITE (if available):						
			APPLICATION FEES (CHEC EET FUNCTION: \$58.37		:	
All applic		•	noney order or cashier's ch	•	ty of Houston.	
		**Only exact	change will be accepted.			
PLEASE NOTE: If you are contact the Mayor's Office			Generating Parade you have the	e option to submit an aff	idavit of inability to pay. Please	
An application is not considered complete unless all applicable questions have been answered and all attachments included in accordance with Sec. 25-107 and any other documentation required by the Mayor's Office of Special Events. Submission of a Special Event Application does not guarantee event approval.						
FOR OFFICE USE ONLY	Applications must be submitted to:					
ICE L	EVENT TYPE*: PLEASE CHECK ALL THAT APPLY*:					
F 0	☐ BLOCK PARTY ☐ CURB LANE CLOSURE ☐ DEMONSTRATION/EXPRESSIVE ACTIVITY/RALLY					
OR	☐ FESTIVAL/FAIR ☐ MARKETING/PROMOTION ☐ PRESS EVENT ☐ PRIVATE EVENT					
ш	☐ REVENUE-GENERATING PARADE ☐ NON REVENUE-GENERATING PARADE					
	RUN/WALK/BIK	KE/SKATE 🔲 TV/FI	LM SHOOT 🔲 OTHER (DE	ESCRIBE)		
FOR OFFICE USE ONLY						
Received By:				Date:		
Receipt No(s):			Application Fee(s)	Amount Paid: \$		

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EVENT INFORMATION: (To be completed by ALL Applicants)

	TIME*	DATE*		TIME*	DATE*		
SET-UP / TAKE-DOWN FROM*			THROUGH*				
EVENT LOCATION*	Please list the proposed event location and attach a map of the proposed logistical layout for your event:						
		☐ Yes ☐ No					
EVENT PARKING*	WHAT PARKING ARRANGEMENTS HAVE BEEN MADE FOR THE EVENT? (If you are using alternate parking lots for event parking, a letter of approval from the property owner must accompany this application) EVENT SET-UP:						
	EVENT PARTICIPANTS(Production Trailers, Media Vehicles, Vendor Vehicles, Volunteers):						
	EVENT ATTENDEES:						
STREET PARKING*	ARE YOU REQUESTING THE USE OF A PARKING LANE(S) FOR YOUR EVENT? Yes No (If you are requesting street parking for your event during peak or non-metered hours you may also need to complete the "Street Function" portion of this application; the applicable application fee for a Street Function would also apply)						
EVENT SIZE*	TOTAL Attendees Expec	ted*: # of Participar	nts/ Spectators:	# of Staff/Volunteers:			
EVENT HISTORY*	Has this event been produced before*?	duced Has this eve Event Permit	ent previously received an from the City of Houston*?	Is this an Annual Event*?			
272177 111070177	☐ Yes ☐ No	Ţ	☐ Yes ☐ No	☐ Yes ☐ No			
	Previous Name(s) of Even	t:					
Are there any changes from previous years?	Previous Location(s) of the Event:						
☐ Yes ☐ No	Describe Changes:						
	Previous Mayor's Office of Special Events - Event Coordinator (Name):						
EVENT PROMOTION	If open to the public, please check all advertisement methods you plan to utilize: □ Print □ TV □ Radio □ Internet □ Billboards □ Posters □ Other: □ PLEASE NOTE: You may not promote your event until you have received final approval.						
Briefly describe the scope of your event (attach detailed proposal- for new, larger scale events)*:							
EVENT SCOPE*							

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	PLEASE CHECK ALL STRUCTURAL ELEMENTS THAT APPLY:				
STRUCTURES	☐ TENT(S) ☐ BOOTH(S) ☐ TABLE(S) ☐ CHAIR(S) ☐ STAGE(S) ☐ FENCING ☐ POWER GENERATOR				
	☐ OTHER STRUCTURES (DESCRIBE)				
	PLEASE CHECK ALL UTILITY ELEMENTS THAT APPLY:				
UTILITIES	☐ ELECTRICITY ☐ WATER ☐ PROPANE/FLAME** ☐ POWER GENERATOR **Additional City of Houston Permitting will apply.				
	PLEASE NOTE: If you are requesting the use of a City of Houston Park, please be sure to check availability of the above with your assigned Event Coordinator.				
	(Please reference Permit Fee Guide for cost breakdown)				
	PLEASE CHECK ALL ENTERTAINMENT ELEMENTS THAT APPLY:				
ENTERTAINMENT	□ AMPLIFIED SOUND/PA SYSTEM** □ PERFORMER(S) □ BAND(S) □ INFLATABLE(S) □ CHILDREN ACTIVITIES **Additional City of Houston Permitting will apply.				
	☐ OTHER (DESCRIBE)				
	PLEASE INDICATE THE NUMBER OF PORTABLE TOILETS YOU WILL HAVE AT YOUR EVENT:				
PORTABLE TOILETS	REGULAR ADA ACCESSIBLE				
	(At least 10% of the portable toilets must be ADA accessible)				
EVENT OF EARLING	, , , , , , , , , , , , , , , , , , , ,				
EVENT CLEAN-UP	NAME: MOBILE:				
	PLEASE DESCRIBE YOUR RECYCLING PLANS FOR THE EVENT:				
EVENT RECYCLING					
	PLEASE CHECK ALL FOOD/BEVERAGE ELEMENTS THAT APPLY:				
	☐SALE OF FOOD/BEVERAGES** ☐ DISTRIBUTION OF FOOD/BEVERAGES**				
FOOD/BEVERAGES	☐ SALE OF ALCOHOLIC BEVERAGES** ☐ DISTRIBUTION OF ALCOHOLIC BEVERAGES**				
	PLEASE NOTE: If you are requesting the use of a City of Houston Park, you will need to obtain an authorization letter from the MOSE. **Additional City of Houston and/or TABC Permitting will apply				
	(Please reference Permit Fee Guide for cost breakdown)				
EVENT INSURANCE*	(Please reference Permit Fee Guide for cost breakdown) (INITIAL): By initialing here, the applicant/authorized agent understands that he/she is required to furnish event insurance. Event Insurance must be general liability coverage for not less than one million dollars (\$1,000,000.00) naming the City of Houston as an additional insured and including a waiver of subrogation or waiver of right of recovery for all event dates including set-up and operation. Please include this information in all insurance documentation.				
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INDEMNIFICATION*					

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STREET FUNCTIONS: (To be completed by Street Function Applicants) TIMF* DATE* STREET/LANE THROUGH* **CLOSURE FROM*:** STREET CLOSURES* PLEASE LIST THE STREET CLOSURES REQUESTED FOR YOUR EVENT (MAP REQUIRED)*: (For partial street or lane closures please indicate what lane(s) you are requesting) IS A FREEWAY RAMP/STATE RIGHT-OF-WAY CLOSURE REQUESTED? ☐ Yes ☐ No If yes, please identify entrance/exit closure(s) and include the proper documentation (i.e. Freeway Ramp Closure Application; TXDOT form 1560; Insurance Certificate; and a Traffic Control Plan). Information must be submitted at least 60 days prior to event. **METERED PARKING** ARE THERE METERED SPACES WITHIN YOUR PROPOSED STREET CLOSURE? ☐ Yes ☐ No If yes, please Indicate where: Block: Both Sides North South East West Street: ____ __ Block:_____ □ Both Sides □ North □ South □ East □ West Street: THE APPLICANT AGREES TO PAY THE COST OF PROVIDING TRAFFIC CONTROL SERVICES BY (CHECK ONE): ☐ Contracting with a private contractor to provide traffic control services. The applicant will submit the name, address and phone number of the contractor as well as a certified traffic control plan (as provided by the contractor) to the MOSE at least ten (10) business days prior to the event. TRAFFIC CONTROL __ Company: __ SERVICES* Contact: ☐ Reimbursing the City of Houston Public Works and Engineering Department employees, as required, to deploy and remove the traffic cones, barricades and signage. If the PWE director determines that the city does have available the resources and personnel necessary to deploy the appropriate traffic control devices for the proposed street function, the applicant agrees to provide to the MOSE payment to cover the cost at least ten (10) business days prior to the proposed street function date. (INITIAL): By initialing here, the applicant/authorized agent agrees to conduct the function in such a manner that at **EMERGENCY** least one lane of the street(s) to be utilized will be capable of being opened at all times for access by persons requiring **VEHICLE ACCESS*** emergency access to properties abutting the function and by police, fire, ambulance and other such emergency vehicles. (INITIAL): By initialing here, the applicant/authorized agent understands that he/she may be required serve notices to **EVENT** residents and/or businesses in and around the area where the event will be conducted and to furnish evidence thereof to the **NOTIFICATION*** director. PLEASE NOTE: If your closure impedes access to any businesses or residences within your closure, you must submit written approval/notification letters to the MOSE with this application. **PARADES:** (To be completed by Parade Applicants) ☐ INSIDE DOWNTOWN ☐ OUTSIDE DOWNTOWN PARADE START TIME*: REVENUE-GENERATING: Any parade for which a participation fee is charged or for which cash is accepted or collected **TYPE OF PARADE*** as sponsorship in support of the proposed parade. NON-REVENUE-GENERATING: Any parade for which no participation fee is charged or for which no cash is accepted or collected as sponsorship in support of the proposed parade. **PARADE ROUTE*** PLEASE LIST THE PARADE ROUTE (MAP REQUIRED)*:

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	IS A FREEWAY RAMP/STATE RIGHT-OF-WAY CLOSURE REQUESTED? Yes No If yes, please identify entrance/exit closure(s) and include the proper documentation (i.e.: Freeway Ramp Closure Application; TXDOT form 1560; Insurance Certificate; and a Traffic Control Plan). LIST THE STREET(S) TO BE USED FOR PARADE STAGING*: (If you are using alternate areas for parade staging, a written approval from the property owner must accompany this application)					
STAGING*						
		BETWEEN	AND			
		BETWEEN				
		BETWEEN	AND			
DISBANDING*	LIST THE STREET(S) TO BE USED FOR PARADE DISBANDING*: (If you are using alternate areas for parade disbanding, a written approval from the property owner must this application)					
			AND			
		BETWEEN				
		BETWEEN				
METERED PARKING		ED SPACES WITHIN YOUR PROPOSED yes, please Indicate where):	ROUTE, STAGING OR DIS	BANDING AREAS?		
	, ,	Block:	Both Sides D No	orth 🗖 South 📮 East 🗖 West		
		Block:				
		Block:				
PARTICIPANTS*	ESTIMATED NUMBE ESTIMATED NUMBE Animals: Exotic Animals: Motor Vehicles: Motorized Displays Marching Units or 0		WILL PARTICIPATE IN THE			
EVENT NOTIFICATION*	,	nesses in and around the area where the		, ,		
complete unless all 107 and any other Application does no	Il applicable questic r documentation re ot guarantee event	the applicant/authorized agent ur ons have been answered and all a equired by the Mayor's Office of approval; a final permit will not be et as determined by the Mayor's C	attachments included in Special Events. Subne issued until all approv	n accordance with Sec. 25- mission of a Special Event vals have been granted and		
Ι,	(Print	Applicant Name/Authorized Agent*)	, am	the authorized agent for,		
	(Print	Organization/Business Name*)	, and	d am capable of making		
decisions entering i	into any and all agr	reements on behalf of the above e	entity.			
AUTHORIZED SIGN	IATURE*:			DATE*:		

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